Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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 COLLINS PINE COMPANY RETIREMENT PLAN	**1b** Three-digit plan number (PN) ▶ 001 **1c** Effective date of plan 12/15/1957
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COLLINS PINE COMPANY 29100 SW TOWN CENTER LOOP W STE 300 WILSONVILLE, OR 97070-9315	**2b** Employer Identification Number (EIN) 93-0177750 **2c** Plan Sponsor's telephone number 503-826-5303 **2d** Business code (see instructions) 321110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	BREE PALMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

RETIREMENT COMMITTEE

29100 SW TOWN CENTER LOOP W STE 300
WILSONVILLE, OR 97070-9315

3b Administrator's EIN
93-0667294

3c Administrator's telephone number
503-826-5303

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	752
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	74
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	64
b	Retired or separated participants receiving benefits	**6b**	443
c	Other retired or separated participants entitled to future benefits	**6c**	123
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	630
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	105
f	Total. Add lines **6d** and **6e**.	**6f**	735
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 3H 1I

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

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

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

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

a Pension Schedules
(1) ☒ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4) ☐ **DCG** (Individual Plan Information) – Number Attached ______
(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
(1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information) – Number Attached 0
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code______________________

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

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.

A Name of plan COLLINS PINE COMPANY RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COLLINS PINE COMPANY	**D** Employer Identification Number (EIN) 93-0177750

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B   **F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	47013919
b Actuarial value	**2b**	49994045

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	553	42873108	42873108
b For terminated vested participants	131	5568867	5568867
c For active participants	74	5286420	5365578
d Total	758	53728395	53807553

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]		
a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.06 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	530000
c Target normal cost	**6c**	530000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/07/2025 Date
SCOTT D. PREPPERNAU Type or print name of actuary	23-07360 Most recent enrollment number
MILLIMAN, INC. Firm name	503-227-0637 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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1966954
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	440620
9	Amount remaining (line 7 minus line 8)	0	1526334
10	Interest on line 9 using prior year's actual return of 12.04 %	0	183771
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1179
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		142
	c Total available at beginning of current plan year to add to prefunding balance		1321
	d Portion of (c) to be added to prefunding balance		1321
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1711426

Part III Funding Percentages

14	Funding target attainment percentage	14	89.73 %
15	Adjusted funding target attainment percentage	15	89.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2024	363000	0			
10/11/2024	273000	0			
01/14/2025	253000	0			
04/14/2025	304000	0			
07/14/2025	304000	0			
09/10/2025	304000	0			
			Totals ► 18(b)	1801000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1708059

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment	2nd segment	3rd segment	
a Segment rates:	4.75 %	4.87 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	530000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5524934	683111
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ______ Day ______ Year ______) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1213111

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	352767	352767

36 Additional cash requirement (line 34 minus line 35)	**36**	860344
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1708059

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

a Total (excess, if any, of line 37 over line 36)	**38a**	847715
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	352767
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan COLLINS PINE COMPANY RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLLINS PINE COMPANY	**D** Employer Identification Number (EIN) 93-0177750

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).. . . . . [X] 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

GROSVENOR CAPITAL MANAGEMENT, LP

36-3795985

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

CAPITAL RESEARCH AND MANAGEMENT CO

95-1411037

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

DODGE & COX

94-1441976

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

PIMCO

33-0629048

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

VANGUARD

23-1945930

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

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

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

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

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

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 17 50	NONE	135102	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RV KUHNS

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?
27 51	NONE	41110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	33320	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RREEF AMERICA, LLC

58-2364506

(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?
51	NONE	16901	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STOEL RIVES

93-0408771

(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	NONE	3515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan
COLLINS PINE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COLLINS PINE COMPANY

D Employer Identification Number (EIN)
93-0177750

Part I Asset and Liability Statement

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

Assets		**(a)** Beginning of Year	**(b)** End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	856000	1165000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	430	217
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	400155	396525
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2784716	2494300
(5) Partnership/joint venture interests	1c(5)	4072348	3741864
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38921964	38791027
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47035613	46588933
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	47035613	46588933

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1801000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1801000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	99029	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		99029
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1030632	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1030632
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	727170	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	731266	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-4096
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	110366	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		110366

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1445066
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4481997

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4289301	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4289301
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	58011	
(6) Bank or trust company trustee/custodial fees	2i(6)	33320	
(7) Actuarial fees	2i(7)	135102	
(8) Legal fees	2i(8)	3515	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	409428	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		639376
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4928677

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-446680
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GEFFEN, MESHER & COMPANY, P.C. **(2)** EIN: 93-1042710

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

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

Part IV Compliance Questions

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 534713.

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

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

A Name of plan
COLLINS PINE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COLLINS PINE COMPANY

D Employer Identification Number (EIN)
93-0177750

Part I Distributions

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

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

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

EIN(s): 31-0841368 ____________

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.......... **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.______________________________

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Collins Pine Company Retirement Plan

Financial Statements
Years Ended December 31, 2024 and 2023
(With Independent Auditor's Report)

GeffenMesher

Table of Contents

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888 SW 5th Avenue Suite 800
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PORTLAND, OREGON | GMCO.com

Independent Auditor's Report

Retirement Committee
Collins Pine Company Retirement Plan
Wilsonville, Oregon

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the financial statements of Collins Pine Company Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and 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.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Geffen Mesher and Company, P.C.

