

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 03/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [X] the final return/report [] an amended return/report [X] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [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: DOMTAR US SALARIED PENSION PLAN
1b Three-digit plan number (PN): 005
1c Effective date of plan: 09/10/1987
2a Plan sponsor's name (employer, if for a single-employer plan): DOMTAR INDUSTRIES LLC
2b Employer Identification Number (EIN): 25-1157103
2c Plan Sponsor's telephone number: 514-848-5555
2d Business code (see instructions): 322100

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	734
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	411
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
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 Characteristics Codes in the instructions:
1C 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 03/30/2024

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

A Name of plan <u>DOMTAR US SALARIED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DOMTAR INDUSTRIES LLC</u>	D Employer Identification Number (EIN) <u>25-1157103</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>101763141</u>
	b Actuarial value	2b	<u>109519925</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>87</u>	<u>11795253</u>
	b For terminated vested participants	<u>240</u>	<u>17237526</u>
	c For active participants	<u>411</u>	<u>59473539</u>
	d Total	<u>738</u>	<u>88506318</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.00 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1100086</u>
	b Expected plan-related expenses	6b	<u>100000</u>
	c Target normal cost	6c	<u>1200086</u>

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

SIGN HERE		
	Signature of actuary	<u>01/14/2025</u> Date
	<u>STEPHEN S. JONES</u> Type or print name of actuary	<u>23-06347</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>202-331-2524</u> Telephone number (including area code)
	<u>1050 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036</u> Address of the firm	

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

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)	8723256	12827282
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	8723256	12827282
10	Interest on line 9 using prior year's actual return of <u>8.86</u> %	772880	1136497
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 <u>5.05</u> %		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		
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)	9496136	13963779

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.23 %
15	Adjusted funding target attainment percentage	15	%
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	119.91 %
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? Yes No

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 1200086
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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 1200086
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1200086	0	1200086
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
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **03/30/2024**

A Name of plan DOMTAR US SALARIED PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 DOMTAR INDUSTRIES LLC	D Employer Identification Number (EIN) 25-1157103	

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

PACIFIC INVESTMENT MANGT CO. LLC

33-0629048

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

PRIME PROPERTY FUND, LLC.

36-4516330

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

PRINCIPAL ENHANCED

20-0928198

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

GOLDENTREE MULTI SECTOR FUND **LP 300 PARK AVENUE**
20TH FLOOR
NEW YORK, NY 10022

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

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

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

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

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

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

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

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

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)

MERCER

13-2834414

(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	ACTUARY	50622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TWEEDY BROWN CO.

13-3381587

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	18357	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15	RECORD KEEPING	14250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MELLON BANK,N.A.

25-0659306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	5122	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 03/30/2024

A Name of plan <u>DOMTAR US SALARIED PENSION PLAN</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DOMTAR INDUSTRIES LLC</u>	D Employer Identification Number (EIN) <u>25-1157103</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DOMTAR DB PENSION MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>DOMTAR INDUSTRIES LLC</u>		
c EIN-PN <u>25-1157103-012</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 03/30/2024	
A Name of plan DOMTAR US SALARIED PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 DOMTAR INDUSTRIES LLC	D Employer Identification Number (EIN) 25-1157103

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	101945459	0
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	101945459	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	18322	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	18322	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	101927137	0

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)		
(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)		0
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)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2274565
(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		2274565

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1046984	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1046984
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)	14250	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	24827	
(7) Actuarial fees	2i(7)	5122	
(8) Legal fees	2i(8)	50622	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		94821
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1141805

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1132760
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		103059897

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
RESOLUTE FP US PENSION PLAN	62-0721803	004

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 545744.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 03/30/2024

A Name of plan <u>DOMTAR US SALARIED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DOMTAR INDUSTRIES LLC</u>	D Employer Identification Number (EIN) <u>25-1157103</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 25-1157103

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	5
--	---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Financial Statements and Report of
Independent Certified Public
Accountants

Domtar US Salaried Pension Plan

March 30, 2024 and December 31, 2023

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits as of March 30, 2024 and December 31, 2023	5
Statements of changes in net assets available for benefits for the period January 1, 2024 through March 30, 2024 and the year ended December 31, 2023	6
Notes to financial statements	7

GRANT THORNTON LLP

27777 Franklin Road,
Suite 800
Southfield, MI 48034

D +1 248 262 1950

F +1 248 350 3581

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Pension Administrative Committee and
Participants of the Domtar US Salaried Pension Plan

Opinion on the 2024 financial statements

We have audited the financial statements of Domtar US Salaried Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of March 30, 2024, and the related statement of changes in net assets available for benefits for the period January 1, 2024 through March 30, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of March 30, 2024, and the changes in its net assets available for benefits for the period January 1, 2024 through March 30, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion on the 2024 financial statements

We conducted our audit of the financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of management for the 2024 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 is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's responsibilities for the audit of the 2024 financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 US 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 US GAAS, we:

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

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

Other matter – auditor's report on the 2023 financial statements

We performed an audit of the 2023 financial statements of Domtar US Salaried Pension Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, our audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. In our report dated October 4, 2024, we indicated that in our opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 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).

