

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: CIC-TOC PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES, CIC-FOREST PRODUCTS RETIREMENT TRUST
2b Employer Identification Number (EIN): 45-6909074
2c Plan Sponsor's telephone number: 206-329-4900
2d Business code (see instructions): 113310

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6007
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	49
	<b>6a(2)</b>	42
	<b>6b</b>	3206
	<b>6c</b>	2011
	<b>6d</b>	5259
	<b>6e</b>	577
	<b>6f</b>	5836
	<b>6g(1)</b>	
<b>6g(2)</b>	0	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	3

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

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

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

<b>A</b> Name of plan <u>CIC-TOC PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ►	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES, CIC-FOREST PRODUCTS RETIREMENT</u>	<b>D</b> Employer Identification Number (EIN) <u>45-6909074</u>	

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

**1a** Enter the valuation date: Month 01 Day 01 Year 2024

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>181157920</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>181157920</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>185632128</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>185632128</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>268167583</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>0</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>16905196</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>17362543</u>

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

<b>SIGN HERE</b>	<u>10/02/2025</u>
Signature of actuary	Date
<u>LADD E. PREPPERNAU</u>	<u>23-06705</u>
Type or print name of actuary	Most recent enrollment number
<u>MILLIMAN, INC.</u>	<u>503-227-0634</u>
Firm name	Telephone number (including area code)
<u>1455 SW BROADWAY STE 1600 PORTLAND, OR 97201</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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	181157920
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	3876	178964379
<b>(2)</b> For terminated vested participants .....	2138	86020344
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		0
<b>(b)</b> Vested benefits .....		3182860
<b>(c)</b> Total active .....	49	3182860
<b>(4)</b> Total .....	6063	268167583
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	67.55 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2024	90135	0			
			<b>Totals ▶</b>	<b>3(b)</b>	<b>3(c)</b>
				90135	0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>
					30736

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	97.5 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

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

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>		
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5m</b>		

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	2.82 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	9P 9P
<b>(2)</b> Females .....	<b>6c(2)</b>	9FP 9FP
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.50 % 6.50 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.50 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	12.4 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	12.4 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	775203
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-12522362	-1250505
4	-2338245	-233501

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). ....	<b>8e</b>	0

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	775203

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	53192762	5541062
(2) Funding waivers .....	<b>9c(2)</b>		
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		410557
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		6726822
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		33857947
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		90135
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	14860607	1484006
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		2300142
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	41649336	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	58071110	
(3) FFL credit .....	<b>9j(3)</b>		0
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		0
(2) Other credits .....	<b>9k(2)</b>		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		37732230
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		31005408
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		0
(3) Total as of valuation date.....	<b>9o(3)</b>		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		0
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

<b>A</b> Name of plan <b>CIC-TOC PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, CIC-FOREST PRODUCTS RETIREMENT</b>	<b>D</b> Employer Identification Number (EIN) <b>45-6909074</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**PACIFIC INVESTMENT MANAGEMENT CO**

**33-0629048**

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

**GRANTHAM, MAYO, VAN OTTERLOO & CO.**

**72-1566419**

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

**PARAMETRIC PORTFOLIO ASSETS LLC**

**20-0292745**

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

**DIMENSIONAL FUND ADVISORS, LP**

**30-0447847**

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

36-3795985

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

HARBOURVEST PARTNERS LP

74-3130888

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

DODGE & COX

94-1441976

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

HARDING LOEVNER FUNDS, INC.

801 S CANAL ST  
CHICAGO, IL 60607

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

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

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

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

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

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

NORTHWEST ADMINISTRATORS, INC.

91-0680697

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	299319	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)

MILLIMAN, INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	85282	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)

RVK, INC.

93-0910652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	57500	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)

PRINCIPAL TRUST COMPANY

42-1520346

(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?
18 50	NONE	30652	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)

VIGILANT SERVICES, INC.

93-0877675

(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?
24 50	NONE	26250	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)

MFS HERITAGE TRUST COMPANY

02-0507414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	44847	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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)

TRUCKER HUSS, APC

94-3216063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50 99	NONE	68077	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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	34471	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)

BLACKROCK INSTITUTIONAL TR CO. NA

94-3112180

(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 24 28 50 51	NONE	15122	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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)

PENSION BENEFIT INFORMATION LLC

82-2042737

(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?
49 50	NONE	6446	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)

WELLS FARGO BANK, N.A.

94-1347393

(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?
18 50	NONE	19943	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)

SERVICE PRINTING CO, INC

91-0830372

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	8488	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>CIC-TOC PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, CIC-FOREST PRODUCTS RETIREMENT</u>	<b>D</b> Employer Identification Number (EIN) <u>45-6909074</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARBOURVEST PARTNERS VIII-BUYOUT FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>HARBOURVEST PARTNERS LLC</u>		
<b>c</b> EIN-PN <u>34-2063501-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24129</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARBOURVEST PARTNERS VIII-MEZZANINE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>HARBOURVEST PARTNERS LLC</u>		
<b>c</b> EIN-PN <u>98-0494212-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27599</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARBOURVEST PARTNERS VIII-VENTURE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>HARBOURVEST PARTNERS LLC</u>		
<b>c</b> EIN-PN <u>34-2063502-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1010082</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PARAMETRIC DEFENSIVE EQUITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PARAMETRIC PORTFOLIO ASSOCIATES LLC</u>		
<b>c</b> EIN-PN <u>45-2531297-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20108268</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS INTERNATIONAL GROWTH FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MFS HERITAGE TRUST COMPANY N.A.</u>		
<b>c</b> EIN-PN <u>57-1187281-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6746964</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PARAMETRIC GLOBAL DEFENSIVE EQUITY</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PARAMETRIC PORTFOLIO ASSOCIATES LLC</u>		
<b>c</b> EIN-PN <u>45-2531297-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16431525</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK ACWI EX-US SUPERFUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.</u>		
<b>c</b> EIN-PN <u>94-3321088-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6393861</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID CAP EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

<b>c</b> EIN-PN 94-3343205-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5995872
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

<b>c</b> EIN-PN 94-6052285-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19376325
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CIC-TOC PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, CIC-FOREST PRODUCTS RETIREMENT</b>	<b>D</b> Employer Identification Number (EIN) <b>45-6909074</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	-56715	-38313
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	6200	200
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2004	4564
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	6392766	180984
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	38311359	38513022
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	33662367	37601603
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	61952948	58005614
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	39768209	48096556

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	1186927	1168787
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	181226065	183533017
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	68145	86041
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	68145	86041
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	181157920	183446976

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	90135	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		90135
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	185368	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		185368
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1548989	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1548989
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	4849945	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		5937710
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		4297176
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2495641
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		19404964

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	16124991	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		16124991
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	299319	
(3) Recordkeeping fees .....	<b>2i(3)</b>	5871	
(4) IQPA audit fees .....	<b>2i(4)</b>	28600	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	117469	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	50595	
(7) Actuarial fees .....	<b>2i(7)</b>	85282	
(8) Legal fees .....	<b>2i(8)</b>	68077	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	27140	
(11) Other expenses .....	<b>2i(11)</b>	308564	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		990917
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		17115908

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2289056
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550765.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>CIC-TOC PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, CIC-FOREST PRODUCTS RETIREMENT</b>	<b>D</b> Employer Identification Number (EIN) <b>45-6909074</b>	

