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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PACIFICORP RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/30/2016

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)
PACIFICORP

825 NE MULTNOMAH STREET
SUITE 1900
PORTLAND, OR 97232

2b Employer Identification Number (EIN)
93-0246090

2c Plan Sponsor's telephone number
503-813-5040

2d Business code (see instructions)
221100

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.	10/05/2026	TODD DINEHART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PACIFICORP EMPLOYEE BENEFITS PLANS ADMINISTRATIVE COMMITTEE

825 NE MULTNOMAH STREET, SUITE 1900
PORTLAND, OR 97232

3b Administrator's EIN: 93-0246090

3c Administrator's telephone number: 503-813-5040

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**	4582
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)**	906
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	844
b	Retired or separated participants receiving benefits	**6b**	2374
c	Other retired or separated participants entitled to future benefits	**6c**	525
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3743
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	629
f	Total. Add lines **6d** and **6e**.	**6f**	4372
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)**	
g(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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1E 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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

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 0
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
PACIFICORP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
93-0246090

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	726068450
b Actuarial value	**2b**	722695424

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3137	542108364	542108364
b For terminated vested participants	583	36731382	36731382
c For active participants	906	86760780	86760780
d Total	4626	665600526	665600526

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1059663
c Target normal cost	**6c**	1059663

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/01/2026
Date

GRANT T. MARTIN, FSA, EA, CERA
Type or print name of actuary

26-08003
Most recent enrollment number

AON CONSULTING,INC
Firm name

415-486-6947
Telephone number (including area code)

425 MARKET STREET
SUITE 2800
SAN FRANCISCO, CA 94105
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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	108610448
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1253648
9	Amount remaining (line 7 minus line 8)	0	107356800
10	Interest on line 9 using prior year's actual return of 4.10 %	0	4401629
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.03 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	111758429

Part III Funding Percentages

14	Funding target attainment percentage	14	91.78 %
15	Adjusted funding target attainment percentage	15	108.57 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.78 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 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
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1059663
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	54663531	5138359
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	6198022

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6198022	6198022

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PACIFICORP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFICORP

D Employer Identification Number (EIN)
93-0246090

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON CONSULTING

22-2232264

(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 15 50	ACTUARIAL & RECORDKEEPER	180619	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWER WATSON

8400 NORMANDALE LK BLVD
SUITE 1700
MINNEAPOLIS, MN 55437-3811

(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 16 50	CONSULTING	106144	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAKER TILLY US, LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	77869	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WELLMARK

1331 GRAND AVENUE
DES MOINES, IA 50309

(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 14 50	CONTRACT ADMIN	46606	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PACIFICORP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PACIFICORP

D Employer Identification Number (EIN)
93-0246090

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: BHE NISA LONG CREDIT

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-7120645-001	M	101938617

a Name of MTIA, CCT, PSA, or 103-12 IE: BHE PACCORP MRT CN DS AC (CONTROL D

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-7120645-006	M	38374929

a Name of MTIA, CCT, PSA, or 103-12 IE: BHE SSGA SP 500 INDX

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-7120645-009	M	28203905

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

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-7120645-010	M	4704

a Name of MTIA, CCT, PSA, or 103-12 IE: BHE WM BLAIR SMID

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-7120645-011	M	5652

a Name of MTIA, CCT, PSA, or 103-12 IE: BHE SSGA INTL ACWI

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-7120645-014	M	27013203

a Name of MTIA, CCT, PSA, or 103-12 IE: BHE SSGA RUS VL 1000

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-7120645-015	M	45124443

a Name of MTIA, CCT, PSA, or 103-12 IE: BHE DODGE COX LONG CREDIT

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-016	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55024065

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

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-017	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130228928

a Name of MTIA, CCT, PSA, or 103-12 IE: PACCORP MRT IN CN SA

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-005	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48

a Name of MTIA, CCT, PSA, or 103-12 IE: PACCORP MRT LONE STAR MTU

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-019	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5616

a Name of MTIA, CCT, PSA, or 103-12 IE: PACCORP MRT PM CA

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-025	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 580423

a Name of MTIA, CCT, PSA, or 103-12 IE: PACCORP MRT TRUMBULL MTU

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-023	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20244378

a Name of MTIA, CCT, PSA, or 103-12 IE: PACCORP MRT WARBURG MTU

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-021	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26294

a Name of MTIA, CCT, PSA, or 103-12 IE: PCORP MRT AI FD

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-027	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 425358

a Name of MTIA, CCT, PSA, or 103-12 IE: PCORP MRT APOLLO INVES MTU

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-032	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2514

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

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-031	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50113732

a Name of MTIA, CCT, PSA, or 103-12 IE: NT QL DIV FOC FD

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-034	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18220875

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MULTAS DIV FD

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-033	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38205395

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM CORE FI MTU

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-030	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64664232

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA CORE PLUS FI MTU

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-029	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49012638

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

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-028	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40930683

a Name of MTIA, CCT, PSA, or 103-12 IE: BHE BLACKROCK R2500 UNIT

b Name of sponsor of entity listed in (a): BERKSHIRE HATHAWAY ENERGY COMPANY

c EIN-PN 84-7120645-036	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28988574

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

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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PACIFICORP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFICORP

D Employer Identification Number (EIN)
93-0246090

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	118901
(3) Other	1b(3)	127071	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	746760568	737339206
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	746887639	737458107
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	34992	54076
1k Total liabilities (add all amounts in lines 1g through1j)	1k	34992	54076
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	746852647	737404031

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)		
(B) Participants	2a(1)(B)	1042881	
(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)		1042881
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		67665505
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		68708386
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	76962586	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	286182	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		77248768
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)	48740	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	77869	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	286763	
(8) Legal fees	2i(8)	4506	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	490356	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		908234
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		78157002
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9448616
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587298.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PACIFICORP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFICORP

D Employer Identification Number (EIN)
93-0246090

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 93-0246090

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** 71

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 23.6 % Private Equity: 0.1 % Investment-Grade Debt and Interest Rate Hedging Assets: 69.1 %
High-Yield Debt: 0.7 % Real Assets: 3.1 % Cash or Cash Equivalents: 3.4 % Other: 0.0 %

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_____.

PACIFICORP RETIREMENT PLAN

Employer ID No. 93-0246090

Plan No. 002

Financial Statements as of and for the Years Ended
December 31, 2025 and 2024, and Independent Auditors' Report

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Independent Auditors' Report

To the PacifiCorp Employee Benefit Plans Administrative Committee
PacifiCorp Retirement Plan

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

We have performed audits of the financial statements of PacifiCorp Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

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 PacifiCorp Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about PacifiCorp Retirement Plan's ability to continue as a going concern for at least one year following 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

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of PacifiCorp Retirement Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about PacifiCorp Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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



Portland, Oregon
October 1, 2026

PacifiCorp Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Plan interest in BHE Master Retirement Trust - at fair value	$ 723,715,140	$ 726,088,641
Net assets held in 401(h) account	13,697,281	20,784,197
Total net assets held	737,412,421	746,872,838
Total assets	737,412,421	746,872,838
LIABILITIES		
Amounts related to obligation of 401(h) account	13,697,281	20,784,197
Other payables	8,390	20,191
Total liabilities	13,705,671	20,804,388
NET ASSETS AVAILABLE FOR BENEFITS	$ 723,706,750	$ 726,068,450

See accompanying notes

PacifiCorp Retirement Plan
Statements of Changes in Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS		
Plan interest in BHE Master Retirement Trust investment income	$ 67,680,811	$ 30,857,800
Total income	67,680,811	30,857,800
DEDUCTIONS FROM NET ASSETS		
Benefits paid	69,301,655	66,812,289
Administrative expenses	250,500	297,963
PBGC premiums paid	490,356	482,477
Total deductions	70,042,511	67,592,729
CHANGE IN NET ASSETS	(2,361,700)	(36,734,929)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	726,068,450	762,803,379
End of year	$ 723,706,750	$ 726,068,450