Grant Thornton LLP

Southfield, Michigan
January 14, 2025

Domtar US Salaried Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of March 30, 2024 and December 31, 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Plan interest in Domtar Industries LLC Defined Benefit Plan Master Trust	\$ -	\$ 101,945,459
LIABILITIES		
Accrued liabilities	-	18,322
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 101,927,137</u>

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

Domtar US Salaried Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**For the period January 1, 2024 through March 30, 2024 and
for the year ended December 31, 2023**

	2024	2023
Additions		
Investment income:		
Plan interest in Domtar Industries LLC Defined Benefit Plan Master Trust	\$ 2,274,565	\$ 8,567,927
Annuity refund	-	135,312
Total additions, net	2,274,565	8,703,239
Deductions		
Benefits paid directly to participants and beneficiaries	1,046,984	5,715,373
Administrative expenses	94,821	581,720
Total deductions	1,141,805	6,297,093
Net increase	1,132,760	2,406,146
Transfer out (NOTE J)	(103,059,897)	-
Net assets available for benefits		
Beginning of year	101,927,137	99,520,991
End of year	\$ -	\$ 101,927,137

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

Domtar US Salaried Pension Plan
NOTES TO FINANCIAL STATEMENTS
March 30, 2024 and December 31, 2023

NOTE A - DESCRIPTION OF PLAN

The Domtar US Salaried Pension Plan (the “Plan”) is a non-contributory defined benefit plan, sponsored and administered by Domtar Industries LLC (the “Plan Administrator”) that covers substantially all salaried employees of E.B. Eddy Paper, Inc., Domtar Industries LLC and Domtar A.W. LLC (the “Company”). The Plan was closed to new participants effective December 31, 2007. The Plan provides for retirement, termination of employment, death and disability benefits. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. The Plan document was amended and restated effective July 1, 2022.

The Plan is designed to comply with the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Company’s funding policy is to make contributions in accordance with ERISA minimum funding requirements. The Company has consistently made contributions greater than or equal to these requirements and were in compliance with the minimum funding requirements for the period January 1, 2024 through March 30, 2024 and the year ended December 31, 2023.

Effective March 30, 2024, the Plan was merged into the Resolute FP US Pension Plan (the “Receiving Plan”) and the Plan transferred \$103,059,897 of assets to the Receiving Plan.

Pension Benefits

The Plan is a cash balance plan. All participants earn benefits based upon a percentage of their eligible compensation. The benefit payable to a participant upon normal retirement age (65 years) is a formula based on (1) the benefit credits (4% to 6% based on the participant’s age) multiplied by the eligible compensation (maximum of \$345,000 as of March 30, 2024), plus (2) the excess benefit credits (4% to 6% based on the participant’s age) multiplied by the excess of eligible compensation over the social security wage base \$168,600 as of March 30, 2024). Participant accounts receive an interest credit based on the 30-Year Treasury Constant Maturity Rate in November of the preceding year. Participants received 4.66% and 3.99% for the period January 1, 2024 through March 30, 2024 and the year ended December 31, 2023, respectively. Upon attaining normal retirement age, each participant may elect to receive their cash balance account in either a lump-sum distribution or annuity payments. The Plan provides disability and death benefits as stipulated by the Plan document.

2022 Annuity Purchase

On June 30, 2022, the Company entered into an annuity purchase transaction with The Prudential Insurance Company of America (“Prudential”) where \$10,330,712 of assets were transferred to Prudential. This transaction relieved the Company of responsibility for the pension benefit obligations for certain retirees specified in the contract with Prudential.

Prudential refunded the Plan \$135,312 for the year ended December 31, 2023 related to the annuity purchase transaction.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform with accounting principles generally accepted in the United States of America (“US GAAP”), have been used consistently in the preparation of the Plan’s financial statements.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Domtar US Salaried Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

March 30, 2024 and December 31, 2023

NOTE B - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. 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. See Note F for a discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year. Net master trust investment income (loss) was allocated to each participating plan on a pro-rata basis based on the Plan's interest in the Domtar Industries LLC Defined Benefit Plan Master Trust ("Master Trust").

Benefit Payments

Benefit payments to participants or beneficiaries are recorded upon distribution.

Administrative Expenses

All administrative expenses of the Plan are paid by the Plan as provided by the Plan document, unless otherwise paid by the Company. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

Use of Estimates

The preparation of financial statements in accordance with US 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.

Risks and Uncertainties

The Master Trust invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible 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.

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

Domtar US Salaried Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

March 30, 2024 and December 31, 2023

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by participants through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired participants or their beneficiaries, (b) active participants or their beneficiaries, and (c) terminated participants with vested benefits or their beneficiaries. The accumulated plan benefits for active participants are based on credited service preceding the valuation date. Benefit obligations under all circumstances including retirement, death, disability and termination of employment are included in accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the valuation date.