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

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

<b>1</b>	
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): \_\_\_\_\_

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

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

<b>3</b>	<b>0</b>
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	<b>0</b>
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	<b>0</b>
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**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 ALTA FOREST PRODUCTS

**b** EIN 91-0690960 **c** Dollar amount contributed by employer 63034

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents) 0.20

(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):

<b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14a</b>	4677
	<b>14b</b>	4832
	<b>14c</b>	4977
<b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... <b>b</b> The corresponding number for the second preceding plan year .....	<b>15a</b>	0.97
	<b>15b</b>	0.94
<b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year: <b>a</b> Enter the number of employers who withdrew during the preceding plan year ..... <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16a</b>	1
	<b>16b</b>	178864
<b>17</b> 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 ..... <input type="checkbox"/>		

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

<b>18</b> 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 ..... <input type="checkbox"/>		
<b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b): <b>a</b> Enter the percentage of plan assets held as: Public Equity: <u>51.3</u> % Private Equity: <u>0.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>17.9</u> % High-Yield Debt: <u>3.4</u> % Real Assets: <u>0.0</u> % Cash or Cash Equivalents: <u>0.8</u> % Other: <u>26.6</u> % <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: <input type="checkbox"/> 0-5 years <input checked="" type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more		
<b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>b</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: <input type="checkbox"/> Yes. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> No. Other. Provide explanation: _____		

**Part VII IRS Compliance Questions**

<b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>21b</b> 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). <input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A		
<b>22</b> 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 _____.		

<p><b>Structured Attachment</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Schedule MB, line 8b(2)</b></p> <p><b>Schedule of Active Participant Data</b></p>	<p><b>2024</b></p> <hr/> <p>This Form is Open to Public Inspection</p>
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<b>Name of Plan</b>	CIC-TOC PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	45-6909074	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	CIC-TOC PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	45-6909074	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	CIC-TOC PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	45-6909074	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						











**CIC-TOC PENSION PLAN**  
FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023



## INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
CIC-TOC Pension Plan  
2323 Eastlake Avenue East  
Seattle, Washington 98102

Members of the Board:

### **Opinion**

We have audited the accompanying financial statements of CIC-TOC Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

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

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

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

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

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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.

### **Emphasis of Matter**

As discussed in Note 12, in August 2025, the Board of Trustees approved merging the Plan into the Western States Carpenters Pension Trust.

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

Seattle, Washington

September 24, 2025

**CIC-TOC PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31, 2024	December 31, 2023
<b>ASSETS</b>		
CASH (OVERDRAFT)	\$ (20,178)	\$ 1,788,732
INVESTMENTS - AT FAIR VALUE		
Cash Equivalent	162,849	4,547,319
Mutual Funds	58,005,614	61,952,948
Common/Collective Trusts	38,513,022	38,311,359
Fund of Funds	48,096,556	39,768,209
103-12 Investment Entities	37,601,603	33,662,367
TOTAL INVESTMENTS	182,379,644	178,242,202
TOTAL CASH AND INVESTMENTS	182,359,466	180,030,934
RECEIVABLES AND OTHER ASSETS		
Employer Contributions	200	6,200
Investment Income	4,564	2,004
Prepaid Benefits	1,161,719	1,179,025
Other Assets	7,068	7,902
TOTAL RECEIVABLES AND OTHER ASSETS	1,173,551	1,195,131
TOTAL ASSETS	183,533,017	181,226,065
<b>LIABILITIES</b>		
Accounts Payable	86,041	68,145
NET ASSETS AVAILABLE FOR BENEFITS	\$ 183,446,976	\$ 181,157,920

**CIC-TOC PENSION PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	<u>January 1, 2024 to December 31, 2024</u>	<u>January 1, 2023 to December 31, 2023</u>
<b>ADDITIONS</b>		
INVESTMENT INCOME		
Dividends and Interest	\$ 1,734,357	\$ 2,272,403
Net Appreciation of Investments	17,580,472	18,861,722
Less: Investment Fees	<u>(148,121)</u>	<u>(144,669)</u>
NET INVESTMENT INCOME	<u>19,166,708</u>	<u>20,989,456</u>
EMPLOYER CONTRIBUTIONS	59,399	63,260
WITHDRAWAL LIABILITY PAYMENTS	<u>30,736</u>	<u>49,100</u>
TOTAL ADDITIONS	<u>19,256,843</u>	<u>21,101,816</u>
<b>DEDUCTIONS</b>		
BENEFITS PAID	16,124,991	16,366,011
ADMINISTRATIVE EXPENSES		
Administration Fees	299,319	276,258
PBGC	233,988	234,185
Insurance	34,611	43,486
Actuarial Fees	85,282	71,522
Legal Fees	68,077	49,220
Trustee Services	26,250	45,000
Audit Fees	28,600	28,600
Payroll Compliance Fees	5,871	5,193
Bank Fees	19,943	20,279
Printing and Postage	39,965	23,067
Meetings and Conferences	<u>890</u>	<u>1,478</u>
TOTAL ADMINISTRATIVE EXPENSES	<u>842,796</u>	<u>798,288</u>
TOTAL DEDUCTIONS	<u>16,967,787</u>	<u>17,164,299</u>
NET INCREASE FOR THE YEAR	2,289,056	3,937,517
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>181,157,920</u>	<u>177,220,403</u>
END OF YEAR	<u>\$ 183,446,976</u>	<u>\$ 181,157,920</u>

**CIC-TOC PENSION PLAN**  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
DECEMBER 31, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED  
PLAN BENEFITS

VESTED BENEFITS

Retired Participants	\$ 133,015,555
Terminated Vested Participants	50,810,800
Active Participants	<u>1,805,773</u>

TOTAL VESTED BENEFITS 185,632,128

NONVESTED BENEFITS

-

TOTAL ACTUARIAL PRESENT VALUE OF  
ACCUMULATED PLAN BENEFITS

\$ 185,632,128

**CIC-TOC PENSION PLAN**  
**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**  
**JANUARY 1, 2023 TO DECEMBER 31, 2023**

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2023		\$ 194,708,880
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Actuarial (Gain) Loss	\$ (2,505,051)	
Change in Assumptions	(2,338,245)	
Benefit Payments	(16,366,011)	
Reduction in Discount Period	<u>12,132,555</u>	
NET (DECREASE)		<u>(9,076,752)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT DECEMBER 31, 2023		<u>\$ 185,632,128</u>

**CIC-TOC PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 1 - DESCRIPTION OF THE PLAN**

The CIC-TOC Pension Plan (the “Plan”) is a defined benefit multiemployer pension plan established and maintained pursuant to collective bargaining agreements between the forest products industry and local unions affiliated with the Carpenters Industrial Council. The plan administrator believes the Plan is designed and operated in compliance with applicable provisions of the Internal Revenue Code (the “Code”) and provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The Plan document includes detailed rules for each situation. Participants should refer to the Plan document and any amendments regarding specific provisions of the Plan.