Portland, Oregon
October 7, 2025

Collins Pine Company Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value	$ 45,423,716	$ 46,179,183
Receivables:		
Employer contributions	1,165,000	856,000
Accrued income on investments	217	430
	1,165,217	856,430
Total assets	46,588,933	47,035,613
Net assets available for benefits	$ 46,588,933	$ 47,035,613

Collins Pine Company Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions to net assets attributable to		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 1,551,336	$ 4,263,646
Interest and dividends	1,129,661	1,011,471
	2,680,997	5,275,117
Less investment management expense	91,331	73,944
	2,589,666	5,201,173
Employer contributions	1,801,000	1,081,000
Total additions	4,390,666	6,282,173
Deductions from net assets attributable to		
Benefits paid to participants	4,289,301	3,990,354
Administrative expenses	548,045	687,022
Total deductions	4,837,346	4,677,376
Net change	(446,680)	1,604,797
Net assets available for benefits		
Beginning of year	47,035,613	45,430,816
End of year	$ 46,588,933	$ 47,035,613

Collins Pine Company Retirement Plan
Statement of Accumulated Plan Benefits
December 31, 2023

	2023
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 40,374,389
Other participants	9,902,615
	50,277,004
Nonvested benefits	70,175
Total actuarial present value of accumulated plan benefits	$ 50,347,179

Collins Pine Company Retirement Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2023

	2023
Actuarial present value of accumulated plan benefits at beginning of year	$ 51,272,000
Changes during the year attributable to:	
Reduction in discount period	2,958,353
Benefit payments	(3,990,354)
Actuarial loss	107,180
Net change	(924,821)
Actuarial present value of accumulated plan benefits at end of year	$ 50,347,179

1. Description of Plan

The following description of the Collins Pine Company Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined benefit pension plan covering all salaried employees of Collins Pine Company ("Plan Sponsor") and affiliates, all hourly-paid employees of Kane Hardwood Division ("Kane"), all hourly-paid employees covered by a collective bargaining agreement with Collins Products, LLC ("Klamath Falls") and all hourly-paid employees of Collins Hardwood Company LLC ("Richwood") who completed one year of eligibility service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's retirement committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Pension benefits
Participating employees are entitled to normal pension benefits beginning at the normal retirement date which, in general, is the first day of the month following the attainment of age 65 and when the benefit application has been received and approved. Early retirement is also permitted and occurs on the first day of the month after a participant attains age 55, has completed ten years of eligibility service and the benefit application has been received and approved. The Plan provides for different benefit formulas, based upon whether the participant was a salaried employee or an hourly-paid employee with Kane, Klamath Falls or Richwood, as described below.

Upon retirement, the annual amount of benefit under the Plan for salaried employees is the greater amount determined by either (a) $216 times the number of benefit units, or (b) 1.50% of the first $10,000 of the employee's final earnings plus 2.00% of the excess of the final earnings more than $10,000, all multiplied by the number of benefit units up to 35 plus 2.00% of employee's final earnings multiplied by benefit units in excess of 35. "Final Earnings" is described as the highest average annual compensation in any five consecutive calendar years.

The monthly amount of benefit for Kane hourly-paid employees is $25 times the number of benefit units. The monthly amount of benefit for Klamath Falls hourly paid employees is $40 times the number of benefit units for service through January 3, 2010 and $35 for service thereafter. The monthly amount of benefit for Richwood hourly-paid employees varies depending upon the year in which normal retirement begins.

Benefits are payable in the form of a joint and survivor annuity, a single life annuity or any other actuarially determined form, as described in the Plan agreement.

Pre-retirement death benefits are provided to a surviving spouse, if any, or dependent child as defined by the Plan, if, at the date of death, the participant(s):

- is legally married to the surviving spouse at death and was throughout the year before death.
- death occurred before the Benefit Starting Date or while disability benefits are being paid; and
- had an hour of service after August 22, 1984 or an hour of service after December 31, 1975 and at least ten years of eligibility service under the Plan.

As of December 31, 2013, all participation and benefit accruals under the Plan were frozen for employees of the Plan Sponsor and affiliates. No qualified employee is eligible to participate in the Plan on or after January 1, 2014.

1. Description of Plan (continued)

Vesting
Participants become vested upon completion of five years of service or at the normal retirement age.

2. Summary of significant accounting policies

Basis of accounting
The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

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

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. The Plan's retirement committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial present value of accumulated plan benefits
Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the benefit service rate times the total years of benefit service. Benefits payable under all circumstances (retirement, death, disability or termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Milliman, Inc., and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2024 (the latest valuation date) are as follows:

2. Summary of significant accounting policies (continued)

Actuarial present value of accumulated plan benefits (continued)

• Investment return	6.00% compounded annually.
• Life expectancy of participants	PRI-2012 mortality tables for males and females with generational improvement projected by Scale MP 2021. Mortality tables with white collar adjustment for salaried participants and blue-collar adjustment for hourly participants were used.
• Retirement age assumptions	A specified percentage of each age group from 55, the early retirement age, through 70 will retire annually with inactive and vested terminated participants not eligible for early retirement assumed to retire at age 65.
• Expenses	$530,000 in expenses are expected to be paid by Plan assets during the Plan year.

Interest rates are based on segmented rates and at January 1, 2024 the segmented rates were as follows: first 5 years at 4.75%; the next 15 years at 4.87%; and thereafter at 5.59%.