Mercer (US) Inc. ("Mercer"), the Plan's actuary, estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

(a) Accumulated plan benefit information as of December 31, 2023, the latest actuarial valuation, is as follows:

Actuarial present value of accumulated plan vested benefits	
Active and terminated vested participants	\$ 76,801,523
Participants receiving benefits and beneficiaries	<u>10,386,076</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 87,187,599</u>

(b) The actuarial present value of accumulated plan benefits increased since December 31, 2022 as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	\$ 78,615,342
Increase (decrease) during the year attributable to	
Benefits accumulated	2,982,724
Increase for interest due to decrease in discount period	5,286,366
Benefits paid	(5,715,373)
Change in actuarial assumptions	<u>6,018,540</u>
Net increase	<u>8,572,257</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u>\$ 87,187,599</u>

Domtar US Salaried Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

March 30, 2024 and December 31, 2023

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

(c) The significant assumptions used in the actuarial valuation as of December 31, 2023 are as follows:

Discount rate	7.05%
Retirement age	4.5% at ages 55 to 58; 9.5% at ages 59 and 60; 12% at age 61; 15% at age 62; 17.5% at ages 63 to 64; 30% at age 65 to 67; 20% at ages 68 to 69; 100% at ages 70 and above
Mortality table Healthy and Disabled	PRI-2012 sex-distinct separate employee, retiree and contingent survivor (for existing survivors) mortality tables with white collar adjustments, projected with MP-2021 improvement scale.

The significant assumptions used in the actuarial valuation as of December 31, 2022 were as follows:

Discount rate	7.00%
Retirement age	4.5% at ages 55 to 58; 9.5% at ages 59 and 60; 12% at age 61; 15% at age 62; 17.5% at ages 63 to 64; 30% at age 65 to 67; 20% at ages 68 to 69; 100% at ages 70 and above
Mortality table Healthy and Disabled	PRI-2012 employee generational table with white collar adjustments for pre-retirement mortality, and Mercer Industry Longevity Experience Studies (MILES) - Basic Materials and Paper & Packaging table with white collar adjustments for post-retirement mortality, both projected with MSS-2022 improvement scale.

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

During the current year, the change in discount rate from 7.00% to 7.05%, resulted in a decrease to the actuarial present value of accumulated plan benefits of \$210,995. The impact was in addition to the other actuarial assumption changes, including an increase to the cash balance interest crediting rate from 3.75% to 4.40% and the change in the mortality projection scale that was updated from MSS-2022 to MP-2021 for both pre-retirement and post-retirement mortality. The other actuarial changes resulted in an increase to the actuarial present value of accumulated plan benefits of \$6,229,535.

Effective March 30, 2024, the Domtar Plan was merged into the Receiving Plan. As a result, Mercer estimated the actuarial present value of accumulated plan benefits for March 30, 2024 (immediately prior to the merger) based on the January 1, 2024 census data and assumptions. As of March 30, 2024, Mercer estimated the total accumulated plan benefits at \$88,773,792 with an assumed interest rate of 7.05%. Effective March 30, 2024, the liability was transferred to the Receiving Plan. The actuarial present value of accumulated plan benefits increased by \$1,586,193 since December 31, 2023 as follows: (1) \$1,108,798 benefits accumulated; (2) \$1,524,379 increase for interest due to decrease in discount period; (3) \$1,046,984 decrease for benefits paid.

Domtar US Salaried Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

March 30, 2024 and December 31, 2023

NOTE D - INFORMATION CERTIFIED BY TRUSTEE

The Plan Administrator elected to have the 2023 audit performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan administrator determined that the certification received from Bank of New York Mellon, N.A. ("BNY Mellon, N.A." or the "Trustee") meets the requirements of ERISA Section 103(a)(3)(C). The Trustee certified that the following data included in the accompanying financial statements are complete and accurate:

- Plan interest in the Master Trust included in the Statements of Net Assets Available for Benefits as of December 31, 2023.
- Plan interest in the Master Trust investment income (loss) included in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2023.
- Net Assets Available for Benefits and Net Master Trust investment income (loss) information included in Note E as of and for the year ended December 31, 2023.

NOTE E - INTEREST IN THE MASTER TRUST

Prior to the Plan merger into the Receiving Plan, the Plan was included in the Master Trust. The Master Trust was established effective April 1, 2010, for the investment of assets of the Plan and other Company sponsored retirement plans. The assets of the Master Trust are held by BNY Mellon, N.A. Use of the Master Trust permits the commingling of assets for these plans. Although the assets are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the investment income to the participating plans. As of March 30, 2024 the Plan was no longer in the Master Trust. As of December 31, 2023, the Plan's interest in the assets of the Master Trust was 40.55%, with the remaining interest in the Domtar US Hourly Pension Plan.