See accompanying notes

PacifiCorp Retirement Plan
Statement of Accumulated Plan Benefits
December 31, 2024

Actuarial present value of accumulated plan benefits as of December 31, 2024:

Vested benefits		
Participants currently receiving payments	$	524,244,689
Participants with deferred benefits		34,829,256
Vested benefits for other participants		82,186,493
Total actuarial present value of accumulated plan benefits	$	641,260,438

See accompanying notes

PacifiCorp Retirement Plan
Statement of Changes in Accumulated Plan Benefits
Year ended December 31, 2024

Actuarial present value of accumulated plan benefits - January 1, 2024	$ 669,144,615
Increase (decrease) during the year attributable to	
Interest on prior liability	37,536,814
Benefits paid	(66,812,289)
Assumption changes	1,970,445
Other, including additional benefits accumulated and plan experience	(579,147)
Net decrease	(27,884,177)
Actuarial present value of accumulated plan benefits - December 31, 2024	$ 641,260,438

See accompanying notes

Note 1 – Description of Plan

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

General – The Plan is a noncontributory, defined benefit pension plan that was formed on December 30, 2016 to provide benefits for certain individuals identified by PacifiCorp (the "Plan Administrator" and the "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Fiduciary oversight of the Plan is performed by the Berkshire Hathaway Energy Investment Committee. Berkshire Hathaway Energy is PacifiCorp's indirect parent company. The PacifiCorp Employee Benefits Plans Administrative Committee has oversight of administrative duties and settlor duties. This committee is comprised of employees appointed by PacifiCorp's Chief Executive Officer.

The Plan provides for normal retirement upon reaching age 65 and early retirement at ages 55 through 64 with five years of service, or if the participant's age plus years of service total at least 75. There are no new entrants to the Plan.

Pension benefits for union employees – In most cases, benefits for participating union employees who were hired before a certain date (ranging from July 1, 1999 to March 31, 2010, as determined by each collective bargaining agreement) were frozen, with effective dates ranging from December 31, 2007, to December 31, 2011. Most participants accrued benefits under a final average pay formula while certain participants accrued benefits under a cash balance formula. Frozen cash balance benefits continue to receive interest credits based on the 30-year Treasury securities rate in effect in September of the prior calendar year. In certain limited cases, participating employees who were hired before those dates and who had attained a certain age by a specified date continue to accrue benefits under the Plan, with benefits based on a final average pay formula.

Pension benefits for non-union employees – Prior to June 1, 2007, participating non-union employees earned benefits under a final average pay formula based on the participant's final average pay, as defined by the Plan, and years of credited service.

Effective June 1, 2007, benefits were earned under a cash balance formula. Under the cash balance formula, PacifiCorp credited annually to each eligible participant's hypothetical cash balance account 5.0% of eligible compensation for non-union employees hired between July 1, 2006, and December 31, 2007, and 6.5% of eligible compensation for non-union employees hired before July 1, 2006. Interest is also credited to each participant's hypothetical cash balance account before the end of the year, generally on December 31, based on the balance in the participant's hypothetical cash balance account on January 1 of that same year. The Plan defines the interest credit rate as the one-year Treasury constant maturities rate in effect in November of the prior calendar year plus 70 basis points.

In August 2008, non-union employees hired before January 1, 2008, and continually employed by PacifiCorp through December 31, 2008, were offered the option to continue to receive pay credits (and transition pay credits, if eligible) in the Plan or receive equivalent enhanced fixed contributions in the K Plus Plan and have their cash balances in the Plan frozen. The election was effective January 1, 2009. Those employees that elected to receive equivalent enhanced fixed contributions in the K Plus Plan continue to receive interest credits on their frozen hypothetical cash balances.

Effective January 1, 2017, cash balance credits for participants who did not make a 2008 election to direct their cash balance credits to the K Plus Plan had their cash balance credits redirected to the K Plus Plan. Affected participants continue to receive interest credits on their frozen hypothetical cash balances.

Under the cash balance formula, the benefit payable on or after termination is the balance of the participant's hypothetical cash balance account and is payable as a lump sum or an actuarially equivalent life annuity.

Under the final average pay formula, the benefit payable on or after termination is a life annuity or an actuarially equivalent lump sum.

Vesting – All participants are fully vested in their benefits provided under the Plan.

Death and disability benefits – A benefit shall be payable to a surviving spouse or other designated beneficiary upon the death of a participant based on provisions contained in the plan document. A participant who is still accruing benefits and who becomes disabled while employed by PacifiCorp shall generally continue to accrue years of service under the Plan.

Deferred compensation benefits – The Plan incorporates the liabilities previously accrued by former participants in the Utah Power & Light Company Deferred Compensation Plan ("DCP"). Utah Power & Light Company was a predecessor to PacifiCorp. The DCP entitled participants or their surviving spouses to defined monthly benefits or alternative forms of settlements, as permitted by the DCP, based upon their highest attained rate of pay while a participant. The former DCP participants can elect early retirement between the ages of 55 and 65 at reduced levels of benefits.

Funding policy – The funding policy defines the employer contribution to be the minimum contributions required by ERISA, including the provisions of the Internal Revenue Code ("IRC") and the Pension Protection Act of 2006, as amended. PacifiCorp may consider contributing additional amounts from time to time in order to achieve certain funding targets. Contributions will not exceed the maximum amount deductible for PacifiCorp's income tax purposes. PacifiCorp's contributions for 2025 and 2024 equaled or exceeded the minimum funding requirement of ERISA. The minimum required contribution was $6,198,022 and $1,253,648 for 2025 and 2024, respectively, which PacifiCorp was able to satisfy with the Plan's funding balance in lieu of cash.

Medical benefits funding – The 401(h) component provides for the funding of retired non-union employees' medical benefits that are not paid from other sources. A separate account exists in the Plan's trust for such benefits (the "401(h) Account"). The nature of the investments held in the 401(h) Account is the same as those in the Plan. The obligations associated with the 401(h) Account are not obligations of this Plan; rather, they are obligations of the PacifiCorp Welfare Benefits Plan No. 534 ("Welfare Plan"). Refer to Note 6.

Assets in the 401(h) Account may not be used for, or diverted to, any purpose other than providing medical benefits for retirees and their beneficiaries. Likewise, the Plan's assets cannot be used to fund retiree medical costs.

Under the IRC, cumulative contributions to the 401(h) Account cannot exceed one-third of the accumulation of the lesser of each plan year's (a) actual contributions to the Plan and (b) the Plan's normal cost. Such limitation is measured from January 1, 1989.

Income tax status – The Plan obtained its latest determination letter on December 26, 2023, in which the Internal Revenue Service ("IRS") states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

In accordance with guidance on accounting for uncertainty in income taxes, the Plan Administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

Plan termination – In the event of the Plan's termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide benefits in the order of priority as follows:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination;

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a United States government agency up to the applicable limitations;

c. All other vested benefits (that is, vested benefits not insured by the PBGC);

d. All nonvested benefits.

Following satisfaction of the obligations, any amounts remaining shall be returned to PacifiCorp as provided in the plan document and subject to any applicable tax consequences. Amounts in the 401(h) Account shall be used only to pay medical benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

Although it has not expressed any intention to do so, PacifiCorp has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. However, PacifiCorp is required to comply with all relevant provisions of the applicable labor agreements.

Note 2 – Summary of Significant Accounting Policies

The following is a summary of the significant accounting policies followed by the Plan:

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), using the accrual method of accounting.