The actuarial asset valuation for the Plan is determined based on an asset smoothing method, which defers recognition of asset gains and losses over a 24-month period. As a result, the investment return on the smoothed value was more than market value because the 2022 loss was partially deferred. The smoothed value of assets was 106% of the market value of assets for 2024 compared to 110% in 2023.

All actuarial assumption and method changes are reflected in the actuarial present value of accumulated plan benefits.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2024, the Plan Sponsor believes that there would be no material differences.

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

Administrative expenses
Substantially all administrative fees are paid by the Plan and are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent events
The Plan has evaluated subsequent events through October 7, 2025, which is the date these financial statements were available to be issued. Events, if any, are disclosed within the notes to these financial statements.

3. Funding policy

Contributions by participants are not required or permitted by the Plan. The Plan's funding policy is for the Plan Sponsor to make annual contributions to the Plan in amounts adequate to finance the benefits provided for in the Plan as determined on an actuarial basis and to meet or exceed the annual ERISA minimum funding requirement. The Plan Sponsor made contributions of $1,801,000 and $1,081,000 in 2024 and 2023, of which $1,165,000 and $856,000 is included as employer contributions receivable at December 31, 2024 and 2023. The Plan's actuary has advised that the employer contributions, including amounts receivable to the Plan, are sufficient to meet the minimum funding requirements of ERISA as of December 31, 2024 and 2023.

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

4. Plan termination

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

1) Benefits that had been in pay status for three years or more, or benefits that could have been in pay status for three years if the participant had received the normal form of benefit. The priority amount is limited to the lowest benefit that would be provided by Plan provisions in effect within the last five years.
2) Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC"), a United States government agency, up to the applicable limitations.
3) All other vested benefits (that is, vested benefits not insured by the PBGC).
4) All nonvested benefits.

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

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

For the years ended December 31, 2024 and 2023, the Plan paid fees to the PBGC of approximately $409,000 and $570,000 which are included in administrative expenses.

5. Certified Plan assets

Certain information related to investments included in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years ended December 31, 2024 and 2023, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by U.S. Bank.

6. Fair value measurements

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access at the measurement date.

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

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

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2024 and 2023:

Interest-bearing cash and registered investment companies: Valued at the daily closing price as reported by the fund. Interest-bearing cash and registered investment companies held by the Plan are open-end funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The interest-bearing cash and registered investment companies held by the Plan are deemed to be actively traded.

Common stock: Valued at the NAV of shares held by the Plan at year end based on investments' audited financial statements. At December 31, 2024 and 2023, there were no unfunded commitments. Redemptions can be made quarterly with written notice provided 45 days prior to the redemption.

Partnership/joint venture investments: Valued at the NAV of the partnership units as provided by the Plan's investment managers. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the partnership. The practical expedient is not used when it is determined to be probable that the partnership will sell the investment for an amount different than the reported NAV. At December 31, 2024 and 2023, there were no unfunded commitments. Redemptions can be made quarterly with written notice provided 70 days prior to the redemption.

6. Fair value measurements (continued)

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

The following tables set forth, by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 396,525	$ -	$ -	$ 396,525
Registered investment companies	38,791,027	-	-	38,791,027
	39,187,552	-	-	39,187,552
Investments measured at net asset value				
Common stock	-	-	-	2,494,300
Partnerships/joint ventures	-	-	-	3,741,864
Total investments at fair value	$ 39,187,552	$ -	$ -	$ 45,423,716

	2023			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 400,155	$ -	$ -	$ 400,155
Registered investment companies	38,921,964	-	-	38,921,964
	39,322,119	-	-	39,322,119
Investments measured at net asset value				
Common stock	-	-	-	2,784,716
Partnerships/joint ventures	-	-	-	4,072,348
Total investments at fair value	$ 39,322,119	$ -	$ -	$ 46,179,183

Certain investments that were 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.

7. Tax status

The Plan Sponsor adopted a plan which received a favorable opinion letter from the Internal Revenue Service ("IRS") dated January 25, 2017, which states that the Plan, as then designed, was in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Therefore, the Plan Sponsor believes that the Plan is qualified and the related trust is tax-exempt.

Plan management evaluates tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain tax position that, more likely than not, would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions.

7. Tax status (continued)

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, the statute of limitations for the IRS to assess taxes on a plan expires three years from the due date of the return or the date on which it was filed, whichever is later.

8. Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

The Plan maintains cash balances which may exceed depository insurance limits. The Plan's management makes its deposits with a high-quality credit entity and has not incurred any credit losses.

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

9. Related party transactions and transactions with parties-in-interest

A related party is any party who can control or significantly influence Plan management or operating policies. Parties-in-interest are defined under DOL regulations as any employees of the Plan, fiduciaries of the Plan, service providers to the Plan, the employer whose employees are covered by the Plan and certain significant owners of the employer and their relatives. Service providers may include, but are not limited to, the custodian, trustee, third-party administrator, investment managers, investment advisors, legal counsel, actuary and Plan auditor.

During the years ended December 31, 2024 and 2023, the Plan made direct payments of approximately $230,000 and $191,000 to certain parties-in-interest for administration and investment advisory fees, as allowed by ERISA. The Plan sponsor pays directly any other fees related to the operation of the Plan.

Fees incurred by the Plan for the investment management services are included in the net appreciation (depreciation) in fair value of the related investment, as they are paid using investment earnings rather than a direct payment.