**A. Plan Inception**

Effective June 1, 2012, the parties to the CIC-TOC Pension Fund and the parties to the Lumber Industry Pension Fund agreed to consolidate the assets of the two Funds into a single consolidated trust known as the CIC-Forest Products Retirement Trust which was established by an Agreement and Declaration of Trust which provides for the Trust to be administered by a joint labor management Board of Trustees appointed by the Carpenters Industrial Council and certain contributing employers to the Plan and the Lumber Industry Pension Plan. As of that date, the responsibilities of the Board of Trustees of the CIC-TOC Pension Fund as the plan sponsor, plan administrator and named fiduciary of the Plan were assumed by the Board of Trustees of the CIC-Forest Products Retirement Trust; the CIC-TOC Pension Fund ceased to exist as a separate entity and its Board of Trustees was dissolved. However, the Lumber Industry Pension Plan and the Plan were not merged as part of this consolidation and each continues to exist as a separate legal entity for all purposes with all of their assets held in trust under the CIC-Forest Products Retirement Trust by its Board of Trustees.

On October 25, 2012, the Board of Trustees adopted amendments to the Plan to reflect the aforementioned consolidation of the CIC-TOC Pension Fund and the Lumber Industry Pension Fund and to freeze all benefit accruals under the Plan as of the end of December 2012. At the same time, the Plan was amended to provide for the spin-off of the Individual Account Supplement (IAS) portion of the Plan and the transfer of all assets and liabilities of the IAS to a new defined contribution multiemployer plan established by the Board of Trustees effective January 1, 2013, to be known as the CIC Defined Contribution Retirement Plan. In contemplation of these actions, the Carpenters Industrial Council and the principal contributing employers to the Plan had previously agreed in collective bargaining to reallocate to the CIC Defined Contribution Retirement Plan a portion of the required contributions to the Plan effective as of January 1, 2013.

**B. Eligibility**

Effective January 1, 2013, the Plan was closed to new entrants. Plan participants as of December 31, 2012 may still accrue service for purposes of vesting and retirement eligibility, but earn no further benefits under the Plan for service on or after January 1, 2013.

**C. Employer Contributions**

Employers make monthly contributions to the Plan as determined under the collective bargaining agreement. The employer contributions per compensable hour of service of eligible employees is \$0.20 since July 1, 2016. The Plan meets the Code minimum funding requirements for the years ended December 31, 2024 and 2023.

**CIC-TOC PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 1 - DESCRIPTION OF THE PLAN (Continued)**

**D. Vesting**

A participant becomes fully vested upon completion of one of the following:

- (1) Five years of service prior to any forfeiture of service; or
- (2) 10 future service credits before incurring a break in covered employment; or
- (3) 15 pension credits, at least five of which are future service credits, before incurring a break in covered employment; or
- (4) 10 pension credits, at least five of which are future service credits, and attaining age 55, all before a break in covered employment; or
- (5) 10 pension credits, one of which is a future service credit, and attaining age 60, all before incurring a break in covered employment; or
- (6) working for a participating employer until normal retirement date (usually age 65).

The Plan provides for special vesting rules for non-vested participants who are affected by a permanent plant or operation closure. Non-vested inactive participants who have not yet suffered a forfeiture of service are no longer assumed to vest. Previously, 25% of the non-vested inactive participants were assumed to vest.

**E. Benefits**

Vested participants are entitled to monthly pension benefits beginning at normal retirement age (65) based on credits earned for service in covered employment. The Plan has been amended from time to time to increase the monthly benefit for active participants. The monthly benefit was \$40 per service credit on the date benefits were frozen as of December 31, 2012. The normal form of payment for a single employee is a life annuity. A participant may elect to receive a reduced benefit payable for life with 50%, 75%, or 100% of such reduced benefit continued to his or her spouse upon the death of the employee. The Plan provides reduced early retirement and disability benefits to reflect the longer time period of expected payment. Benefits are recorded when paid.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. Basis of Accounting**

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

**B. Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect 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. Actual results may differ from those estimates.

**C. 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. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend

**CIC-TOC PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**C. Investment Valuation and Income Recognition (Continued)**

date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**D. Risks and Uncertainties**

Investments are exposed to various risks such as interest rate, market fluctuations and credit risks. Due to the risks associated with investments, it is at least reasonably possible that changes in the value of investments in the near term would materially affect the amounts reported in the financial statements.

The actuarial present value of accumulated plan benefits is calculated based on certain assumptions pertaining to interest rates, participant demographics, and other assumptions. Due to the inherent uncertainty of assumptions it is at least reasonably possible that changes in assumptions in the near term would be material to the actuarial present value of accumulated plan benefits.

One employer accounted for approximately 96% and 97% of employer contributions during the years ended December 31, 2024 and 2023, respectively.

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

Accumulated plan benefits are those future periodic payments that are attributable under Plan provisions to service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) active participants from applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money through discounts for interest and the probability of payment by means of decrements such as for death, disability, withdrawal or retirement between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2023 were:

Investment Return	6.5% net of investment expenses.
Mortality	Healthy: The amount weighted Base Tables underlying the PRI-2012 Retiree and Employee Mortality Tables for Males and Females with Blue Collar adjustments projected generationally from 2012 using the MP-2021 mortality improvement rates. Disabled: PRI-2012 amount weighted disability mortality tables for males and females projected generationally from 2012 using the MP-2021 mortality improvement rates.
Average Retirement Age	62

Changing the interest rate for current liability purposes from 2.19% to 2.82%, the mortality assumption to the 2024 tables as specified in Internal Revenue Service regulations, excluding individuals whose benefits have been suspended for three years or longer, and changing the mortality improvement scale was from the MP-2019 projection scale to the MP-2021 projection scale decreased the accumulated plan benefits by approximately \$2,300,000.

**CIC-TOC PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)**

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

**NOTE 4 - FUNDED STATUS**

The Plan actuary has certified that the Plan is neither endangered nor critical at January 1, 2024.

**NOTE 5 - WITHDRAWAL LIABILITY**

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA) that require the imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. Under provisions of the MPPAA a withdrawal liability equal to a portion of a plan's unfunded vested liability is assessed on an employer that partially or fully withdraws from the Plan. By law, the value of benefit restrictions that were implemented when the Plan was in critical status must be disregarded when determining the withdrawal liability. In May 2010, the Plan actuary established a separate pool of non-forfeitable benefits valued at \$27,489,858 to be amortized over 15 years. Withdrawing employers will be assessed a portion of the unamortized balance of this pool in addition to a portion of the Plan's unfunded vested benefit liability. The unamortized balance was \$3,991,615 at December 31, 2023.

During 2024 and 2023, the Plan recognized withdrawal liability income of \$30,736 and \$49,100, respectively. Withdrawal liability income is recognized as received.