Use of estimates – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment valuation – All investments of the Plan are held in the BHE Master Retirement Trust ("BHE MRT") and are reported at fair value. The Plan's trustee, Bank of New York Mellon ("BNYM" or the "Plan Trustee"), certifies the fair value of all investments. If available, quoted market prices are used to value investments. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Refer to Note 4 for information regarding the Plan's interest in the BHE MRT, including a discussion of fair value measurements.

Income recognition – Investment transactions in the BHE MRT are accounted for on the date the investments are purchased or sold (trade date). Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments in the changes in net assets for the BHE MRT consists of realized gains and losses on investments sold during the year, as well as changes in unrealized appreciation and depreciation of investments.

Payment of benefits – Benefit payments to participants are recorded upon distribution.

Expenses – Reasonable and permissible expenses directly attributable to the administration and servicing of the Plan are charged to the Plan. Investment expenses of the BHE MRT are deducted from the investment income of the BHE MRT to arrive at net investment income allocable to the Plan. Certain other expenses for administration and

servicing of the Plan, including facilities, equipment and supplies, and certain payroll expenses of administrative and clerical personnel, are provided by PacifiCorp without charge to the Plan.

Actuarial present value of accumulated plan benefits – Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present values of accumulated plan benefits as of December 31, 2024, were determined by the Plan's actuary, and are the amounts that result from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation dates and the expected dates of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2024 (the latest valuation date for the Plan) were:

Investment return (net of administrative expenses)	5.90%
Lump sum payment from conversion interest rate	5.80%
Mortality	Amount weighted Pri-2012 for healthy life, amount weighted Disabled Pri-2012 for Disabled lives and amount weighted Pri-2012 contingent survivor table for the current and future contingent survivor. Fully generational protection with MP-2021.

The investment return represents the rate used to discount the actuarial present value of accumulated plan benefits. The lump sum payment form conversion interest rate is the rate used to calculate lump sum payments that are assumed in determining accumulated plan benefits.

Additional assumptions used in the actuarial valuation were: (a) withdrawal rates by age; (b) retirement rates by age; and (c) percentage of participants electing lump sums upon retirement or withdrawal.

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

During the year ended December 31, 2024, changes in the actuarial assumptions increased the actuarial present value of accumulated plan benefits by $1,970,445. These changes included an increase in the lump sum conversions interest rate and revisions to the interest rate assumptions applicable to cash balance benefits.

Evaluation of subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 1, 2026, which is the date the financial statements were available to be issued.

Note 3 – Information Certified by Plan Trustee

The following summary of certified information included in the Plan's financial statements, as well as all investment information included in Notes 4 and 5 (except with respect to the input levels for fair value measurement disclosed in Note 4), was prepared by, or derived from information prepared by, BNYM as of and for the years ended December 31, 2025 and 2024, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the BNYM that such information is complete and accurate. The amounts below are based on an allocation of the BHE MRT that has been certified by BNYM.

	As of December 31,	
	2025	2024
Statements of Net Assets Available for Benefits		
Plan interest in BHE MRT - at fair value[1]	$ 724,122,122	$ 726,505,919
Net assets held in 401(h) account[2]	$ 13,624,903	$ 20,677,919
Amounts related to obligation of 401(h) account[2]	$ (13,624,903)	$ (20,677,919)

	Years Ended December 31,	
	2025	2024
Statements of Changes in Net Assets Available for Benefits		
Plan interest in BHE MRT investment income[3]	$ 67,670,515	$ 30,834,117

(1) The certified amounts exclude $406,982 and $417,278 of other net payables as of December 31, 2025 and 2024, respectively, that were not certified by BNYM, but that are included in the amounts presented on the Statements of Net Assets Available for Benefits.

(2) The certified amounts exclude $118,901 and $127,071 of other net receivables as of December 31, 2025 and 2024, respectively, and $46,523 and $20,793 of other net payables as of December 31, 2025 and 2024, respectively, that were not certified by BNYM, but that are included in the amounts presented on the Statements of Net Assets Available for Benefits.

(3) These certified amounts exclude $10,296 and $23,683 for the years ended December 31, 2025 and 2024, respectively, related to the changes in accrued expenses from the beginning of the year to the end of the year that were not certified by BNYM, but that are included in the amounts presented on the Statements of Changes in Net Assets Available for Benefits.

Note 4 – Interest in BHE MRT

Plan investments are held in the BHE MRT, which was established for the investment of assets of the Plan and other plans of Berkshire Hathaway Energy Company affiliates. The assets in the BHE MRT are held in separate investment accounts. The investment accounts are combined into investment pools ("investment pooled accounts") according to the asset class in which they invest. Each participating plan has a divided interest in the BHE MRT but an undivided interest in investment pooled accounts of the BHE MRT. The value of the Plan's interest in the BHE MRT is based on the Plan's interest in each respective investment pooled account. The activity is allocated to the individual plans based upon the ownership percentage of each investment pooled account. The assets of the BHE MRT are held by BNYM.

The following tables present the net assets of the BHE MRT and the Plan's interest in the BHE MRT balances:

	As of December 31, 2025	
	Master Trust Balances	Plan's Interest in Master Trust Balances
ASSETS		
Investments - at fair value		
Common stocks	$ 52,991,261	$ 18,216,736
Mutual funds	190,844,492	67,966,892
Common or collective trust funds	855,796,035	273,183,065
Limited partnership interests	20,746,345	20,746,345
Corporate bonds	637,689,890	233,219,922
Preferred stocks	335,351	119,431
Government securities	253,078,719	103,150,788
Short-term investments	101,881,821	45,412,623
Total investments	2,113,363,914	762,015,802
Non-interest bearing cash	—	—
RECEIVABLES		
Interest and dividends receivable	10,910,402	4,039,170
Due from brokers for securities sold	64,183,982	22,906,670
Total receivables	75,094,384	26,945,840
Total assets	2,188,458,298	788,961,642
LIABILITIES		
Due to brokers for securities purchased	140,015,892	50,378,792
Other payables	2,689,680	1,243,644
Total liabilities	142,705,572	51,622,436
NET ASSETS	$ 2,045,752,726	737,339,206
Less assets held for 401(h) account (Note 6)		(13,624,066)
Net assets held by the Plan		$ 723,715,140

	As of December 31, 2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances
ASSETS		
Investments - at fair value		
Common stocks	$ 182,791,756	$ 71,217,346
Mutual funds	172,008,631	61,190,311
Common or collective trust funds	709,587,006	235,003,587
Limited partnership interests	21,210,478	21,210,478
Corporate bonds	641,793,642	237,962,991
Preferred stocks	462,575	163,027
Government securities	271,810,577	110,697,111
Short-term investments	90,660,307	32,266,606
Total investments	2,090,324,972	769,711,457
Non-interest bearing cash	334,510	165,795
RECEIVABLES		
Interest and dividends receivable	11,286,671	4,201,535
Due from brokers for securities sold	10,934,324	3,930,362
Total receivables	22,220,995	8,131,897
Total assets	2,112,880,477	778,009,149
LIABILITIES		
Due to brokers for securities purchased	83,661,221	30,776,395
Other payables	1,200,190	472,186
Total liabilities	84,861,411	31,248,581
NET ASSETS	$ 2,028,019,066	746,760,568
Less assets held for 401(h) account (Note 6)		(20,671,927)
Net assets held by the Plan		$ 726,088,641

The following table presents the changes in net assets for the BHE MRT:

	Year Ended December 31,	
	2025	2024
CHANGES IN NET ASSETS		
Investment income		
Net appreciation in fair value of investments	$ 147,666,928	$ 57,557,633
Interest income	43,986,152	42,806,111
Dividend income	13,483,646	13,822,800
Other income	1,039,078	1,014,334
Total investment income	206,175,804	115,200,878
Less investment expenses	(3,927,850)	(4,300,016)
Net investment income	202,247,954	110,900,862
Administrative expenses	(380,824)	(398,903)
CHANGE IN NET ASSETS	201,867,130	110,501,959
NET TRANSFERS	(184,133,470)	(174,752,242)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	2,028,019,066	2,092,269,349
End of year	$ 2,045,752,726	$ 2,028,019,066

The BHE MRT has various financial assets and liabilities that are measured at fair value using inputs from the three levels of the fair value hierarchy. A financial asset or liability classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The three levels are as follows:

Level 1 – Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan Administrator has the ability to access at the measurement date.