10. Subsequent event

Subsequent to year end, a division of the Company was sold, resulting in a significant reduction in the workforce. As a result, the Plan experienced a partial plan termination, as defined by ERISA. Under ERISA, a partial plan termination results in the affected participants becoming fully vested in their accrued benefit. Plan management believes this will not result in an increase to the Plan's liabilities or benefit obligations, as all impacted participants were fully vested prior to the partial plan termination.

Supplemental Schedules

Collins Pine Company Retirement Plan
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

Year Ended December 31, 2024

EIN: 93-0177750
Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Dreyfus	Government Cash Management	$ 396,525	$ 396,525
	Dodge & Cox	International Stock Fund	2,498,093	3,074,815
	Dodge & Cox	Stock Fund	3,041,327	4,569,941
	American	Europacific Growth Fund R6	2,906,200	3,115,583
	American	Growth Fund of America R6	2,809,030	4,591,549
	Vanguard	Total Stock Market Index Fund	1,399,246	2,843,602
	PIMCO	Long Duration Total Return Fund	25,661,480	18,329,059
	PIMCO	Inflation Response Multi Asset Fund	2,484,428	2,266,478
	Grosvenor	Opportunistic Credit Fund	45,977	45,977
	Grosvenor	Institutional Partners	3,695,887	3,695,887
	RREEF	America II Reit	2,153,843	2,494,300
			$ 47,092,036	$ 45,423,716

Collins Pine Company Retirement Plan
Schedule H, Line 4j
Schedule of Reportable Transactions

Year Ended December 31, 2024

EIN: 93-0177750
Plan Number: 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Dreyfus	Dreyfus Government							
	Cash Management							
	Purchases	$ 5,689,565	N/A	N/A	$ -	N/A	$ 5,689,565	N/A
	Sales	N/A	$ 5,693,192	N/A	$ -	$ 5,693,192	$ 5,693,192	$ -

Schedule SB, line 26 - Schedule of Active Participant Data
Collins Pine Company Retirement Plan
EIN/PN: 93-0177750 / 001

SCHEDULE OF ACTIVE PARTICIPANT DATA

Summary by age and years of benefit service as of January 1, 2024

	YEARS OF BENEFIT SERVICE					
AGE	UNDER 1	1 TO 4	5 TO 9	10 TO 14	15 TO 19	20 TO 24
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	1	0	0	0	0
35 to 39	0	3	1	0	0	0
40 to 44	0	4	1	1	0	0
45 to 49	0	2	3	2	0	0
50 to 54	0	1	4	3	4	0
55 to 59	0	3	3	3	8	2
60 to 64	0	2	2	3	6	1
65 & Up	0	0	2	1	3	0
Totals	0	16	16	13	21	3

	YEARS OF BENEFIT SERVICE				
AGE	25 TO 29	30 TO 34	35 TO 39	40 AND OVER	ALL YEARS
Under 25	0	0	0	0	0
25 to 29	0	0	0	0	0
30 to 34	0	0	0	0	1
35 to 39	0	0	0	0	4
40 to 44	0	0	0	0	6
45 to 49	0	0	0	0	7
50 to 54	0	0	0	0	12
55 to 59	0	0	0	0	19
60 to 64	2	2	0	0	18
65 & Up	0	1	0	0	7
Totals	2	3	0	0	74

Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded.

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

Actuarial Asset Method

The Pension Protection Act allows for a smoothed value of assets in determining the Funding Target Percentages, minimum required and maximum deductible contributions. The smoothing period cannot exceed 24 months and is subject to a 10% corridor around market value. Receivable contributions are discounted to the valuation date using the effective interest rate. At Collins' election, a 24-month smoothed value of assets is used.

The Actuarial Value of Assets on the valuation date is determined as follows:

Market value of Assets on the valuation date:

less 66 2/3% of the difference between actual investment return and expected return (based on the lower of the expected long term rate of return or the third segment rate for the year) for the plan year prior to the valuation date.

less 33 1/3% of the difference between actual investment return and expected return (based on the lower of the expected long term rate of return or the third segment rate for the year) for the second plan year prior to the valuation date.

The actuarial value of assets must not be less than 90% nor greater than 110% of the market value of assets on the valuation date.

For FASB ASC Topic 715, market value of assets is used.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

None.

Actuarial Assumptions

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 Plan, published actuarial tables and on current and future expectations.

The assumptions are intended to estimate the future experience of the participants of the Plan and of the Plan 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 Plan's benefits.

Except where noted, all demographic assumptions are based the actuary's judgment and continual review of experience.

Interest Rate

The interest rate for calculating the present value of accumulated plan benefits under ASC Topic 960 and the expected long-term rate of return on assets for actuarial value of assets calculations is an estimate of the Plan's long-term investment rate of return for the Plan's entire portfolio of assets, net of investment expenses. It is based on the Plan's investment policy and target asset allocation combined with capital market assumptions from several sources, including Milliman and the Plan's investment consultant.

As selected by the Plan sponsor, the rates for calculating the Funding Target and Target Normal Cost under the Pension Protection Act are the September segment rates. As prescribed by segment rate stabilization, in 2024 these rates must be between 95% and 105% of the 25-year average rates published by the IRS. Segment rate stabilization does not apply to the determination of the maximum deductible contribution, the variable-rate portion of the PBGC premium, and the Section 4010 PBGC reporting tests.