**NOTE 6 - FAIR VALUE MEASUREMENTS**

Accounting guidance on measuring fair value establishes a hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Under the fair value hierarchy Level 1 inputs are quoted prices for identical securities in an active market. Level 2 inputs are quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Level 3 inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The cash equivalent is valued at \$1 per unit based on the daily prices reported by the fund. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end based on closing market prices. The following tables summarize by level within the fair value hierarchy the Plan's investments at fair value as of December 31:

	2024			Total
	Level 1	Level 2	Level 3	
Cash Equivalent	\$ -	\$ 162,849	\$ -	\$ 162,849
Mutual Funds	58,005,614	-	-	58,005,614
Total Assets in the Fair Value Hierarchy	<u>\$ 58,005,614</u>	<u>\$ 162,849</u>	<u>\$ -</u>	58,168,463
Investments Measured at Net Asset Value <sup>A</sup>				124,211,181
				<u>\$ 182,379,644</u>

**CIC-TOC PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 6 - FAIR VALUE MEASUREMENTS (Continued)**

	2023			Total
	Level 1	Level 2	Level 3	
Cash Equivalent	\$ -	\$ 4,547,319	\$ -	\$ 4,547,319
Mutual Funds	61,952,948	-	-	61,952,948
Total Assets in the Fair Value Hierarchy	<u>\$ 61,952,948</u>	<u>\$ 4,547,319</u>	<u>\$ -</u>	66,500,267
Investments Measured at Net Asset Value <sup>A</sup>				111,741,935
				<u>\$ 178,242,202</u>

<sup>A</sup> In accordance with ASC 820, investments measured at net asset value per share or its equivalent have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**NOTE 7 - INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE OR ITS EQUIVALENT**

Fair value of the following investments has been determined using net asset value per unit of investment as of December 31:

	Fair Value		Redemption Frequency	Redemption Notice Period
	2024	2023		
BlackRock ACWI Ex-US Superfund <sup>1</sup>	\$ 6,393,861	\$ 6,794,354	Daily	N/A
MFS International Growth Fund CL 1 <sup>1</sup>	6,746,964	6,646,956	Daily	N/A
BlackRock Equity Index Fund <sup>1</sup>	19,376,325	18,600,605	Daily	N/A
BlackRock Mid Cap Equity Fund <sup>1</sup>	5,995,872	6,269,444	Daily	N/A
CIC-FPRT Absolute Return Portfolio Ltd <sup>2</sup>	48,096,556	39,768,209	A	A
HarbourVest Partners VIII Cayman Venture Fund LP <sup>1</sup>	1,010,082	991,390	B	B
HarbourVest Partners VIII Cayman Mezzanine & Distressed Debt Fund LP <sup>1</sup>	27,599	44,098	B	B
HarbourVest Partners VIII Cayman Buyout Fund LP <sup>1</sup>	24,129	88,131	B	B
Parametric Defensive Equity Fund LLC <sup>1</sup>	20,108,268	17,684,165	Monthly	5 Days
Parametric Global Defensive Equity Fund LLC <sup>1</sup>	16,431,525	14,854,583	Monthly	5 Days

<sup>1</sup> The fund is a direct filing entity.

<sup>2</sup> The fund's investment objectives are: (i) to generate a superior absolute and risk-adjusted rate of return, with modest performance volatility and low correlation with globally equity and fixed income markets, over a full market cycle; and (ii) to preserve capital during challenging market environments.

<sup>A</sup> The fund's ability to satisfy redemption requests from the shareholder is dependent on the fund's ability to redeem assets from portfolio funds in which it invests. The investment advisor expects the fund and its shareholders will have limited ability to make voluntary redemptions from certain portfolio funds.

<sup>B</sup> Investments are subject to lock-up provisions which prohibit a limited partner's interest from being sold, transferred or encumbered without the general partner's prior approval for the life of the partnership.

**CIC-TOC PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 8 - UNFUNDED COMMITMENTS**

Limited partnership subscription agreements include commitments by limited partners to contribute specified amounts. The general partner calls the required capital when it identifies an investment opportunity. The Plan has committed to provide additional funding to the following private equity limited partnership investments at December 31, 2024:

- HarbourVest Partners VIII - Cayman Buyout Fund LP - \$120,000
- HarbourVest Partners VIII - Cayman Mezzanine & Distressed Debt Fund LP - \$80,000
- HarbourVest Partners VIII - Cayman Venture Fund LP - \$80,000

**NOTE 9 - PLAN TERMINATION**

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA, as amended, and related regulations. The Plan may be terminated by an amendment which provides that participants will receive no credit under the Plan for credited service with an employer after a specified date, or which causes the Plan to become a defined contribution plan; withdrawal of every employer; or through proceedings instituted by the Pension Benefit Guaranty Corporation (PBGC) when one of certain conditions exists with respect to the Plan.

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits but only to the extent necessary to pay all of the nonforfeitable benefits when due, and to reduce accrued benefits only to the extent that those benefits are not eligible for the guarantee of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the plan year, the Plan will be considered insolvent.

Plan benefits are guaranteed by the PBGC only if the Plan is insolvent. The PBGC, however, will not guarantee benefits or benefit increases in effect for fewer than 60 months before the first day of the Plan year in which a Plan amendment to reduce benefits is taken into account in determining the minimum contribution requirement for the plan year in accordance with the provisions set forth in ERISA.

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 available to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**NOTE 10 - RELATED PARTY TRANSACTIONS**

The Plan contracts with Vigilant Services, Inc. for one of its members to serve as an employer trustee and chairman of the Board of Trustees of the Plan, representing contributing employers that are not represented by another trustee. A monthly fee of \$3,750 is paid by the Plan to Vigilant Services, Inc. under terms of the agreement. The agreement was terminated after July 2024.

**NOTE 11 - INCOME TAX STATUS**

The Plan received its latest favorable determination letter from the Internal Revenue Service dated October 27, 2015 stating that the Plan as then designed qualified for tax-exempt status. The Plan administrator and Plan legal counsel believe the Plan continues to be designed and operated in compliance with Code requirements and maintains its tax-exempt status.

**CIC-TOC PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 11 - INCOME TAX STATUS (Continued)**

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

**NOTE 12 - SUBSEQUENT EVENTS**

In August 2025, the Board of Trustees approved a merger into the Western States Carpenters Pension Trust effective December 31, 2025, or, if later, the last day of the month in which all merger conditions within the merger agreement have been met.

Management has evaluated subsequent events through September 24, 2025, the date on which the financial statements were available to be issued. Other than noted above, there were no material subsequent events that required recognition or additional disclosures in these financial statements.

**CIC-TOC PENSION PLAN**  
FORM 5500  
SCHEDULE H, LINE 4  
E.I.N. 45-6909074; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED  
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental  
Schedules Required by the Department of Labor

Board of Trustees  
CIC-TOC Pension Plan  
2323 Eastlake Avenue East  
Seattle, Washington 98102

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

Seattle, Washington

September 24, 2025

**CIC-TOC PENSION PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 45-6909074; PLAN NO. 001**  
**DECEMBER 31, 2024**