Domtar US Salaried Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

March 30, 2024 and December 31, 2023

NOTE E - INTEREST IN THE MASTER TRUST (CONTINUED)

The following table presents the investments and other assets and liabilities of the Master Trust as of December 31, 2023:

	2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets		
Investments, at fair value		
Cash	\$ 466,596	\$ 211,830
Common stocks	21,305,573	14,268,605
Registered investment companies	131,663,905	37,711,467
Collective trusts	38,680,848	23,199,300
Private placement funds	57,766,666	25,673,905
Total investments, at fair value	249,883,588	101,065,107
Receivables	1,504,831	881,368
Total assets	251,388,419	101,946,475
Liabilities		
Other liabilities	1,935	1,016
Total net assets	<u>\$ 251,386,484</u>	<u>\$ 101,945,459</u>

The following are net appreciation (depreciation) in the fair value of investments and interest and dividend income for the Master Trust for the period January 1, 2024 through March 30, 2024 and the year ended December 31, 2023:

	2024	2023
Net appreciation in fair value of investments	\$ 962,379	\$ 9,746,471
Interest and dividend income	1,574,837	8,487,990
Net Master Trust investment income	<u>\$ 2,537,216</u>	<u>\$ 18,234,461</u>

NOTE F - FAIR VALUE MEASUREMENTS

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

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

Domtar US Salaried Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

March 30, 2024 and December 31, 2023

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of March 30, 2024 and December 31, 2023.

Common stocks: consist of equities in various companies and are valued using observable, unadjusted quoted prices in active markets. These investments are classified within Level 1 of the valuation hierarchy.

Registered investment companies: valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These investments are classified within Level 1 of the valuation hierarchy.

Collective trusts: valued at the NAV of units of a collective trust. The NAV is used as a practical expedient to estimate fair value and is based on the fair value of the underlying investments held by the fund less its liabilities.

Private placement funds: consist of two real estate funds and a multi-asset credit fund. These investments are generally valued by independent pricing sources or dealers. Pricing methods are based upon market transactions for comparable investments and various relationships between these investments that are generally recognized by institutional traders. These investments generally do not have a readily determinable fair value and are estimated at fair value, which primarily utilizes NAV or the equivalent, as a practical expedient, as reported by the investment manager.

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

Domtar US Salaried Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

March 30, 2024 and December 31, 2023

The Plan's investments consist of their interest in the Master Trust. Refer to Note E for details of the fair value of all assets within the Master Trust.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 466,596	\$ -	\$ -	\$ 466,596
Common stock	21,305,573	-	-	21,305,573
Registered investment companies	131,663,905	-	-	131,663,905
Total investments in fair value hierarchy	<u>\$ 153,436,074</u>	<u>\$ -</u>	<u>\$ -</u>	153,436,074
Investments measured at NAV				
Collective trusts				38,680,848
Private placement funds				57,766,666
Total investments, at fair value				<u>\$ 249,883,588</u>

The table below presents additional information for the Master Trust's investments, whose fair value is estimated using the practical expedient of reported NAV as of December 31, 2023:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Collective trusts	\$ 38,680,848	\$ -	Immediate	N/A
Private placement funds				
U.S. Core real estate fund	\$ 20,012,455	\$ -	Quarterly	90 days
U.S. Core Plus real estate fund	19,281,142	-	Quarterly	90 days
Multi-asset credit fund	18,473,069	-	Quarterly	90 days

Domtar US Salaried Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

March 30, 2024 and December 31, 2023

NOTE F - FAIR VALUE MEASUREMENTS (CONTINUED)

The following are investment strategy descriptions for the private placement funds that are not direct filing entities.

U.S. Core Real Estate Fund

The Fund invests in US real estate and real estate-related investments, broadly defined, with the majority of the return being realized from income, with modest appreciation, and using leverage when appropriate.

U.S. Core Plus Real Estate Fund

The Fund invests in a US nationally diversified portfolio of office, industrial, retail and multi-family properties. The fund pursues an “enhanced” and “core-plus” investment strategy that combines the income-generating attributes of stabilized assets, with higher risk adjusted returns available from value-added and development opportunities and utilizes moderate levels of leverage to enhance returns and portfolio diversification.

Multi-asset Credit Fund

The fund invests across a broad universe of credit-related investments, including, but not limited to, bank debt, high yield bonds, and Structured Products.

NOTE G - TAX STATUS

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated April 25, 2014 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”) and are exempt from federal income tax. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. Management is not aware of any uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

NOTE H - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

As described in Note B, the Plan has paid certain expenses related to plan operations to various service providers. These transactions are party-in-interest transactions under ERISA.

Domtar US Salaried Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

March 30, 2024 and December 31, 2023

NOTE I - PLAN TERMINATION

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

1. Pension 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 plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed subsequently).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

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

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.