These interest rates are summarized below:

- 6.00% for FASB ASC Topic 960 and expected long-term rate of return (Adopted January 1, 2023)
- September segment rates without segment rate stabilization:
  - Segment 1 payments under 5 years 3.62%
  - Segment 2 payments between 5 and 20 years 4.46%
  - Segment 3 payments after 20 years 4.52%
  - Effective Interest Rate 4.41%
- September segment rates with segment rate stabilization:
  - Segment 1 payments under 5 years 4.75%
  - Segment 2 payments between 5 and 20 years 4.87%
  - Segment 3 payments after 20 years 5.59%
  - Effective Interest Rate 5.06%
- January 2024 segment rates for standard PBGC variable-rate premium basis:
  - Segment 1 payments under 5 years 5.01%
  - Segment 2 payments between 5 and 20 years 5.13%
  - Segment 3 payments after 20 years 5.15%
  - Effective Interest Rate 5.13%

Mortality

The mortality rate is the actuary's best estimate of the long-term mortality experience of the Plan.

For FASB ASC Topic 960 and Topic 715 measurements, employee and healthy annuitant mortality is assumed to follow the PRI-2012 mortality tables for males and females with generational improvement projected by Scale MP 2021. For hourly participants, the mortality tables with blue collar adjustment are used. For salaried participants, the mortality tables with white collar adjustment are used. (Adopted January 1, 2022)

The remaining life expectancy under this mortality assumption for sample ages is shown below. Life expectancy is the number of years that a person is expected to live.

Age on January 1, 2024	Remaining Life Expectancy for Annuitants in 2024			
	Salaried Participants		Hourly Participants	
	Males	Females	Males	Females
55	31.2	32.9	28.5	30.9
65	22.0	23.5	19.8	21.9
75	13.6	14.9	12.2	13.8

For FASB ASC Topic 960 and Topic 715 measurements, post-disablement mortality is assumed to follow the PRI-2012 Mortality Tables for Disabled Lives for males and females with generational improvement projected by Scale MP 2021. (Adopted January 1, 2022)

For calculating the Funding Target, Target Normal Cost and PBGC variable premium, we used the prescribed mortality assumption for valuations in 2024, as published by the IRS. The prescribed mortality assumption for healthy and disabled participants follows the statutory generational mortality tables for 2024 based on Pri-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate greater future longevity using the 2024 Adjusted Scale MP-2021.

Termination

The rate of termination for salaried and hourly participants is the actuary's best estimate of the long-term withdrawal rate under the Plan. Withdrawal refers to an employee terminating employment for reasons other than death, disability, or retirement. Sample rates are given below:

	Number Terminating During Year Per 1,000 Active	
Age	Hourly	Salaried
20	533.1	553.7
25	330.8	353.5
30	190.4	198.3
35	116.0	125.7
40	82.2	91.2
45	60.9	65.7
50	43.1	44.7
55	30.0	29.1
60	84.6	18.1
64	225.8	5.1

Disability

Rates of disability for both salaried and hourly participants vary from .7 per 1,000 employees at age 20 to 14.9 per 1,000 employees at age 64.

Retirement

Annual rates of retirement for both salaried and hourly participants are shown in the following table for active participants who are eligible to retire. These rates were adopted January 1, 2016.

Age	Rate of Retirement	Age	Rate of Retirement
55	1.0%	63	25.0%
56	1.0	64	25.0
57	1.0	65	55.0
58	1.0	66	40.0
59	1.0	67	40.0
60	1.0	68	40.0
61	15.0	69	40.0
62	30.0	70+	100.0

The average expected retirement age under these retirement rates is age 63.

Inactive Retirement Age

For inactive and vested terminated participants eligible for early retirement, retirement is assumed to occur no later than at age 62 (or current age if over 62). For inactive and vested terminated participants not eligible for early retirement, retirement is assumed to occur at age 65

Expenses

The interest rate assumption reflects investment earnings net of investment expenses.

Administrative expenses (actuarial, audit, legal, and PBGC expenses) are assumed to be $100,000 per year plus the expected PBGC premium for the plan year (adopted January 1, 2015). In accordance with this assumption for 2024, assumed expenses are $530,000.

Spouses Age and Probability of Marriage

For participants not in pay status, we assume the probability of marriage differs for males and females. Sample rates are shown below:

Age	Male	Female
25	74%	80%
30	85	88
35	88	89
40	89	88
45	89	85
50	88	81
55	87	74
60	86	66
65	83	56

Female spouses are assumed to be three years younger than male participants. Male spouses are assumed to be three years older than female participants.

Form of Payment

At retirement, we assume 33.33% of participants will elect a Single Life Annuity form of payment and 66.67% will elect the 100% joint and survivor annuity.

Changes in Assumptions for 2024 Plan Year

The interest rate and mortality tables used for funding target, target normal cost, minimum required and maximum deductible contributions were updated per statutory requirements and Collins' prior elections to use the September 2023 Segment Rates and applicable mortality tables for 2024. These interest rates were further adjusted by segment rate stabilization for some measurements.

		Prior Assumption		Current Assumption	
		Without Stabilization	With Stabilization	Without Stabilization	With Stabilization
Segment 1	Payments under 5 years	1.41%	4.75%	3.62%	4.75%
Segment 2	Payments between 5 and 20 years	3.09%	5.00%	4.46%	4.87%
Segment 3	Payments after 20 years	3.58%	5.74%	4.52%	5.59%
Effective Interest Rate		3.16%	5.19%	4.41%	5.06%

In 2024 Collins elected to use the Standard Premium Funding Target to calculate the PBGC premium. The Standard Premium Funding Target uses the required PBGC segment interest rates for January 2024 of 5.01%, 5.13%, and 5.15%. This election may not be changed through 2028.