No. of Units	<u>Cash Equivalent</u>	<u>Fair Value</u>	<u>Cost</u>
162,849	Principal/BlackRock Short-Term Investment Fund*	\$ 162,849	\$ 162,849
	<u>Mutual Funds</u>		
173,475	Atalaya Asset Income Fund	1,716,644	1,752,915
124,230	Dodge & Cox International Stock Fund	6,199,073	4,773,217
1,516,191	Harbor Core Bond Fund	13,251,508	13,331,667
361,152	PIMCO All Asset All Authority Fund	3,907,667	4,066,712
106,099	DFA US Small Cap Portfolio Fund	5,191,412	3,499,285
974,791	AQR International Defensive Style Fund	13,569,096	14,406,157
701,843	AQR Large Cap Defensive Style Fund	14,170,214	18,131,407
	<u>TOTALS - MUTUAL FUNDS</u>	<u>58,005,614</u>	<u>59,961,360</u>
	<u>Common/Collective Trusts</u>		
172,123	BlackRock ACWI Ex-US Superfund	6,393,861	4,119,731
23,678	MFS International Growth Fund	6,746,964	3,543,200
10,200	BlackRock Equity Index Fund	19,376,325	6,699,306
56,885	BlackRock Mid Cap Equity Fund	5,995,872	3,075,718
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>38,513,022</u>	<u>17,437,955</u>
	<u>Fund of Funds</u>		
25,522	CIC-FPRT Absolute Return Portfolio Ltd	48,096,556	14,536,355
	<u>103-12 Investment Entities</u>		
	HarbourVest Partners VIII Cayman Venture Fund LP	1,010,082	1,587,866
	HarbourVest Partners VIII Cayman Mezzanine & Distressed Debt Fund LP	27,599	414,209
	HarbourVest Partners VIII Cayman Buyout Fund LP	24,129	567,588
	Parametric Defensive Equity Fund LLC	20,108,268	11,421,458
	Parametric Global Defensive Equity Fund LLC	16,431,525	9,842,633
	<u>TOTALS - 103-12 INVESTMENT ENTITIES</u>	<u>37,601,603</u>	<u>23,833,754</u>
	<u>TOTALS - INVESTMENTS</u>	<u>\$ 182,379,644</u>	<u>\$ 115,932,273</u>

\* Party-in-interest

**CIC-TOC PENSION PLAN**  
 FORM 5500  
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 E.I.N. 45-6909074; PLAN NO. 001  
 JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Assets	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
Principal/BlackRock Short-Term Investment Fund	\$ 11,752,965	\$ -	\$ 11,752,965	\$ -
	-	12,662,332	12,662,332	-

**SUMMARY OF ACTIVE PARTICIPANTS BY AGE AND SERVICE**

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Age	Years of Credited Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
<b>0-24</b>	-	-	-	-	-	-	-	-	-	-	-
<b>25-29</b>	-	-	-	-	-	-	-	-	-	-	-
<b>30-34</b>	-	1	-	-	-	-	-	-	-	-	1
<b>35-39</b>	-	7	3	-	-	-	-	-	-	-	10
<b>40-44</b>	-	2	4	5	-	-	-	-	-	-	11
<b>45-49</b>	-	1	2	-	1	-	-	-	-	-	4
<b>50-54</b>	-	-	-	2	-	-	-	-	-	-	2
<b>55-59</b>	-	1	4	1	2	4	-	-	-	-	12
<b>60-64</b>	-	-	1	1	3	-	-	-	-	-	5
<b>65-69</b>	-	-	-	-	-	1	1	1	-	-	3
<b>70&amp;Up</b>	-	-	-	-	-	-	1	-	-	-	1
<b>Total</b>	-	12	14	9	6	5	2	1	-	-	49

## B. Actuarial Methods

### Cost Method

Before we explain our cost method, we must first define the term “actuarial present value.”

The term “actuarial present value” refers to the value, on a given date, of a series of future benefit payments, where each amount in the series is:

- a. adjusted for the probability of increase (or decrease) due to such events as changes in marital status, etc.;
- b. multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, retirement, death, disability, termination of employment, etc.; and
- c. discounted at an assumed rate of investment return.

Our actuarial assumptions estimate these probabilities and the investment return.

The actuarial cost method we use to calculate the funding requirements of the Plan is called the **traditional unit credit** actuarial cost method.

The actuarial cost method is used to calculate the normal cost and unfunded actuarial accrued liability, which in turn determine the funding requirements of the Plan (minimum amount required and maximum deductible). The cost method allocates the total cost of the Plan over time: the **normal cost** is that portion of the cost allocated to the current year and the **actuarial accrued liability** is the actuarial present value of costs allocated to prior years. The **unfunded actuarial accrued liability** is equal to the excess, if any, of the actuarial accrued liability over the actuarial value of assets.

Under the traditional unit credit cost method, the normal cost is the actuarial present value of all benefits expected to be earned during the plan year; for active employees, these earned benefits are generally due to an additional year of service. The actuarial accrued liability is the actuarial present value of all benefits accrued to date, generally based on service to date.

### Amortization Method

The amortization method for determining the current annual cost is the method used to determine the amount, timing, and pattern of recognizing changes in the unfunded actuarial accrued liability. We apply the amortization schedule defined in Section 431 of the Internal Revenue Code.

After the enactment of the Pension Protection Act of 2006 (PPA), changes in the unfunded actuarial accrued liability related to changes in plan amendments, actuarial assumptions, and experience gains and losses are amortized over 15 years. Prior to PPA, these changes were amortized over 30 years. Changes related to the actuarial cost method or asset valuation method are amortized over 10 years.

### Funding Requirements

Each year contributions must fund the normal cost and amortize a portion of the unfunded actuarial accrued liability. IRS minimum and maximum funding rules specify amortization schedules for the unfunded actuarial accrued liability, depending on the source of increase or decrease (Plan improvements, assumption changes, gains/losses, etc.).

Another factor can also affect funding requirements. The excess, if any, of past contributions over the accumulated minimum required amount creates a **credit balance**, which may be used to offset the minimum required contribution.

### Asset Valuation Method

Effective January 1, 2019, the Plan's asset valuation method is the fair market value of assets. Under this method the **actuarial value of assets** equals the market value of assets.

### Withdrawal Liability

The market value of assets is used for determining unfunded vested benefit liability for withdrawal liability.

## C. Actuarial Assumptions

### Background

This section of the report describes the actuarial assumptions used in this valuation. These assumptions have been chosen on the basis of recent experience of the Fund, published actuarial tables, and on current and future expectations.

The assumptions are intended to estimate the future experience of the participants of the Fund and of the Fund itself in areas which affect the projected benefit flow and anticipated investment earnings. Any variations in future experience from that expected from these assumptions will result in corresponding changes in the estimated costs of the Fund's benefits.

### Investment Return (Interest Rate)

Preretirement: 6.50% per year.

Postretirement: 6.50% per year.

The investment return assumption was selected based on the Plan's target asset allocation as of the valuation date, capital market assumptions from several sources, including published studies summarizing the expectations of various investment experts. This information was used to develop forward-looking long-term expected returns, producing a range of reasonable expectations according to industry experts. Based on the resulting range of potential assumptions, in our professional judgment the selected investment return assumption is reasonable and is not expected to have any significant bias.

### Administration Expenses

Annual operating expenses are assumed to be \$800,000, payable mid-year.

### Rates for Active Participants

Termination – Sample termination rates are shown on the following page.

Retirement – Sample retirement rates are shown on the following page.

Death –the amount weighted Pri-2012 Employee Mortality Tables for Males and Females with Blue Collar adjustments projected generationally from 2012 using the MP-2021 mortality improvement rates. The mortality assumption is based on recently published mortality tables and mortality improvement scale published by the Society of Actuaries. The projection scale reflects anticipated future increases in life expectancy.

Disability –Sample disability rates are shown on the following page.