NOTE J - PLAN MERGER

Effective March 30, 2024, the Plan was merged into the Receiving Plan. The merger of the Plan into the Receiving Plan and the transfer of Plan assets and liabilities to the Receiving Plan will be made in accordance with Sections 401(a)(12) and 414(l) of the IRC. All benefits accrued under the Plan on and after March 30, 2024 are payable from the Receiving Plan assets but will accrue according to the terms and conditions of the Plan, the terms and conditions of which are incorporated by reference into the Receiving Plan effective March 30, 2024.

NOTE K - SUBSEQUENT EVENTS

Management evaluated subsequent events for the Plan through January 14, 2025, the date the financial statements were available to be issued.

The Plan Administrator is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

Schedule SB, line 26a — Schedule of Active Participants Data

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34											
35–39					3						3
40–44					18						18
45–49					37	5					42
50–54					59	10		1			70
55–59				1	126	13	1	1			142
60–64				1	94	14					109
65–69					19	3			1		23
70 & up					2		2				4
Total				2	358	45	3	2	1		411

In each cell, the top number is the count of active participants for each age/service combination. Average pay and average cash balance is not shown for plans with less than 1,000 active participants.

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

Actuarial assumptions for January 1, 2024 funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	<u>Stabilized</u>	<u>Nonstabilized</u>
• First 5 years	4.75%	4.37%
• Next 15 years	4.96%	4.96%
• Over 20 years	5.59%	4.95%
Rationale: These are IRS prescribed rates.		
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations, in accordance with IRS regulation 1.430(h)(3)-1. These tables are based on the Society of Actuaries (SOA) Pri-2012 mortality tables, and projected based on an adjusted SOA MP-2021 improvement scale that limits annual improvements to 0% for 2020-2023 and 0.78% thereafter.	
• Disabilities	Same as healthy. Rationale: These are IRS prescribed tables.	
Cash balance plans		
• Interest accumulation rate	4.40%	Rationale: This assumption is based on the average of Mercer’s capital market projections of the 30-year Treasury rate over the next 10 years, using data published in Mercer Investment Consulting’s <i>Capital Market Outlook</i> .
• Mortality table for minimum lump sum	Current 417(e) unisex mortality, projected generationally based on the IRS-adjusted SOA MP-2021 improvement scale that limits annual improvements at each age to 0% for 2020-2023 and 0.78% thereafter.	
• COLA for increasing annuity	4.40%	Rationale: This assumption is based on the average of Mercer’s capital market projections of the 30-year Treasury rate over the next 10 years, using data published in Mercer Investment Consulting’s <i>Capital Market Outlook</i> .
• Lump Sums	Liabilities are determined by valuing the lump sum payment, which is the greater of: <ul style="list-style-type: none"> - The cash balance account at the date of separation of service, or - The “minimum lump sum”, which is the cash balance account projected to age 65 with 4.40% interest, converted to an increasing annuity using plan factors, converted to a lump sum payable at age 65 using 417(e) mortality and valuation interest rates, and discounted back to the date of separation of service at 4.40%. 	

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

Other economic assumptions	
• Salary increases	2.50% per year Rationale: This assumption is based on facts and circumstances discussed with management; notably it reflects the advanced age of a closed group, and assumes that in the long-term salary increases will align with long-term inflation.
• Flat-dollar benefit increases	N/A
• Social Security taxable wage base increases	3.25% per year Rationale: The Social Security wage base increase assumption is based on the inflation assumption plus an assumed 75 basis points for general productivity.
• Inflation	2.50% per year Rationale: The assumption is based on the average of Mercer's capital market projections of inflation over the next 10 years, using data published in Mercer Investment Consulting's <i>Capital Market Outlook</i> .
• Expected investment return	5.45% per year for 2022 6.65% per year for 2023 6.25% per year for 2024 Rationale: The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's <i>Capital Market Outlook</i> for the plan's current asset mix.
• Expenses	\$600,000 (adjusted to \$100,000 to reflect the portion of expenses expected to be incurred during the short plan year) Rationale: The expense assumption corresponds to anticipated investment expenses based on 0.3% of market value of assets plus anticipated administrative expenses based on actual 2023 fees and expected 2024 PBGC premiums.