Level 2 – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means (market corroborated inputs).

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

The following tables present the BHE MRT's investments measured at fair value on a recurring basis. The investment categories and fair value amounts were derived from information certified by the Plan Trustee as discussed in Note 3.

	Input Levels for Fair Value Measurements as of December 31, 2025			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Short-term investments	$ 94,595,737	$ 7,286,084	$ —	$ 101,881,821
Government securities	130,359,904	122,718,815	—	253,078,719
Preferred stocks	335,350	—	—	335,350
Corporate bonds	—	637,689,889	—	637,689,889
Common or collective trust funds	—	116,188	—	116,188
Common stocks	52,991,260	—	—	52,991,260
Total assets in the fair value hierarchy	$ 278,282,251	$ 767,810,976	$ —	1,046,093,227
Investments measured at net asset value practical expedient				$ 1,067,270,687
Investment at fair value				$ 2,113,363,914

	Input Levels for Fair Value Measurements as of December 31, 2024			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Short-term investments	$ 82,958,432	$ 7,701,875	$ —	$ 90,660,307
Government securities	144,096,850	127,713,727	—	271,810,577
Preferred stocks	462,575	—	—	462,575
Corporate bonds	—	641,793,642	—	641,793,642
Common or collective trust funds	—	100,247	—	100,247
Common stocks	182,791,756	—	—	182,791,756
Total assets in the fair value hierarchy	$ 410,309,613	$ 777,309,491	$ —	1,187,619,104
Investments measured at net asset value practical expedient				$ 902,705,868
Investment at fair value				$ 2,090,324,972

When available, a readily observable quoted market price or net asset value of an identical security in an active market is used to record the fair value. In the absence of a quoted market price or net asset value of an identical security, the fair value is determined using pricing models or net asset values based on observable market inputs and quoted market prices of securities with similar characteristics. International bonds, equities, and currencies are translated into United States dollars at end-of-period exchange rates.

Short-term investments consist primarily of cash equivalents, which are valued at cost and approximate fair value. Corporate bonds, certain common or collective trust funds, and government securities except for U.S. Treasury securities, are valued using pricing models based on observable market inputs. Common stocks, preferred stocks, and U.S. Treasury securities are valued at the last reported market price on the last business day of the year.

Shares of mutual funds registered under the Investment Company Act of 1940, limited partnership interests, common or collective trust funds not valued at amortized cost, and investment entities are reported at fair value based on the net asset value per unit, which is used as a practical expedient. A fund's net asset value is based on the fair value of the underlying assets held by the fund less its liabilities.

The following tables summarize the redemption frequencies and notice periods related to investments measured at net asset value practical expedient. There are no other redemption restrictions on these investments.

	As of December 31, 2025		
	Fair value	Redemption Frequency	Redemption Notice Period
INVESTMENTS			
Mutual funds[1]	$ 190,844,492	Daily	2 to 3 days
Limited partnership interests[2]	20,746,345	[2]	[2]
Common or collective trust funds	855,679,850	Daily	1 day
Total	$ 1,067,270,687		

	As of December 31, 2024		
	Fair value	Redemption Frequency	Redemption Notice Period
INVESTMENTS			
Mutual funds[1]	$ 172,008,631	Daily	2 to 3 days
Limited partnership interests[2]	21,210,478	[2]	[2]
Common or collective trust funds	709,486,759	Daily	1 to 10 days
Total	$ 902,705,868		

[1] This category includes fixed-income mutual funds that invest in a diversified portfolio of high-quality fixed-income assets and bonds. The funds pursue strategies that either seek maximum total return, consistent with prudent investment management, by investing under normal circumstances at least 80% of their net assets in fixed-income instruments or seek maximum current income, consistent with preservation of capital and daily liquidity, by investing under normal circumstances at least 65% of their total assets in fixed-income instruments.

[2] Investments in limited partnerships are primarily invested in real estate and have a small portion invested in private equity (including buyout, growth equity, and venture capital). The real estate limited partnerships are valued at the unit price calculated by the general partner primarily based on independent appraised values of the underlying property holdings. The private equity limited partnerships are valued at estimated fair value based on the BHE MRT proportionate share of the partnerships' fair value as recorded in the partnerships' December 31 audited US GAAP-basis financial statements. The fair values recorded in the private equity partnerships' financial statements are generally determined based on closing public market prices for publicly traded securities and as determined by the general partners for other investments based on factors including estimated future cash flows, purchase multiples paid in other comparable third-party transactions, comparable public company trading multiples and other information. The investments in real estate limited partnerships allow for quarterly redemptions at net asset value with a 90-day notice, subject to available liquidity for such redemptions. In periods when liquidity is not readily available, redemptions from the real estate funds may occur over extended periods. The limited partnership interests in private equity cannot be

redeemed by the BHE MRT. Instead, distributions are received through the liquidation of the underlying assets of the limited partnership. As of December 31, 2025 and 2024, the BHE MRT had unfunded commitments to the private equity limited partnerships of $410,546. It is estimated that the underlying assets of the limited partnerships will be liquidated over one to three years.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. The significance of transfers between levels is evaluated based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no transfers in or out of Levels 1, 2, or 3 during the years ended December 31, 2025 and 2024.

Note 5 – Related-Party Transactions

The following investments held by the Plan (including amounts allocated from the BHE MRT and excluding amounts allocated to the 401(h) Account) qualify as exempt party-in-interest transactions:

- Shares of Berkshire Hathaway, Inc. ("BHI") common stock in the amount of $38,188 and $130,707 as of December 31, 2025 and 2024, respectively. BHI is PacifiCorp's ultimate parent company.

- Securities of Burlington Northern Santa Fe ("BNSF") Railway Company in the amount of $2,030,375 and $1,908,715 as of December 31, 2025 and 2024, respectively. BNSF Railway Company is a wholly owned subsidiary of BHI.

- Securities of Transatlantic Holdings Inc. in the amount of $34,148 and $— as of December 31, 2025 and 2024, respectively. Transatlantic Holdings Inc. is a wholly owned subsidiary of Alleghany Corporation, which is a wholly subsidiary of BHI.

- Securities of Aon plc in the amount of $232,438 and $460,048 as of December 31, 2025 and 2024, respectively. Aon plc provides actuarial and investment consulting services to the Plan.

- Securities of Cigna Corporation in the amount of $1,152,606 and $1,456,325 as of December 31, 2025 and 2024, respectively. Cigna Corporation merged with Express Scripts Holding Company, effective December 20, 2018. Express Scripts, Inc., a subsidiary of Express Scripts Holding Company, is a third-party processor of the Plan sponsor's prescription claims.

- Securities of Kaiser in the amount $181,545 and $285,437 as of December 31, 2025 and 2024, respectively. Kaiser provides health insurance services to the Plan.

- Securities, shares of common stock and shares of funds managed by BNYM in the amount of $340,143 and $776,196 as of December 31, 2025 and 2024, respectively. BNYM is the trustee of the Plan in which BHI holds an ownership interest. The Plan paid certain expenses to this entity which qualify as exempt party-in-interest transactions.

- Securities of Precision Castparts Corp. in the amount $21,463 and $21,278 as of December 31, 2025 and 2024, respectively. Precision Castparts Corp. is a wholly owned subsidiary of BHI.