<u>Age</u>	<u>Termination</u>	<u>Retirement</u>	<u>Disability</u>
25	15.01%	0%	0.06%
30	13.15%	0%	0.06%
35	11.80%	0%	0.08%
40	10.21%	0%	0.12%
45	8.34%	0%	0.23%
50	6.84%	0%	0.52%
55	6.26%	5%	1.07%
56	6.26%	5%	1.19%
57	6.26%	5%	1.31%
58	6.26%	5%	1.43%
59	5.81%	5%	1.70%
60	5.81%	10%	3.35%
61	5.81%	15%	3.80%
62	5.36%	30%	4.02%
63	4.86%	25%	4.07%
64	4.41%	25%	4.15%
65	0.00%	100%	0.00%

Lump Sum – A lump-sum distribution option is provided upon retirement for benefits valued under \$7,000. However, there is no explicit assumption for this. These benefits are valued as annuities.

### Weighted Average Retirement Age

The weighted average retirement age for participants is 62. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown below.

#### Weighted Average Retirement Age

<u>Possible Retirement Age "r"</u>	<u>Assumed Rate of Retirement at Age "r"</u>	<u>Probability of Not Retiring Before Age</u>	<u>Weighted Average Retirement Age</u>
55	5.00%	100.00%	2.75000
56	5.00%	95.00%	2.66000
57	5.00%	90.25%	2.57213
58	5.00%	85.74%	2.48646
59	5.00%	81.45%	2.40278
60	10.00%	77.38%	4.64280
61	15.00%	69.64%	6.37206
62	30.00%	59.19%	11.00934
63	25.00%	41.43%	6.52523
64	25.00%	31.07%	4.97120
65	100.00%	23.30%	15.14500
Weighted Average Retirement			
Age:			61.54
Rounded Age:			62

## Mortality Rates after Leaving Active Participation

Healthy Lives: The amount weighted Base Tables underlying the Pri-2012 Retiree and Employee Mortality Tables for Males and Females with Blue Collar adjustments projected generationally from 2012 using the MP-2021 mortality improvement rates. The mortality assumption is based on recently published mortality tables and mortality improvement scale published by the Society of Actuaries. The projection scale reflects anticipated future increases in life expectancy.

Disabled Lives: Pri-2012 amount weighted disability mortality tables for males and females projected generationally from 2012 using the MP-2021 mortality improvement rates.

## Postretirement Benefit Increases

None. (The Plan does not provide for any postretirement benefit increases.)

## Retirement Age of Terminated Participants

The assumed retirement age for certain participants who terminated due to a plant closure and are eligible for the Plan's better early retirement factors is age 62 or current age, if later. The assumed retirement age for other vested terminated participants is age 65 or current age, if later.

## Annual Contribution

The estimated total annual contribution for the current year is \$91,736 based on assumed hours of 305,000, an hourly contribution rate of \$0.20, and expected withdrawal liability payments of \$30,736.

## Preretirement Spouse Benefit

80% of eligible employees are assumed to be married. Female participants/spouses are assumed to be three years younger than male spouses/participants.

## Liability Retention

One hundred percent of the liability was retained for terminated vested and plant closure vested participants age 69 and younger. Once these participants attained age 70, 25% of their liability was retained.

Individuals whose benefits have been suspended for three years or longer were excluded from valuation.

## Incomplete Data

Terminated vested participants without a valid date of birth are assumed to be hired at the average hire age of terminated vested participants with complete data.

## Current Liability Assumptions

The interest rate used to calculate current liability as of January 1, 2024 is 2.82%. The current liability mortality is based on tables specified by the IRS.

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/R of Employ Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

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

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

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)

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

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

<p><b>1a</b> Name of plan CIC-TOC PENSION PLAN</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOARD OF TRUSTEES, CIC-FOREST PRODUCTS RETIREMENT TRUST</p> <p>2323 EASTLAKE AVE E SEATTLE, WA 98102</p>	<p><b>1c</b> Effective date of plan <u>06/01/1962</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>45-6909074</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>206-329-4900</u></p> <p><b>2d</b> Business code (see instructions) <u>113310</u></p>

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

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

SIGN HERE	DocuSigned by: <i>Tony Hadley</i> 0C2388B13CD84E8... nistrator	9/15/2025   9:24 AM PDT	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signed by: <i>Daniel Silverman</i> 00E10DF19592458... onsor	9/12/2025   10:49 AM MDT	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE	

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

Form 5500 (2024)  
v. 240311

**CIC-TOC PENSION PLAN**  
 FORM 5500  
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 E.I.N. 45-6909074; PLAN NO. 001  
 JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Assets	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
Principal/BlackRock Short-Term Investment Fund	\$ 11,752,965	\$ -	\$ 11,752,965	\$ -
	-	12,662,332	12,662,332	-

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

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

<b>A</b> Name of plan CIC-TOC PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  BOARD OF TRUSTEES, CIC-FOREST PRODUCTS RETIREMENT TRUST	<b>D</b> Employer Identification Number (EIN)  45-6909074	

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

**1a** Enter the valuation date: Month 01 Day 01 Year 2024

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	181,157,920
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	181,157,920
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	185,632,128
<b>(2) Information for plans using spread gain methods:</b>		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	185,632,128
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
<b>(2) "RPA '94" information:</b>		
(a) Current liability .....	<b>1d(2)(a)</b>	268,167,583
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	0
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	16,905,196
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	17,362,543

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Ladd E. Preppernau <i>LEP</i> Signature of actuary	<u>10/2/25</u> Date 2306705
	LADD E. PREPPERNAU Type or print name of actuary	Most recent enrollment number 503-227-0634
	MILLIMAN, INC. Firm name	Telephone number (including area code)
	1455 SW BROADWAY, SUITE 1600 PORTLAND OR 97201 Address of the firm	

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	181,157,920
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	3,876	178,964,379
<b>(2)</b> For terminated vested participants .....	2,138	86,020,344
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		0
<b>(b)</b> Vested benefits .....		3,182,860
<b>(c)</b> Total active .....	49	3,182,860
<b>(4)</b> Total .....	6,063	268,167,583
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	67.55 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2024	90,135	0			
<b>Totals ▶</b>			<b>3(b)</b>	90,135	<b>3(c)</b>
					0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>
					30,736

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	97.5 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is:	<b>4f</b>	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/>		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....			<b>5j</b>

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

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	2.82 %
<b>b</b> Rates specified in insurance or annuity contracts .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males.....	<b>6c(1)</b>	9P
<b>(2)</b> Females .....	<b>6c(2)</b>	9FP
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	6.50 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.50 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	12.4 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	12.4 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	775,203
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-12,522,362	-1,250,505
4	-2,338,245	-233,501