Year Ended December 31, 2024

EIN: 93-0177750
Plan Number: 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Dreyfus	Dreyfus Government							
	Cash Management							
	Purchases	$ 5,689,565	N/A	N/A	$ -	N/A	$ 5,689,565	N/A
	Sales	N/A	$ 5,693,192	N/A	$ -	$ 5,693,192	$ 5,693,192	$ -

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service; Department of Labor Employee Benefits Security Administration; Pension Benefit Guaranty Corporation	**Single-Employer Defined Benefit Plan Actuarial Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection**

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.

A Name of plan: COLLINS PINE COMPANY RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: COLLINS PINE COMPANY	**D** Employer Identification Number (EIN): 93-0177750
E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B	**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

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

2 Assets:			
a Market value	2a		47,013,919
b Actuarial value	2b		49,994,045

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	553	42,873,108	42,873,108
b For terminated vested participants	131	5,568,867	5,568,867
c For active participants	74	5,286,420	5,365,578
d Total	758	53,728,395	53,807,553

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.06 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	530,000
c Target normal cost	6c	530,000

Statement by Enrolled Actuary

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

SIGN HERE Scott Preppernau SDP — Signature of actuary — 10/7/2025 Date

SCOTT D. PREPPERNAU — Type or print name of actuary — 2307360 Most recent enrollment number

MILLIMAN, INC. — Firm name — 503-227-0637 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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,966,954
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	440,620
9	Amount remaining (line 7 minus line 8)	0	1,526,334
10	Interest on line 9 using prior year's actual return of 12.04 %	0	183,771
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,179
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		142
	c Total available at beginning of current plan year to add to prefunding balance		1,321
	d Portion of (c) to be added to prefunding balance		1,321
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,711,426

Part III Funding Percentages

14	Funding target attainment percentage	14	89.73 %
15	Adjusted funding target attainment percentage	15	89.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2024	363,000	0			
10/11/2024	273,000	0			
01/14/2025	253,000	0			
04/14/2025	304,000	0			
07/14/2025	304,000	0			
09/10/2025	304,000	0			
			Totals ► 18(b)	1,801,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1,708,059

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.75 %	4.87 %	5.59%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	530,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5,524,934	683,111
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ________ Day ________ Year ________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,213,111

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	352,767	352,767

36 Additional cash requirement (line 34 minus line 35)	**36**	860,344
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,708,059

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

a Total (excess, if any, of line 37 over line 36)	**38a**	847,715
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	352,767
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None.

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None.

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

There were no late Quarterly Installments.

Date	Plan Year to Apply Contribution	2024 Effective Interest Rate	Day of Discounting at 2024 Effective Interest Rate	Contribution Amount	Discounted Value as of 1/1/2024
4/12/2024	2024	5.06%	102	$ 363,000	$ 358,041
10/11/2024	2024	5.06%	284	273,000	262,741
1/14/2025	2024	5.06%	379	253,000	240,392
4/14/2025	2024	5.06%	469	304,000	285,356
7/14/2025	2024	5.06%	560	304,000	281,866
9/10/2025	2024	5.06%	618	304,000	279,663
Total				$ 1,801,000	$ 1,708,059

CALCULATION OF WEIGHTED AVERAGE RETIREMENT AGE

AGE	RETIREMENT RATES	PROBABILITY OF NOT RETIRING BEFORE AGE	WEIGHTED RETIREMENT AGE
55	1%	100.00%	0.55000
56	1%	99.00%	0.55440
57	1%	98.01%	0.55866
58	1%	97.03%	0.56277
59	1%	96.06%	0.56675
60	1%	95.10%	0.57060
61	15%	94.15%	8.61473
62	30%	80.03%	14.88558
63	25%	56.02%	8.82315
64	25%	42.02%	6.72320
65	55%	31.52%	11.26840
66	40%	14.18%	3.74352
67	40%	8.51%	2.28068
68	40%	5.11%	1.38992
69	40%	3.07%	0.84732
70	100%	1.84%	1.28800
WEIGHTED AVERAGE RETIREMENT AGE			63.22768
ROUNDED WEIGHTED AVERAGE RETIREMENT AGE			63

The weighted average retirement age was calculated by multiplying each possible retirement age by the probability of surviving to that age and then retiring. These products were then summed to produce the weighted average retirement age

Salaried

Effective Date

December 15, 1957. (Restated January 1, 2016)

Employers Included

Collins Pine Company, Collins Products, LLC, Ostrander Resources Company, Collins Hardwood Company LLC, and Collins Management Corporation.

Eligible Employees

All salaried employees of the company who have completed one year of Eligibility Service.

Participation for salaried employees is frozen as of December 31, 2011 and employees who would have become first eligible to participate on or after January 1, 2012 are not eligible to participate in the plan.

Service Used to Determine Eligibility and Compute Benefits

Service prior to January 1, 1976 is determined on the basis of continuous employment with the company according to the Plan in effect on December 31, 1975.

From January 1, 1976 on, a Year of Eligibility Service is a 12-month period, beginning with the employee's date of hire or an anniversary thereof, during which he completes 1,000 hours of service.