Note 6 – 401(h) Account

The Plan includes the 401(h) Account medical benefits component to fund a portion of the postretirement obligations of the Welfare Plan for non-union retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). In accordance with IRC Section 401(h), the Plan's investments in the 401(h) Account may not be used for, or diverted to, any purpose other than providing medical benefits for retirees and their beneficiaries. The related obligations for medical benefits are not included in this Plan's obligations in the Statement of Accumulated Plan Benefits but are reported as obligations of the Welfare Plan. A portion of the premiums paid by participants in the Welfare Plan are included in the 401(h) Account and are presented as Participant contributions below. Employer contributions or qualified transfers to the 401(h) Account are determined annually and at the discretion of the Plan Sponsor. Assets in the 401(h) Account cannot be used to fund pension benefits of the Plan. Likewise, the Plan's assets cannot be used to fund the Welfare Plan's benefit obligations.

The following table presents the components of the 401(h) Account's net assets available for benefits as of December 31:

	2025	2024
ASSETS		
Investments		
Interest in BHE Master Retirement Trust - at fair value[1]	$ 13,624,066	$ 20,671,927
Receivables		
Participant contributions receivable[2]	118,901	127,071
Total assets	13,742,967	20,798,998
LIABILITIES		
Other payables[2]	45,686	14,801
Net assets available for benefits	$ 13,697,281	$ 20,784,197

[1] This amount includes $837 and $5,992 of other net payables as of December 31, 2025 and 2024 respectfully, that were not certified by BNYM, but that are included in the amounts presented on the Statement of Net Assets Available for Benefits. Refer to Note 3 for additional information.

[2] These amounts are not certified by BNYM. Refer to Note 3 for additional information.

The following table presents related changes in the 401(h) Account's net assets available for benefits for the year ended December 31:

	2025	2024
ADDITIONS TO NET ASSETS		
Plan interest in BHE Master Retirement Trust investment (loss) income[1]	$ (15,306)	$ 3,127,362
Contributions		
Participant contributions	1,042,881	1,211,546
Total additions	1,027,575	4,338,908
DEDUCTIONS FROM NET ASSETS		
Benefits paid	7,660,931	8,861,400
Insurance premiums	286,182	331,316
Administrative expenses	167,378	175,073
Total deductions	8,114,491	9,367,789
CHANGE IN NET ASSETS	(7,086,916)	(5,028,881)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	20,784,197	25,813,078
End of year	$ 13,697,281	$ 20,784,197

[1] This amount includes $5,154 and $804 related to changes in accrued expenses from the beginning of the year to the end of the year that were not certified by BNYM, but that are included in the amounts presented on the Statement of Net Assets Available for Benefits. Refer to Note 3 for additional information

Note 7 – Risks and Uncertainties

The assets in which the BHE MRT invests consist primarily of financial instruments, including cash and short-term investments, government securities, corporate bonds, common stocks, common or collective trust funds, investment entities, mutual funds, limited partnership interests, and private equity. These financial instruments may subject the BHE MRT to concentrations of risk as, from time to time, cash balances exceed amounts insured by the Federal Deposit Insurance Corporation, market values of debt securities are dependent on the ability of the issuer to honor its contractual commitments and changes in the interest rate environment, and investments in equity securities are subject to changes in market values. Market risks include global events which could impact the value of investment securities such as a pandemic, international conflict, recession, government monetary policies, or inflation. 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 financial statements and minimum required Plan contributions.

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 could be material to the financial statements.

Note 8 – Reconciliation of Financial Statements to Form 5500

The Form 5500 requires the net assets and changes in net assets related to the 401(h) Account to be included in the Plan's Form 5500. The following is a reconciliation of net assets available for benefits per the financial statements to the Plan's Form 5500:

	As of December 31,	
	2025	2024
Net assets available for benefits per the financial statements	$ 723,706,750	$ 726,068,450
Net assets held in 401(h) account included as assets in the Form 5500	13,697,281	20,784,197
Net assets available for benefits per the Form 5500	$ 737,404,031	$ 746,852,647

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Plan's Form 5500:

	Year ended December 31, 2025		
	Amounts Per Financial Statements	401(h) Account	Amounts Per Form 5500
Plan interest in master retirement trust investment income (loss)	$ 67,680,811	$ (15,306)	$ 67,665,505
Participant contributions	—	1,042,881	$ 1,042,881
Benefits paid	69,301,655	7,660,931	76,962,586
Insurance premiums paid	—	286,182	286,182
Administrative expenses and PBGC premiums paid	740,856	167,378	908,234
Change in net assets	(2,361,700)	(7,086,916)	(9,448,616)

Schedule SB Attachment (Form 5500) — 2025 Plan Year
PacifiCorp Retirement Plan
EIN: 93-0246090 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants, Average Accrued Benefit and Average Cash Balance Account

Attained	Years of Credited Service									
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				1						
35-39				2	16					
40-44					56 $13,583 $699	17	2			
45-49					57 $14,529 $584	61 $13,456 $3,511	24 $26,141 $7,081			
50-54		1	1		47 $20,571 $678	68 $24,210 $4,551	33 $19,548 $7,912	15	2	
55-59				1	27 $21,782 $1,067	52 $21,691 $4,110	46 $38,771 $8,683	43 $25,932 $15,103	11	2
60-64					33 $17,635 $1,131	42 $30,210 $5,851	37 $47,801 $8,531	31 $28,596 $14,646	33 $28,902 $18,993	34 $33,324 $25,389
65-69					9	12	10	12	7	35 $42,537 $26,002
70+					3	4	5	4	1	9

N-906

Schedule SB Attachment (Form 5500) — 2025 Plan Year
PacifiCorp Retirement Plan
EIN: 93-0246090 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%

Cash Balance Interest Crediting Rate

	Union[1]	Nonunion[2]
2024	4.47%	5.98%
2025	4.04%	5.03%
2026 [3]	4.04%	5.03%
2027+ [4]	3.10%	3.60%

Annual Rates of Increase

Compensation 2.75%.

[1] Based on interest rate on 30-year Treasury securities for September of the prior calendar year.

[2] Based on the average of the one-year Treasury bill constant maturities yield for November of prior year plus 70 basis points.

[3] Equal to prior year known rate.

[4] Based on the average previous known 5-years.

Optional Payment Form Election Percentage	
Retirement From Active Status	60% elect lump sum in 2023 and beyond. 40% elect annuity in 2023 and beyond (100% Joint & Survivor if married, 100% Single Life Annuity if single).
Retirement From Vested Termination	70% elect lump sum in 2023 and beyond. 30% elect annuity in 2023 and beyond (100% Joint & Survivor if married, 100% Single Life Annuity if single).
Preretirement Terminations From Active Status	20% elect immediate lump sum. 80% elect annuity at age 62 (100% Joint & Survivor if married, Single Life Annuity if single).
Preretirement Deaths From Vested Termination	100% elect 50% Joint & Survivor Annuity survivor's benefit.
Retirement Upon Disability	100% elect lump sum at later of current age and age 65.
All Other Preretirement Decrements	100% elect immediate lump sum.
Lump Sum Interest Rate	Same as funding interest rates above.
Lump Sum Mortality	Current 417(e) table for lump sums.
Annuity Conversion Interest Rate	9.00%.
Annuity Conversion Mortality	UP-1984.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63.
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(b), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 1.
Disability Rates	See Table 2.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 60% of males and 40% of females have an eligible spouse, and that males are two years older than their spouses.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
PacifiCorp Retirement Plan
EIN: 93-0246090 PN: 002

Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior 3 years, adjusted for contributions, benefit payments, administrative expenses, transfers, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
2025 Plan Year	5.90% limited at 5.50%
2024 Plan Year	5.90% limited at 5.59%
2023 Plan Year	6.00% limited at 5.74%
Trust Expenses Included in Normal Cost	$569,307 plus estimated PBGC Premiums for the current year ($1,059,663).
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2025.