**8 Miscellaneous information:**

**a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... 8a

**b** Demographic, benefit, and contribution information

**(1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.  Yes  No

**(2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions).  Yes  No

**(3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.  Yes  No

**c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?  Yes  No

**d** If line c is "Yes," provide the following additional information:

**(1)** Was an extension granted automatic approval under section 431(d)(1) of the Code?.....  Yes  No

**(2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. 8d(2)

**(3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?  Yes  No

**(4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... 8d(4)

**(5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....

**(6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?  Yes  No

<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s) .....	<b>8e</b>	
<b>9 Funding standard account statement for this plan year:</b>		
<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any.....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	775,203
<b>c Amortization charges as of valuation date:</b>		
	Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	53,192,762
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	
<b>(3)</b> Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	410,557
<b>e</b> Total charges. Add lines 9a through 9d .....	<b>9e</b>	6,726,822
<b>Credits to funding standard account:</b>		
<b>f</b> Prior year credit balance, if any .....	<b>9f</b>	33,857,947
<b>g</b> Employer contributions. Total from column (b) of line 3 .....	<b>9g</b>	90,135
	Outstanding balance	
<b>h</b> Amortization credits as of valuation date .....	<b>9h</b>	14,860,607
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>	2,300,142
<b>j Full funding limitation (FFL) and credits:</b>		
<b>(1)</b> ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	41,649,336
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	58,071,110
<b>(3)</b> FFL credit .....	<b>9j(3)</b>	0
<b>k (1)</b> Waived funding deficiency .....	<b>9k(1)</b>	0
<b>(2)</b> Other credits .....	<b>9k(2)</b>	0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>	37,732,230
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>	31,005,408
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>	
<b>o Current year's accumulated reconciliation account:</b>		
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>	0
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>	0
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	<b>9o(2)(b)</b>	0
<b>(3)</b> Total as of valuation date .....	<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....	<b>10</b>	
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



1455 SW Broadway  
Suite 1600  
Portland, OR 97201  
USA

Tel +1 503 227 0634

milliman.com

**Via Email**

October 2, 2025

Northwest Administrators, Inc.  
2323 Eastlake Avenue E.  
Seattle, WA 98102

**Re: CIC-TOC Pension Plan  
2024 Schedule MB**

Garth:

Enclosed is a copy of the completed 2024 Schedule MB (IRS Form 5500) for the CIC-TOC Pension Plan for the plan year ending December 31, 2024. We will also provide PDF copies of this information to MillerKaplan to be filed electronically with IRS Form 5500.

In addition, we have determined the participant counts for the plan year ending December 31, 2024 for the CIC-TOC Pension Plan, based on our understanding of the instructions for Line 6 of the Form 5500 and the participant data that will be used for the January 1, 2025 actuarial valuation:

6. Number of Participants as of the end of the plan year	
a. (1) Active Participants at the beginning of the plan year:	49
(2) Active Participants at the end of the plan year:	42
b. Retired or separated participants receiving benefits:	3,206
c. Other retired or separated participants entitled to future benefits:	<u>2,011</u>
d. Subtotal:	5,259
e. Deceased participants whose beneficiaries are receiving or are entitled to receive benefits:	<u>577</u>
f. Total:	5,836

The count of 577 beneficiaries receiving benefits does not include 61 individuals who were receiving benefits from the Plan as of December 31, 2024 but were coded as "alternate payees" under qualified domestic relations orders. The IRS instructions specifically state that alternate payees are not to be counted.

## **Schedule R**

For Schedule R, we recommend the following responses:

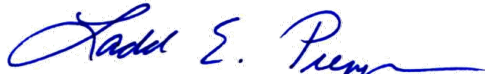
- Line 4 – “No.”
- Line 8 – Leave blank, or “N/A”
- Line 9 – “No.”

For item 16 on the Schedule R, it is our understanding that only Carpenters Industrial Local #82 withdrew from the Plan during the 2023 plan year with an aggregate assessed withdrawal liability of \$178,864, but this should be verified.

Finally, please be aware that the ERISA 104(d) Notice is required to be sent out within 30 days of the Form 5500 due date.

Please call if you have any questions.

Sincerely,



Ladd E. Preppernau, FSA, EA, MAAA  
Principal and Consulting Actuary

LEP:ajd

encl.

cc: Jeff Goss  
Catalina Kirby

**SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS**

<u>Plan Year</u>	<u>Actives</u>	<u>Vested Inactive</u>	<u>Retired</u>	<u>Total Estimated Payout of Retirement Benefits</u>
2024	\$ 76,126	\$ 1,541,440	\$ 15,500,376	\$ 17,117,942
2025	85,046	1,971,064	14,968,518	17,024,628
2026	97,491	2,359,899	14,424,753	16,882,144
2027	106,706	2,797,289	13,869,734	16,773,728
2028	111,748	3,177,781	13,303,946	16,593,475
2029	120,524	3,476,858	12,727,840	16,325,222
2030	128,413	3,703,095	12,141,947	15,973,454
2031	135,930	3,889,168	11,546,945	15,572,042
2032	143,447	4,112,209	10,943,774	15,199,429
2033	150,671	4,265,899	10,333,688	14,750,258
2034	151,479	4,444,386	9,718,282	14,314,147
2035	149,368	4,627,735	9,099,508	13,876,611
2036	148,730	4,730,289	8,479,703	13,358,721
2037	146,232	4,768,474	7,861,577	12,776,283
2038	145,515	4,765,685	7,248,140	12,159,340
2039	142,459	4,776,440	6,642,654	11,561,553
2040	140,567	4,744,454	6,048,640	10,933,661
2041	140,647	4,678,411	5,469,778	10,288,836
2042	138,073	4,603,251	4,909,809	9,651,134
2043	134,306	4,527,166	4,372,437	9,033,909
2044	131,748	4,437,258	3,861,239	8,430,245
2045	130,759	4,310,506	3,379,594	7,820,859
2046	139,301	4,158,629	2,930,554	7,228,484
2047	137,184	3,989,001	2,516,637	6,642,822
2048	131,078	3,783,548	2,139,693	6,054,320
2049	129,691	3,569,041	1,800,790	5,499,522
2050	124,057	3,358,588	1,500,098	4,982,742
2051	121,663	3,141,344	1,236,903	4,499,910
2052	119,468	2,923,560	1,009,664	4,052,692
2053	115,793	2,709,607	816,127	3,641,526
2054	113,230	2,496,661	653,515	3,263,406
2055	106,792	2,286,608	518,697	2,912,096
2056	100,513	2,084,689	408,368	2,593,570
2057	94,404	1,891,184	319,213	2,304,801
2058	88,475	1,706,364	248,030	2,042,868
2059	82,744	1,531,342	191,836	1,805,923
2060	77,234	1,367,485	147,932	1,592,652
2061	71,962	1,215,063	113,938	1,400,964
2062	66,938	1,074,177	87,810	1,228,925
2063	62,159	944,759	67,841	1,074,759
2064	57,619	826,588	52,631	936,839
2065	53,305	719,317	41,062	813,685
2066	49,198	622,488	32,256	703,941
2067	45,278	535,564	25,531	606,373
2068	41,526	457,961	20,370	519,857
2069	37,927	389,066	16,383	443,376
2070	34,469	328,278	13,275	376,022
2071	31,144	275,005	10,829	316,979
2072	27,952	228,665	8,883	265,500
2073	24,901	188,680	7,317	220,899

<b>CIC-TOC PENSION PLAN</b>			
<b>EIN/PLAN NO.: 45-6909074/001</b>			
<b>Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments</b>			
<b>Plan Year</b>	<b>Employer Contributions</b>	<b>Withdrawal Liability Payments</b>	<b>Total</b>
2024	61,000	30,750	91,750
2025	61,000	30,750	91,750
2026	61,000	30,750	91,750
2027	61,000	30,750	91,750
2028	61,000	30,750	91,750
2029	61,000	30,750	91,750
2030	61,000	30,750	91,750
2031	61,000	30,750	91,750
2032	61,000	30,750	91,750
2033	61,000	30,750	91,750

## A. Summary of the Plan (January 1, 2024)

### Plan Identification

EIN Number: 45-6909074

Plan Number: 001

### Normal Retirement Benefits

Benefits: \$40 x service credits through December 31, 2012.