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

Demographic assumptions		
• Withdrawal	See table of sample rates. Rationale: This assumption is based on plan experience that was reviewed in 2018. We have no reason to believe that future experience will be significantly different from recent experience.	
• Disability incidence	See table of sample rates. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits. Rationale: This assumption is based on the Conference of Consulting Actuaries' 1985 Pension Disability Study (Class 1 – Unisex) and historically has not produced significant gains or losses.	
• Retirement age	Attained age	Percentage
	Under 55	0%
	55-58	4.5%
	59-60	9.5%
	61	12%
	62	15%
	63-64	17.5%
	65-67	30%
	68-69	20%
	70 and above	100%
	Rationale: This assumption is based on plan experience that was reviewed in 2018. We have no reason to believe that future experience will be significantly different from recent experience.	
• Benefit commencement age for		
– Future vested deferred	Immediate upon termination.	
– Current vested deferred	Immediate if terminated within last 12 months; age 65, otherwise.	
• Spouse assumptions	Male participants	Female participants
– Percentage married	85%	85%
– Spouse age difference	3 years younger	3 years older
Form of payment	Lump sum	
• Active retirements	100%	
• Future vested deferred	100%	
• Future disabilities	100%	
• Future deaths	100%	
• Current vested deferred	100%	
Unpredictable contingent event assumptions	N/A	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained age	Percentage	
	Withdrawal	Disability incidence
25	9.0%	0.043%
30	5.9%	0.064%
35	4.8%	0.098%
40	4.3%	0.158%
45	3.8%	0.259%
50	3.3%	0.448%
55	0.0%	0.845%
60	0.0%	1.204%
65	0.0%	0.000%

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

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**SCHEDULE SB
(Form 5500)**

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

OMB No. 1210-0110

2024

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

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

This Form is Open to Public Inspection

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 03/30/2024

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

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

A Name of plan DOMTAR US SALARIED PENSION PLAN		B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DOMTAR INDUSTRIES LLC		D Employer Identification Number (EIN) 25-1157103	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I		Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2	Assets:			
	a Market value.....	2a	101,763,141	
	b Actuarial value.....	2b	109,519,925	
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.....	87	11,795,253	11,795,253
	b For terminated vested participants	240	17,237,526	17,237,526
	c For active participants.....	411	59,473,539	59,473,539
	d Total.....	738	88,506,318	88,506,318
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
	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	5.00%	
6	Target normal cost			
	a Present value of current plan year accruals	6a	1,100,086	
	b Expected plan-related expenses	6b	100,000	
	c Target normal cost	6c	1,200,086	

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	<u>STEPHEN S. JONES</u> <u>SSJ</u>	<u>01/14/2025</u>
	Signature of actuary	Date
<u>STEPHEN S. JONES</u>	Type or print name of actuary	<u>2306347</u>
<u>MERCER</u>	Firm name	Most recent enrollment number
<u>1050 CONNECTICUT AVE NW</u> <u>SUITE 700</u> <u>WASHINGTON DC 20036</u>	Address of the firm	<u>202-331-2524</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2024
v. 240311

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)	8,723,256	12,827,282
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	8,723,256	12,827,282
10	Interest on line 9 using prior year's actual return of <u>8.86%</u>	772,880	1,136,497
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 <u>5.05%</u>		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		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	9,496,136	13,963,779

Part III		Funding Percentages	
14	Funding target attainment percentage	14	97.23 %
15	Adjusted funding target attainment percentage	15	%
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	119.91 %
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? Yes No

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment....				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	1,200,086	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
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	1,200,086	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1,200,086	0	1,200,086
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		
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	4.5%	10,000	450	24,750
56	4.5%	9,550	430	24,080
57	4.5%	9,120	410	23,370
58	4.5%	8,710	392	22,736
59	9.5%	8,318	790	46,610
60	9.5%	7,528	715	42,900
61	12.0%	6,813	818	49,898
62	15.0%	5,995	899	55,738
63	17.5%	5,096	892	56,196
64	17.5%	4,204	736	47,104
65	30.0%	3,468	1,040	67,600
66	30.0%	2,428	728	48,048
67	30.0%	1,700	510	34,170
68	20.0%	1,190	238	16,184
69	20.0%	952	190	13,110
70	100.0%	762	762	53,340
Total			10,000	625,834
Average				62.58

Schedule SB, line 15 — Reconciliation of Difference Between Valuation Results and Amounts Used to Calculate AFTAP

An AFTAP was not certified during the 2024 short plan year for the Domtar US Salaried Pension Plan because it was merged into the Resolute FP US Pension Plan effective March 30, 2024, at which date the AFTAP was presumed to be 131.77% based on the 2023 AFTAP certification issued on September 29, 2023.

The following chart shows a comparison of the FTAP shown on the 2024 Schedule SB, line 14 and the AFTAP if it had been certified for the 2024 short plan year.

	AFTAP Calculation		Schedule SB Line 14 FTAP		Difference (explained below)
1. Adjusted plan assets					
a. Actuarial value of plan assets	\$	109,519,925	\$	109,519,925	\$ 0
b. Credit balances subtracted		0		23,459,915	(23,459,915)
c. Annuity purchases for non-HCEs in prior two plan years	\$	10,195,400		0	10,195,400
d. Earmarked contributions during plan year		0		0	0
e. Adjusted plan assets: (a.) – (b.) + (c.) + (d.)	\$	119,715,325	\$	86,060,010	\$ 33,655,315
2. Adjusted funding target					
a. Funding target	\$	88,506,318	\$	88,506,318	\$ 0
b. Funding target increases not already reflected in (a.) due to amendments, UCEBs, etc.		0		0	0
c. Annuity purchases for non-HCEs in prior two plan years ¹	\$	10,195,400		0	10,195,400
d. Adjusted funding target: (a.) + (b.) + (c.)	\$	98,701,718	\$	88,506,318	\$ 10,195,400
3. 2024 AFTAP/FTAP: (1.e.) ÷ (2.d.)		121.29%		97.23%	24.06%