From January 1, 1976 through December 31, 2011, a Year of Service for purposes of benefit accrual is a calendar year during which the employee completes 1,000 hours of service. For each Year of Service the employee receives up to one Benefit Unit, computed by dividing his hours of service in that year by 2,340. A partial Benefit Unit may be credited in the initial employment year and the year that employment ends by death, permanent disability or retirement, even if the participant has less than 1,000 hours of service, provided that the participant is employed at an annual rate of 1,000 hours.

A Break-in-Service occurs when an employee fails to complete 500 hours of service in five consecutive employment anniversary years. A participant who is not vested will lose credit for service before the break unless he completes another Year of Service before the length of the break exceeds the amount of his earlier service.

As of December 31, 2011, Benefit Units for salaried participants are frozen and no additional benefit will accrue for service on or after January 1, 2012. Years of Eligibility Service for vesting of benefits and early retirement are not frozen.

Earnings Considered

Regular pay, excluding overtime, shift differential, disability pay, commissions, bonuses or deferred compensation, and disregarding all compensation earned on or after January 1, 2012.

Employee Contributions

There are no mandatory Employee contributions after June 1, 1968. Effective January 1, 1980, mandatory contributions were returned to the contributing employees.

Normal Retirement Date and Benefit

a. The Normal Retirement Date is age 65.
b. The annual Normal Retirement Benefit is the larger of i and ii, less iii:
   i. 1.50% of the employee's Final Earnings plus 0.50% of the excess of the Final Earnings over $10,000, all multiplied by the number of Benefit Units up to 35

      Plus

      2.00% of the employee's Final Earnings multiplied by Benefit Units in excess of 35; or

   ii. $216 times the number of Benefit Units.

   iii. The actuarial equivalent of the accrued benefit from any other defined benefit plan for service that is counted as Benefit Service under this plan.

      "Final Earnings" means the highest average annual compensation in any consecutive five calendar years disregarding compensation earned on or after January 1, 2012.

Deferred Retirement Date and Benefit

a. An Employee may remain employed after his Normal Retirement Date.
b. The benefit for a deferred retirement is determined as for a Normal Retirement, with Benefit Service and compensation to the effective date of the plan freeze.

Early Retirement Date and Benefit

An Employee may retire before his Normal Retirement Date if he has attained age 55 and has 10 years of Eligibility Service.

a. Prior to January 1, 1981, the benefit for an Early Retirement is determined as for a Normal Retirement, with Benefit Service and compensation up to the Early Retirement Date, with an appropriate actuarial reduction.
b. Beginning January 1, 1981, the benefit for an Early Retirement is determined as for a Normal Retirement, with Benefit Service and compensation up to the Early Retirement Date. The benefit is unreduced after age 62 and is reduced by .5% per month prior to age 62.

Vesting of Benefits

An Employee who completes 5 Years of Eligibility Service becomes eligible to receive a Normal Retirement Benefit at age 65, computed on the basis of compensation and Benefit Service to his date of termination of employment. A vested terminated participant with 10 Years of Eligibility Service may elect to start receiving, at any time after age 55, benefits actuarially equivalent to those payable at 65.

Form of Retirement Benefits

The benefits are payable for the lifetime of the participant. The benefit of a married participant who does not elect otherwise will be paid as an actuarially reduced amount which allows 50% of the participant's benefit to be continued to the surviving spouse.

Optional Forms of Benefit

- Single Life Annuity
- 50% Joint & Survivor Annuity
- 75% Joint & Survivor Annuity
- 100% Joint & Survivor Annuity
- 10-Year Certain & Life Annuity

Survivor's Benefit

The Survivor's Benefit is payable to the spouse of a vested participant whose death occurs before the start of benefit payments.

If the participant was an Employee at death or had an Hour of Service before March 1, 1985, the survivor's benefit is 50% of the Normal Retirement Benefit determined as though the date of death were the participant's Normal Retirement Date. Benefits start on the first day of the month on or after the date of death.

If the participant has reached the earliest benefit starting date and was employed or disabled at death, the survivor's benefit is 100% of the Normal Retirement Benefit determined as though the date of death were the participant's Normal Retirement Date. Benefits start on the first day of the month on or after the date of death.

If the above conditions do not apply, the benefit shall be determined as though the participant had survived to earliest retirement age, selected a 50% contingent annuity and then died. The benefit amount will be actuarially reduced for starting dates before the participant's earliest retirement age. Actuarially reduced benefits may start as early as the first day of the month on or after the date of death.

Disability Benefits

a. Prior to January 1, 1981, the benefit for permanent and total disability is full vesting in his Early Retirement Benefit or Termination Benefit.
b. From January 1, 1981 through December 31, 2011, a salaried Employee who is permanently and totally disabled may receive a Disability Benefit starting at his Normal Retirement Date. The benefit shall be determined as for a Normal Retirement with Benefit and Eligibility Service accrued during disability.
c. Beginning January 1, 2012, a salaried Employee who is permanently and totally disabled continues to accrue Eligibility Service during disability for vesting of benefits and early retirement, but Benefit Units and accrued benefit are frozen as of December 31, 2011.

Plan Changes since the Last Valuation

None.

Kane Hourly

Effective Date

November 1, 1973. (Restated January 1, 2016)

Plan Year

November 1 through October 31 for the years November 1, 1973 through October 31, 1976; November 1, 1976 through December 31, 1976; and each January 1 through December 31 thereafter.