Table 1

Combined Retirement and Termination Rates in effect as of 1/1/2024

Age	Rate
25	8.00%
26	8.00%
27	8.00%
28	8.00%
29	8.00%
30	8.00%
31	8.00%
32	8.00%
33	8.00%
34	8.00%
35	8.00%
36	4.00%
37	4.00%
38	4.00%
39	4.00%
40	4.00%
41	4.00%
42	4.00%
43	4.00%
44	4.00%
45	4.00%
46	6.00%
47	6.00%
48	6.00%
49	6.00%

Table 1 (continued)

Combined Retirement and Termination Rates in effect as of 1/1/2024

Age	Rate
50	6.00%
51	5.00%
52	5.00%
53	5.00%
54	5.00%
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	10.00%
60	10.00%
61	15.00%
62	20.00%
63	15.00%
64	25.00%
65	40.00%
66	40.00%
67	30.00%
68	25.00%
69	40.00%
70+	100.00%

Table 2

Disability Rates

Age	Male	Female
25	0.0345%	0.0345%
26	0.0345%	0.0345%
27	0.0345%	0.0345%
28	0.0345%	0.0460%
29	0.0345%	0.0460%
30	0.0345%	0.0460%
31	0.0345%	0.0575%
32	0.0345%	0.0575%
33	0.0345%	0.0690%
34	0.0345%	0.0690%
35	0.0460%	0.0805%
36	0.0460%	0.0920%
37	0.0575%	0.1035%
38	0.0690%	0.1150%
39	0.0805%	0.1380%
40	0.0920%	0.1495%
41	0.1035%	0.1725%
42	0.1150%	0.1955%
43	0.1380%	0.2185%
44	0.1610%	0.2530%
45	0.1840%	0.2760%
46	0.2070%	0.3105%
47	0.2415%	0.3450%
48	0.2875%	0.3795%
49	0.3220%	0.4140%

Table 2 (continued)

Disability Rates

Age	Male	Female
50	0.3795%	0.4600%
51	0.4485%	0.5060%
52	0.5290%	0.5635%
53	0.6095%	0.6210%
54	0.7015%	0.6785%
55	0.7935%	0.7360%
56	0.8855%	0.7935%
57	0.9890%	0.8510%
58	1.0925%	0.9200%
59	1.2075%	0.9775%
60	1.3225%	1.0350%
61+	0.0000%	0.0000%

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PACIFICORP RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/30/2016

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)

PACIFICORP

825 NE MULTNOMAH STREET
SUITE 1900
PORTLAND OR 97232

2b Employer Identification Number (EIN)
93-0246090

2c Plan Sponsor's telephone number
503-813-5040

2d Business code (see instructions)
221100

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	[signature]	10/5/26	TODD DINEHART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
PACIFICORP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
93-0246090

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	726,068,450
b Actuarial value	**2b**	722,695,424

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,137	542,108,364	542,108,364
b For terminated vested participants	583	36,731,382	36,731,382
c For active participants	906	86,760,780	86,760,780
d Total	4,626	665,600,526	665,600,526

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,059,663
c Target normal cost	**6c**	1,059,663

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

GRANT T. MARTIN GTM — Signature of actuary

10/01/2026 — Date

GRANT T. MARTIN, FSA, EA, CERA — Type or print name of actuary

2608003 — Most recent enrollment number

AON CONSULTING,INC — Firm name

415-486-6947 — Telephone number (including area code)

425 MARKET STREET
SUITE 2800
SAN FRANCISCO CA 94105
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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	108,610,448
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,253,648
9	Amount remaining (line 7 minus line 8)	0	107,356,800
10	Interest on line 9 using prior year's actual return of 4.10 %	0	4,401,629
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.03 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	111,758,429

Part III Funding Percentages

14	Funding target attainment percentage	14	91.78 %
15	Adjusted funding target attainment percentage	15	108.57 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.78 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 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
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1,059,663
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	54,663,531	5,138,359
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	6,198,022

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6,198,022	6,198,022

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB Attachment (Form 5500) — 2025 Plan Year
PacifiCorp Retirement Plan
EIN: 93-0246090 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
50.5	6.00%	1.0000	3.03
51.5	5.00%	0.9400	2.42
52.5	5.00%	0.8930	2.34
53.5	5.00%	0.8484	2.27
54.5	5.00%	0.8059	2.20
55.5	5.00%	0.7656	2.12
56.5	5.00%	0.7274	2.05
57.5	5.00%	0.6910	1.99
58.5	5.00%	0.6564	1.92
59.5	10.00%	0.6236	3.71
60.5	10.00%	0.5613	3.40
61.5	15.00%	0.5051	4.66
62.5	20.00%	0.4294	5.37
63.5	15.00%	0.3435	3.27
64.5	25.00%	0.2920	4.71
65.5	40.00%	0.2190	5.74
66.5	40.00%	0.1314	3.49
67.5	30.00%	0.0788	1.60
68.5	25.00%	0.0552	0.94
69.5	40.00%	0.0414	1.15
70	100.00%	0.0248	1.74
	Weighted Average		60.12

Schedule SB Attachment (Form 5500) — 2025 Plan Year
PacifiCorp Retirement Plan
EIN: 93-0246090 PN: 002

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,101,861	1,303,558	57,832,561	60,237,980
2026	2,308,311	1,536,494	55,901,425	59,746,230
2027	3,350,850	1,682,402	53,987,535	59,020,787
2028	4,200,895	1,886,018	51,969,305	58,056,218
2029	4,838,331	2,038,229	49,897,406	56,773,966
2030	5,482,958	2,206,050	47,745,261	55,434,269
2031	5,941,566	2,320,837	45,592,744	53,855,147
2032	6,243,369	2,415,179	43,386,083	52,044,631
2033	6,529,533	2,540,541	41,128,836	50,198,910
2034	6,737,449	2,601,437	38,801,967	48,140,853
2035	7,042,690	2,666,488	36,535,782	46,244,960
2036	7,117,219	2,741,540	34,262,660	44,121,419
2037	7,265,779	2,783,605	31,984,601	42,033,985
2038	7,263,443	2,866,305	29,709,370	39,839,118
2039	7,281,898	2,876,447	27,446,036	37,604,381
2040	7,289,145	2,894,923	25,205,273	35,389,341
2041	7,199,041	2,879,770	22,999,323	33,078,134
2042	7,122,114	2,871,482	20,841,892	30,835,488
2043	6,970,462	2,834,213	18,747,710	28,552,385
2044	6,801,365	2,785,099	16,731,836	26,318,300
2045	6,598,751	2,702,217	14,809,048	24,110,016
2046	6,375,705	2,616,123	12,993,059	21,984,887
2047	6,106,327	2,515,110	11,295,722	19,917,159
2048	5,821,846	2,400,819	9,726,589	17,949,254
2049	5,526,262	2,294,530	8,292,606	16,113,398
2050	5,199,086	2,174,057	6,997,824	14,370,967
2051	4,889,283	2,044,517	5,843,265	12,777,065
2052	4,543,267	1,916,779	4,826,939	11,286,985
2053	4,196,676	1,784,024	3,944,035	9,924,735
2054	3,860,521	1,653,333	3,187,280	8,701,134
2055	3,528,128	1,522,811	2,547,464	7,598,403
2056	3,205,857	1,395,643	2,013,923	6,615,423
2057	2,895,539	1,272,813	1,575,097	5,743,449
2058	2,599,831	1,155,123	1,219,120	4,974,074
2059	2,320,960	1,043,207	934,277	4,298,444