¹ Assumed all of the 2022 annuity purchase is attributable to nonhighly-compensated employees (“NHCEs”). The AFTAP range would be same regardless of the proportion of the 2022 annuity purchase that related to NHCEs.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	<p>Original plan:</p> <p>Georgia-Pacific Corporation (“GP”) and Domtar Corporation entered into a purchase agreement dated June 1, 2001. Pursuant to such agreement, GP and Domtar, Inc. entered into a Human Resource Agreement dated June 1, 2001 (“HR Agreement”). Pursuant to such agreement, Domtar Industries, Inc. (the “plan sponsor”) has adopted the Domtar US Salaried Pension Plan, effective August 3, 2001. Pursuant to the terms of the HR Agreement, certain GP employees became Employees of the Company and became participants in the Domtar US Salaried Pension Plan on or about August 3, 2001.</p> <p>Effective October 15, 2001, the Pension Plan for Non-Negotiated Employees of Domtar Industries, Inc. (“DII Plan”) merged with the E.B. Eddy Paper, Inc. Non-Bargaining Salaried Employees’ Pension Plan (Port Huron Mill Division) (the “Port Huron Salaried Plan”) and further changed the name of the Port Huron Salaried Plan to the Domtar US Salaried Pension Plan. Effective January 1, 2003, the benefit formulas for the former Port Huron Salaried Plan and DII Plan participants were changed to be the same as that for the former Georgia Pacific Plan participants. The frozen accrued benefit under the prior Port Huron Salaried Plan formula is available as an immediate lump sum payment upon termination.</p> <p>Weyerhaeuser and Domtar Corporation entered into a purchase agreement in 2006. Based in this agreement, certain Weyerhaeuser employees who were participating in the Weyerhaeuser Salaried Pension Plan became employees of Domtar on March 7, 2007, these employees became participants in this plan.</p> <p>Effective March 30, 2024, the plan merged into the Resolute FP US Pension Plan. There were no changes to participant benefits following the merger.</p> <p>Restated plan: January 1, 2022</p> <p>Last amended: March 25, 2024</p> <p>Plan year: January 1 to December 31</p>
Status of the plan	The plan is closed to new participants as of December 31, 2007.
Significant events that occurred during the year	Effective March 30, 2024, the plan merged into the Resolute FP US Pension Plan. There were no changes to participant benefits following the merger.
Definitions	
<ul style="list-style-type: none"> Participation 	<p>Immediate participation for the GP transferred salaried employees. Otherwise, a salaried employee is eligible for participation on the first of the month coinciding with or next following completion of one year of service. The plan is closed to new participants as of December 31, 2007. Immediate participation for salaried employees that were acquired from Weyerhaeuser on March 7, 2007.</p>

Schedule SB, Part V — Summary of Plan Provisions

- **Vesting service** A participant is 100% vested after completion of 3 years of service. For former Weyerhaeuser employees who transferred into the plan on March 7, 2007, the service accrued with Weyerhaeuser is included for purpose of determining the years of service used for vesting.

- **Compensation** Total compensation in a calendar year, including 401(k), Section 125, 402(e)(3) elective deferrals and pre-tax deferrals pursuant to Section 132(f). Exclusions from plan compensation include court settlements, employee relations payment, executive life cash payments or payouts, imputed income (including key executive life arrangements), miscellaneous income, severance pay, third party payments, and tuition reimbursements; non-qualified stock options, restricted stock, realized gains from sale or exchange of non-qualified stock options; reimbursements or expense allowances, fringe-benefits, payments from deferred compensation and welfare benefits included in gross income, moving expenses; amounts paid by Company more than 30 days after severance date.
 The plan limits compensation as required under the Internal Revenue Code.

- **Excess compensation** In each calendar year, a participant's Compensation in excess of the Social Security Wage Base for such year.

Normal retirement

- **Eligibility** Age 65.