Eligibility: "Normal Retirement Age" is age 65 with 5 years of service.

### Early Retirement Benefits

Benefits: The normal retirement benefit (based on service to date) reduced by age according to the following scale for members who retire within 90 days of leaving covered employment and for certain members whose participation ceased due to a plant closure:

<b>Age at Retirement</b>	<b>Early Retirement Reduction Factor</b>	<b>Age at Retirement</b>	<b>Early Retirement Reduction Factor</b>
64	1.00	59	.73
63	1.00	58	.64
62	1.00	57	.55
61	.91	56	.46
60	.82	55	.37

The normal retirement benefit (based on service to date) reduced by age according to the following scale for members who are not eligible to retire at termination or who defer retirement more than 90 days:

<b>Age at Retirement</b>	<b>Early Retirement Reduction Factor</b>	<b>Age at Retirement</b>	<b>Early Retirement Reduction Factor</b>
64	.90	59	.54
63	.81	58	.49
62	.73	57	.45
61	.66	56	.41
60	.60	55	.37

Eligibility: Age 55 with 10 service credits, or age 62 with 5 service credits.

### Vesting (Withdrawal Before Retirement)

A participant who leaves with 5 years of service (1,000 hours per year) is 100% vested in his normal and early retirement benefits based on contributions to date.

## Disability Benefits

Benefits: The normal retirement benefit (based on service to date) with no reduction for early commencement.

Eligibility: "Total permanent disability" with 5 service credits. Disability date may be up to 36 months after date of termination.

## Death Benefits

Benefits: A 50% survivor annuity based on the early retirement benefit.

Eligibility: 5 years of service.

## Forms of Pension Payments

The normal form of payment for a single employee is a life annuity. A participant may elect to receive a reduced benefit payable for life with 50%, 75%, or 100% of such reduced benefit continued to his or her spouse upon the death of the employee.

## Plan Freeze

Effective January 1, 2013, the Plan was closed to new entrants. Plan participants as of December 31, 2012 may still accrue service for purposes of vesting and retirement eligibility, but earn no further benefits under this Plan for service on or after January 1, 2013.

## Plan Changes since Prior Valuation

None impacting plan liabilities.

**CIC-TOC PENSION PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 45-6909074; PLAN NO. 001**  
**DECEMBER 31, 2024**

No. of Units	<u>Cash Equivalent</u>	<u>Fair Value</u>	<u>Cost</u>
162,849	Principal/BlackRock Short-Term Investment Fund*	\$ 162,849	\$ 162,849
	<u>Mutual Funds</u>		
173,475	Atalaya Asset Income Fund	1,716,644	1,752,915
124,230	Dodge & Cox International Stock Fund	6,199,073	4,773,217
1,516,191	Harbor Core Bond Fund	13,251,508	13,331,667
361,152	PIMCO All Asset All Authority Fund	3,907,667	4,066,712
106,099	DFA US Small Cap Portfolio Fund	5,191,412	3,499,285
974,791	AQR International Defensive Style Fund	13,569,096	14,406,157
701,843	AQR Large Cap Defensive Style Fund	14,170,214	18,131,407
	<u>TOTALS - MUTUAL FUNDS</u>	<u>58,005,614</u>	<u>59,961,360</u>
	<u>Common/Collective Trusts</u>		
172,123	BlackRock ACWI Ex-US Superfund	6,393,861	4,119,731
23,678	MFS International Growth Fund	6,746,964	3,543,200
10,200	BlackRock Equity Index Fund	19,376,325	6,699,306
56,885	BlackRock Mid Cap Equity Fund	5,995,872	3,075,718
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>38,513,022</u>	<u>17,437,955</u>
	<u>Fund of Funds</u>		
25,522	CIC-FPRT Absolute Return Portfolio Ltd	48,096,556	14,536,355
	<u>103-12 Investment Entities</u>		
	HarbourVest Partners VIII Cayman Venture Fund LP	1,010,082	1,587,866
	HarbourVest Partners VIII Cayman Mezzanine & Distressed Debt Fund LP	27,599	414,209
	HarbourVest Partners VIII Cayman Buyout Fund LP	24,129	567,588
	Parametric Defensive Equity Fund LLC	20,108,268	11,421,458
	Parametric Global Defensive Equity Fund LLC	16,431,525	9,842,633
	<u>TOTALS - 103-12 INVESTMENT ENTITIES</u>	<u>37,601,603</u>	<u>23,833,754</u>
	<u>TOTALS - INVESTMENTS</u>	<u>\$ 182,379,644</u>	<u>\$ 115,932,273</u>

\* Party-in-interest

**Schedule MB, line 3(d) – Withdrawal Liability Amounts**

<b>Payment Date</b>	<b>Periodic Amounts</b>	<b>Lump Sum Amounts</b>	<b>Total Amounts</b>
January 2024	\$ 1,667	\$ 0	\$ 1,667
February 2024	2,561	0	2,561
March 2024	2,561	0	2,561
April 2024	3,457	0	3,457
May 2024	1,666	0	1,666
June 2024	2,561	0	2,561
July 2024	2,561	0	2,561
August 2024	3,457	0	3,457
September 2024	1,666	0	1,666
October 2024	2,561	0	2,561
November 2024	2,561	0	2,561
December 2024	3,457	0	3,457
Total	\$ 30,736	\$ 0	\$ 30,736

**CHARGES AND CREDITS FOR FUNDING STANDARD ACCOUNT**

The amortization charges and credits for the Funding Standard Account for the plan year beginning January 1, 2024 are determined below.

**1. CHARGES AS OF JANUARY 1, 2024**

DATE ESTABLISHED	TYPE	REMAINING PERIOD	REMAINING BASE	PAYMENT
01/01/2023	Gain/Loss	14	\$ 53,192,762	\$ 5,541,062
<b>Total</b>			\$ 53,192,762	\$ 5,541,062

**2. CREDITS AS OF JANUARY 1, 2024**

DATE ESTABLISHED	TYPE	REMAINING PERIOD	REMAINING BASE	PAYMENT
01/01/2024	Gain/Loss	15	\$ 12,522,362	\$ 1,250,505
01/01/2024	Assumption Change	15	2,338,245	233,501
<b>Total</b>			\$ 14,860,607	\$ 1,484,006

3. Net outstanding balance [(charges) - (credits)]	38,332,155
4. Credit Balance / (Funding Deficiency) as of January 1, 2024	33,857,947
5. Balance test result [(3) - (4)]	4,474,208
6. Unfunded Actuarial Accrued Liability as of January 1, 2024	\$4,474,208

## Changes in Actuarial Assumptions and Methods

The following assumption and method changes were made for the 2024 plan year.

- The interest rate for Current Liability purposes as changed from 2.19% to 2.82% and the mortality assumption was updated to the 2024 tables as specified in IRS regulations.
- Individuals whose benefits have been suspended for three years or longer were excluded from valuation to reflect the expectation they are deceased and will not receive further payments.
- The mortality improvement scale was changed from the MP-2019 projection scale to the MP-2021 projection scale to reflect the most recent mortality projection scale published by the Society of Actuaries.