Schedule SB Attachment (Form 5500) — 2025 Plan Year
PacifiCorp Retirement Plan
EIN: 93-0246090 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	2,060,280	937,536	709,434	3,707,250
2061	1,818,667	838,410	534,330	3,191,407
2062	1,596,515	745,979	399,745	2,742,239
2063	1,393,789	660,274	297,600	2,351,663
2064	1,210,109	581,233	220,990	2,012,332
2065	1,044,795	508,725	164,146	1,717,666
2066	896,957	442,573	122,366	1,461,896
2067	765,568	382,560	91,901	1,240,029
2068	649,516	328,443	69,817	1,047,776
2069	547,643	279,961	53,858	881,462
2070	458,771	236,832	42,327	737,930
2071	381,737	198,757	33,966	614,460
2072	315,405	165,416	27,861	508,682
2073	258,681	136,470	23,357	418,508
2074	210,519	111,563	19,988	342,070

Schedule SB Attachment (Form 5500) — 2025 Plan Year
PacifiCorp Retirement Plan
EIN: 93-0246090 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	December 30, 2016
Most Recent Amendment	Merger effective December 31, 2022.
Eligibility for Coverage	Any employee, other than a casual or leased employee or an employee covered by a collective¬ bargaining agreement that does not provide for participation, of a participating company shall become a participant on the first of the month following the completion of one year of service and attainment of age 21. A nonrepresented employee who has not become a participant as of June 1, 2007, shall become a participant then or at date of hire, if later. A Local 127 or Local 197 employee hired after 2006 shall become a participant at date of hire. Notwithstanding the preceding, the following groups of employees are ineligible: Bridger Coal Local S1978 hired after October 14, 2008. ● Local 127 employees hired after March 31, 2010. ● Local 197 employees hired after October 14, 2009. ● Local 57 Laramie employees hired after August 31, 2009. ● Bridger Coal Local S1978 hired after October 14, 2008. ● Nonrepresented employees hired after 2007. ● Local 659 employees hired after 2007. ● Local 125 employees hired after 2005. ● Local 57 (excluding Laramie) employees hired after June 30, 1999.
Eligibility for Benefits	
Normal retirement	Age 65.
Early Retirement	Age 55 and the 5 years of service, or 75 points (age plus years of service).
Deferred Vested	5 years of service for the Final Average Pay benefit, or 3 years of service for the Cash Balance benefit. 3 years of service for employees with both the Final Average Pay and the Cash Balance Benefit.

Disability Retirement Benefit	Upon LTD eligibility if nonunion or covered by a collective-bargaining agreement providing for such. Otherwise, completion of 10 years of service and satisfaction of the Social Security disability benefits criteria.
Preretirement Death	5 years of service.
Postponed Retirement	Retirement after age 65.
Final Average Pay Benefit	The Final Average Pay benefit is frozen for the following groups: (1) Local 127 employees — frozen as of March 31, 2010. (2) Local 197 employees — frozen as of October 14, 2009. (3) Local 57 Laramie employees — frozen as of August 31, 2009. (4) Bridger Coal S1978 employees — frozen as of October 14, 2008. (5) Local 125 employees who were under age 53 as of October 1, 2008 — frozen as of September 30, 2008. (6) Local 659 employees — frozen as of December 31, 2007. (7) Nonrepresented employees — frozen as of June 1, 2007. (Nonrepresented employees hired prior to 2008 are also eligible for the Cash Balance benefit.) (8) Local 125 employees who were at least age 53 as of October 1, 2008 — frozen as of December 31, 2011. (a) Local 127 and Local 197 employees hired after 2006 are not eligible for the Final Average Pay benefit.
Normal Retirement	Monthly benefit equal to the greatest of (1), (2), (3), (4), (5) and (6); plus the DCP benefit. (1) The Basic Benefit plus the Excess Benefit, plus the Additional Service Benefit; Basic Benefit = 1.3% of Final Average Pay times Benefit Years up to a maximum of 30.

Excess Benefit =	0.65% of Final Average Pay in excess of Social Security Covered Compensation, times Benefit Years up to a maximum of 30.
Additional Service Benefit =	0.25% of Final Average Pay times Benefit Years in excess of 30.

(2) Monthly benefit under the Utah Power and Light Company Retirement Income Plan on the New Formula Date, as follows:

- 12/31/90 for union employees; or
- 12/31/89 for non-union employees; or
- the date of transfer from union to nonunion status for employees making this transfer during 1990

(3) Short service factor (SSF) x Benefit Years up to 20, plus the long service factor (LSF) x Benefit Years in excess of 20, where:

Annual Salary Rate on New Formula Date	SSF	LSF
Under $25,000	$35	$15
From $25,000 to $35,000	$50	$20
Over $35,000	$60	$25

(4) Monthly benefit earned under other groups that were merged with the Plan.

(5) For members of the IBEW Local 57 who are age 50 or older and in active status on July 1, 1999:

- 1.67% of Final Average Pay times Benefit Years up to a maximum of 30 plus 0.50% of Final Average Pay times Benefit Years in excess of 30.

(6) For members of the IBEW Local 125 who are age 53 or older as of October 1, 2008:

- 1.35% of Final Average Pay times Benefit Years.

The DCP benefit is the monthly benefit payable to former participants of the Utah Power and Light Deferred Compensation Plan.

Early Retirement

A benefit computed in the same manner as a normal retirement benefit based on compensation and benefit years at the time of termination. This benefit is paid without reduction if deferred to age 65 or reduced if payments commence before age 65. The applicable early retirement factors vary depending upon which benefit formula predominates.

For Formula (1), the Basic Benefit is reduced under the Higher Percentage table if the participant terminates with 75 or more points; otherwise the Lower Percentage table is used. The Excess Benefit is reduced under the Lower Percentage Table and the Additional Service Benefit is reduced under the Higher Percentage table.

Age at Benefit Starting Date	Higher Percentage	Lower Percentage
64	100.00%	92.00%
63	100.00%	84.00%
62	100.00%	76.00%
61	96.00%	72.00%
60	92.00%	68.00%
59	88.00%	64.00%
58	84.00%	60.00%
57	80.00%	56.00%
56	76.00%	52.00%
55	72.00%	48.00%
54	64.63%	43.09%
53	58.09%	38.73%
52	52.29%	34.86%
51	47.12%	31.42%
50	42.52%	28.35%

For Formulas (2) and (5), the reduction factor is 4% per year below age 65 if the participant has less than 30 years of service; otherwise, the reduction is 4% per year below age 64. For retirement between ages 50 and 55, the reduction factors are the same as the terminated vested factors.

For Formula (3), the reduction factors are based on the factors in the Higher Percentage table listed above.

For Formula (4), the reduction is based upon the applicable early retirement factor for the frozen benefit that was merged with the Plan.

	For Formula (6), the reduction is based on the Higher Percentage table if the participant terminates with 75 or more points otherwise the Lower Percentage table is used. The DCP benefit is also reduced for early commencement under a separate schedule.
Deferred Vested	A benefit computed in the same manner as a normal retirement benefit based on final average compensation and benefit years at the time of termination. This benefit is paid without reduction at age 65 or actuarially reduced for early commencement.
Disability	A benefit computed in the same manner as a normal retirement benefit based on Final Average Pay and Benefit Years at retirement and Social Security Covered Compensation at the time of disability. This benefit is paid without reduction if deferred to age 65 or reduced in accordance with the early retirement table if commenced earlier.
Preretirement Death	If death occurs before age 55, the vested participant's spouse will be eligible to begin receiving a life annuity or lump sum immediately or may defer payment until the time the participant would have become age 55. If deferred to age 55, the benefit amount will be equal to the amount the spouse would have received if the participant had separated from service on the date of death or on the actual date of termination, if earlier, survived until age 55, and then died with a 50% joint and survivor benefit in effect. The spouse of a participant who dies while employed after age 55 or after completing 30 years of service shall receive a life annuity equal to the benefit that would have been paid if the participant had retired on the day before his death with a 50% joint and survivor benefit in effect. In the case of death of a participant with 30 years of service before age 55, the participant is assumed to be age 55 in determining the applicable early retirement reduction factors.