- **Benefit** The Participant's normal retirement pension, commencing on his Normal Retirement Date, is payable in the form of a level annuity that is actuarially equivalent to an increasing life annuity in an amount equal to the Participant's Personal Account divided by the applicable annuity factor. Payments are increased by the Periodic Adjustment Percentage in each calendar year after the Benefit Commencement Date.
 For this purpose, the applicable annuity factor to convert a Personal Account to a monthly increasing life annuity is 210 at age 65, increased (decreased) by 0.5 for each month before (after) age 65 that the benefit commences. The factor for converting that annuity into a level annuity is based on the plan's actuarial equivalence assumptions (Internal Revenue Code section 417(e) interest and mortality).
 A Personal Account was established for each Participant as of August 3, 2001. Credits are made to each Participant's Personal Account on a semi-monthly basis. The credit is a percentage of the Participant's Compensation as determined from the following table:

Age As of December 31	Percentage of Compensation
< 30	4.0%
30-39	4.5%
40-49	5.0%
50-59	5.5%
60 or older	6.0%

Schedule SB, Part V — Summary of Plan Provisions

Additional credits shall be made to the Personal Account of a Participant who has Excess Compensation on a semi-monthly basis. The additional credit is a percentage of the Participant's Excess Compensation as determined from the following table.

Age As of December 31	Percentage of Compensation
< 30	4.0%
30-39	4.5%
40-49	5.0%
50-59	5.5%
60 or older	6.0%

For purposes of applying these tables, the Participant's Age is equal to the Participant's attained age as of the last day of the prior Plan Year in which the credit is made.

Interest is credited to a Participant's Personal Account on a semi-monthly basis. Interest is credited based on the semi-monthly rate that will effectively yield on an annual basis, when compounded, the annual 30-year Treasury constant Maturities rate published by the Federal Reserve Board for November of the calendar year immediately preceding the year in which the adjustment is to be made. Interest credits will continue until the Participant's Benefit Commencement Date.

For former DII Plan participants, the cash balance formula from the DII Plan was used for service prior to January 1, 2003.

For former Port Huron Salaried Plan participants, participants accrued benefit for service prior to January 1, 2003 based on 1% of annual salary plus 0.65% of annual salary in excess of covered compensation.

Deferred vested	
• Eligibility	3 years of service
• Benefit	The Personal Account at Benefit Commencement Date shall be no less than the Actuarial Equivalent of what the Personal Account would have been at Normal Retirement Date if such account had been increased by the Periodic Adjustment Percentage from Benefit Commencement Date to Normal Retirement Date.
Disability	
• Eligibility	Total disability by bodily injury or disease which makes the affected participant eligible to receive benefits under the company's long-term disability plan (or which would, in judgement of the plan sponsor, make such participant eligible for such benefits if he participated in such plan).
• Benefit	If a participant ceases active employment because of Disability, the Participant shall be considered 100% vested in his Accrued Benefit. The Benefit Commencement Date of a Participant who retires because of

Schedule SB, Part V — Summary of Plan Provisions

	Disability shall be the first day for the sixth month commencing after his active employment with the Company ceases because of Disability or, if later, the first day of the month immediately following the date the Plan Administrator receives a properly completed election form.
Pre-retirement death	
• Benefit	If a participant dies before his Benefit Commencement Date and is single, the Personal Account is payable to the named beneficiary. If married, the spouse will receive an annuity.
Form of benefits	
• Actuarial Equivalence	All optional forms of payment are actuarially equivalent to the increasing life annuity described above, based on interest and mortality assumptions for the plan year under IRC 417(e).
• Automatic form for unmarried participants	For an unmarried participant, the normal form of benefit is single-life annuity.
• Automatic form for married participants	For a married participant, the normal form is an actuarially reduced 50% joint and survivor annuity.
• Optional forms	Level life annuity. 50% joint and survivor annuity. 75% joint and survivor annuity. 100% joint and survivor annuity. Single lump sum. 5-year certain and life annuity. 10-year certain and life annuity.
• Grandfathered benefits	Former Port Huron Salaried Plan participants and DII Plan participants have prior plan grandfathered provisions which may apply to their accruals earned prior to January 1, 2003.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Schedule SB, Part V — Summary of Plan Provisions**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as amended and restated through December 31, 2023, are included in this valuation:

- **Most recent plan amendments included:** March 25, 2024. This amendment implemented the plan's merger into the Resolute FP US Pension Plan effective March 30, 2024. As a result of the merger, the 2024 plan year is a short plan year spanning January 1, 2024 to March 30, 2024.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement. For cash balance benefits, the account continues to accumulate with the plan's normal pay and interest credits. For former Port Huron Salaried annuity benefits, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½; because all participants are assumed to retire by age 70, this valuation does not include increases for participants over age 70.
 - *Deferred vested participants:* For cash balance benefits, the account continues to accumulate with the plan's normal interest credits. For former Port Huron Salaried annuity benefits, no provision is made for late retirement increases as the number of deferred vested participants with annuity benefits past Normal Retirement Age is negligible.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* None.
 - *Plan amendments:* See above.
 - *Prohibited payments:* None.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expected investment return decreased from 6.65% in 2023 to 6.25% in 2024.
- The interest accumulation rate and COLA for increasing annuity assumptions were updated from 3.75% to 4.40%.
- The salary increase assumption was updated from 3.25% to 2.50%.
- The expense component of normal cost decreased from \$800,000 in 2023 to \$600,000 in 2024 (adjusted to \$100,000 for the short plan year).