	Preretirement death benefits for unmarried participants are provided to nonunion employees and employees covered by a collective-bargaining agreement providing for such. The benefits are actuarially equivalent to those for active participants, based on an assumed spouse exactly three years younger than the participant, and are payable only as a lump sum. Preretirement death benefits of terminated vested participants are the same as those for active participants.
Postponed Retirement	A benefit computed in the same manner as a normal retirement benefit.
Cash Balance Benefit	
Eligibility	All nonrepresented employees as of June 1, 2007, and those hired in the following seven months, and Local 127 and Local 197 employees hired after 2006. The Cash Balance benefit is paid in addition to the (frozen) Final Average Pay benefit. Notwithstanding the preceding, the following groups of employees are ineligible: • Local 127 employees hired after March 31, 2010. • Local 197 employees hired after October 14, 2009. • Nonrepresented employees hired after December 31, 2007.
Amount of Benefit	The hypothetical Cash Balance account described below, on an actuarially equivalent life annuity, is payable upon termination or any time after termination.
Death Benefit	Entire Cash Balance account or actuarially equivalent life annuity payable upon the participant's death, regardless of marital status.
Opening Cash Balance Account	For nonrepresented employees, the participant's Cash Balance is $0 as of June 1, 2007 or entry into the plan. For Local 127 and Local 197 participants, an opening Cash Balance of $0 is established upon entry into the plan. The Cash Balance account is increased annually and upon benefit commencement with Pay Credits and Interest Credits.
Annual Pay Credit	Pay credits are credited to the Cash Balance account each December 31, or upon severance from service if earlier. The amount of the pay credit is 5% of Compensation for Local 127 and Local 197, and 5% of Cash Balance Compensation for nonrepresented employees hired on or after July 1, 2006.

For nonrepresented employees hired before July 1, 2006, the pay credit is 6.5% of Cash Balance Compensation. In addition, through August 1, 2009, there is a pay credit of 4% of Cash Balance Compensation in excess of the Social Security Wage Base for the year. In addition, those employees who were 40 or older on May 31, 2007, receive the following transitional pay credits:

Traditional Pay Credit Period	Percentage of Cash Balance Compensation
6/1/2007–5/31/2008	4.0%
6/1/2008–5/31/2009	4.0%
6/1/2009–5/31/2010	4.0%
6/1/2010–5/31/2011	2.5%
6/1/2011–5/31/2012	1.5%

- Pay credits will be $0 for the following groups:
- Local 127 employees -as of April1, 2010.
- Local 197 employees -as of October 15, 2009.
- Nonrepresented participants who opted out of future cash balance pay credits after December 31, 2008, participating instead in enhanced K Plus defined contribution benefits -as of January 1, 2009.
- Nonrepresented participants who did not opt out of future cash balance pay credits after December 31, 2008 -as of December 31, 2016.

Interest Credits

Interest is credited to the Cash Balance account each December 31, or upon benefit commencement, if earlier. The amount of the interest credit is the rate of interest times the preceding January 1 Cash Balance account. For nonrepresented employees, the rate of interest is the interest rate on one-year Treasury constant maturities in effect for November of the prior calendar year, plus 70 basis points. For Local 127 and Local 197 participants, the rate of interest is the interest rate on 30-year Treasury securities in effect for September of the prior calendar year.

Definitions

Year of Service	12-month period during which an employee is in continuous employment with the company or an affiliate.
Benefit Year	Years of service while an employee, other than a casual or leased employee or an employee covered by a collective-bargaining agreement that does not provide participation in this Plan, of a participating company. Years of service while on an authorized leave of absence and certain periods of military service are included. Any participants who complete less than a full year of service receive fractional credit.
Compensation	Compensation includes all nondeferred compensation reportable on Form W-2 except the amounts shown below, plus salary reduction amounts elected by the participant under qualified cash or deferred arrangement or a cafeteria plan. Excluded items are: ● Bonuses in excess of 10% of base salary, determined before reductions in base salary for nonqualified deferred compensation. ● Overtime, premium pay, shift and location differentials. ● Imputed income from expense reimbursement or fringe benefits. ● Commissions that are not in lieu of participation in a bonus program or that do not accompany a discounted salary rate. ● Other commissions or production related incentives in excess of 30% of base salary, determined before reductions in base salary for nonqualified deferred compensation. ● Other items such as prizes and awards, severance payments, long-term incentive pay.
Cash Balance Compensation	Same as Compensation, except that the entire amount of bonuses is included, (i.e., bonuses in excess of 10% of base salary are not excluded). Hiring and retention bonuses are not included. Compensation after 2008 for nonrepresented employees who opted out of Annual Pay Credits effective January 1, 2009 will be disregarded.

Final Average Pay	Average monthly compensation in the 60 highest consecutive calendar months of the last 120 calendar months of employment. Notwithstanding the preceding, compensation after May 31, 2007 shall be disregarded for nonrepresented employees.
Social Security Covered Compensation	The covered compensation amount for a person with the participant's Social Security retirement age.
Plan Year	January 1 to December 31.
Contributions	The plan is paid for by the company. No participant contributions are allowed other than amounts previously transferred from plans that merged with the Plan.
Normal Form of Benefits	An unmarried member receives benefits payable as a single life annuity. A married participant retiring from active or disabled status receives a 50% joint and survivor benefit which is the actuarial equivalent of a life annuity payment. All other benefits are provided on an actuarial equivalent basis to a life annuity.
Optional Annuity Forms of Benefit	Level income option, 100%, 75% or 50% joint and survivor options, 10-year certain and life option. All optional forms are actuarially equivalent to the single life annuity based upon: Interest: 9.00%. Mortality: 1984 Unisex Pension Mortality Table.
Final Average Pay Lump Sum Benefit	The actuarially equivalent lump sum benefit is paid: ● automatically if the amount is not over $5,000, or ● upon request. The lump sum is based upon: Interest: The 3-segment corporate bond yield curve published by the IRS for lump sums under 417(e) for the September preceding the year in which the lump sum is paid. Mortality: IRS IRC §417(e)(3) for lump sums.

Cost of Living Adjustment	The amount payable to each participant with no service after December 31, 1987 is increased each January 1 by the lesser of: • 2%, or • The percentage increase in the U.S. Consumer Price Index (all items) during the 12 months ending with the September index preceding the adjustment date. Effective May 1, 2002, an ad hoc COLA was granted to certain pre-1996 retirees.

Changes in Plan Provisions since Prior Year

No changes to the plan provisions.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) — 2025 Plan Year

PacifiCorp Retirement Plan

EIN: 93-0246090 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 6,900,467	January 1, 2023	13	$ 709,200
Shortfall	$ (5,504,445)	January 1, 2024	14	$ (537,527)
Shortfall	$ 53,267,509	January 1, 2025	15	$ 4,966,686

Schedule SB Attachment (Form 5500) — 2025 Plan Year
PacifiCorp Retirement Plan
EIN: 93-0246090 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

Assumption Changes

The funding valuation reflects the following assumption changes:

- Following change in the Union interest crediting rate assumption for cash balance benefits:
  - From 4.47% to 4.04% for 2025 plan year
  - From 2.70% to 4.04% for 2026 plan year
  - From 2.70% to 3.10% for 2027 and later future years
- Following change in the Nonunion interest crediting rate assumption for cash balance benefits:
  - From 5.98% to 5.03% for 2025 plan year
  - From 3.10% to 5.03% for 2026 plan year
  - From 3.10% to 3.60% for 2027 and later future years

These changes were made to better reflect the anticipated plan experience. These assumption changes did not reduce the funding shortfall; as such, approval of the Commissioner is not required.