Eligibility Requirement

Each hourly-paid employee of the Kane Hardwood Division of Collins Pine Company who (i) either had not yet become a participant in the prior plan or (ii) is hired on or after November 1, 1976, will become eligible on the later of November 1, 1976 or completion of one year of service.

Participation for Kane hourly employees is frozen as of December 31, 2011 and employees who would have become first eligible to participate on or after January 1, 2012 are not eligible to participate in the plan.

Year of Service

Service prior to January 1, 1976 is determined on the basis of continuous employment with the company according to the Plan in effect on December 31, 1975.

From January 1, 1976 on, a Year of Eligibility Service is a 12-month period, beginning with the employee's date of hire or an anniversary thereof, during which he completes 1,000 hours of service.

From January 1, 1976 through December 31, 2011, a Year of Service for purposes of benefit accrual is a calendar year during which the employee completes 1,000 hours of service. For each Year of Service the employee receives up to one Benefit Unit, computed by dividing his hours of service in that year by 1,800. A partial Benefit Unit may be credited in the initial employment year and the year that employment ends by death, permanent disability or retirement, even if the participant has less than 1,000 hours of service, provided that the participant is employed at an annual rate of 1,000 hours.

A Break-in-Service occurs when an employee fails to complete 500 hours of service in five consecutive employment anniversary years. A participant who is not vested will lose credit for service before the break unless he completes another Year of Service before the length of the break exceeds the amount of his earlier service.

As of December 31, 2011, Benefit Units for Kane hourly participants are frozen and no additional benefit will accrue for service on or after January 1, 2012. Years of Eligibility Service for vesting of benefits and early retirement are not frozen.

Monthly Benefit Formula

$25.00 for each Benefit Unit (increased from $18.00 effective January 1, 2000).

The minimum monthly benefit for a Kane hourly employee is $125. This amount is reduced by any basic benefit accrued under any other plan provision.

Normal Retirement Benefit

a. Eligibility: Attainment of age 65.
b. Amount: Amount developed by the benefit formula on the date of normal retirement.
c. Normal Form: Life annuity.

Early Retirement Benefit

a. Eligibility: Attainment of age 55 and completion of 10 years of service.
b. Amount: Prior to January 1, 1991, the amount developed by the benefit formula on date of early retirement, reduced 6.7% for each of the first 5 years and 3.3% for each of the next 5 years that early retirement precedes normal retirement date.
   Beginning January 1, 1991, the amount developed by the benefit formula on date of early retirement. The benefit is unreduced after age 62, and is reduced by .5% per month prior to age 62.
c. Normal Form: Life annuity payable on early retirement date.

Late Retirement Benefit

a. Eligibility: Retirement after attainment of age 65.
b. Amount: An amount as determined by benefit formula on late retirement date.
c. Normal Form: Life annuity payable on late retirement date.

Severance Benefit

a. Eligibility: Completion of 5 years of service.
b. Amount: Amount developed by benefit formula as of date of termination.
c. Normal Form: Life annuity payable on normal retirement date.

Disability Benefit

a. Eligibility: Completion of 5 years of service, plus eligible to receive Social Security disability benefits. (Total and permanent disability determination by Retirement Committee no longer required.)
b. Amount: The Amount developed by benefit formula on date disability is determined to be total and permanent.
c. Normal Form: Monthly payments commencing on the first day of the month coinciding with or next following the date disability is determined to be total and permanent.

Pre-Retirement Death Benefit

a. Eligibility: Vested with an hour of service after December 31, 1976 and married during the one year preceding date of death.
b. Amount: If the participant was an Employee at death after January 1, 1991, the survivor's benefit is 50% of the Normal Retirement Benefit determined as though the date of death were the participant's Normal Retirement Date. Benefits start on the first day of the month on or after the date of death.

If the participant has reached the earliest benefit starting date and was employed or disabled at death, the survivor's benefit is 100% of the Normal Retirement Benefit determined as though the date of death were the participant's Normal Retirement Date. Benefits start on the first day of the month on or after the date of death.

If the above conditions do not apply, the benefit shall be determined as though the participant had survived to earliest retirement age, selected a 50% contingent annuity and then died. The benefit amount will be actuarially reduced for starting dates before the participant's earliest retirement age. Actuarially reduced benefits may start as early as the first day of the month on or after the date of death.

Optional Forms of Benefit

- Single Life Annuity
- 50% Joint & Survivor Annuity
- 75% Joint & Survivor Annuity
- 100% Joint & Survivor Annuity
- 10-Year Certain & Life Annuity

Contributions

a. Employer: Actuarially determined.
b. Employee: None.

Plan Changes Since the Last Valuation

None.

Klamath Falls Hourly

Effective Date

September 1, 1996. (Restated January 1, 2016)

Plan Year

September 1 through December 31 for 1996; and each January 1 through December 31 thereafter.

Eligibility Requirement

Each hourly-paid employee covered by collective bargaining agreement with Collins Products, LLC who has completed one year of Eligibility Service is a participant in the Plan.

Participation for Klamath Falls hourly employees is frozen as of December 31, 2013 and employees who would have become first eligible to participate on or after January 1, 2014 are not eligible to participate in the plan.

Year of Service

For eligibility and vesting purposes, a Year of Eligibility Service is a 12-month period, beginning with the employee's date of hire or an anniversary thereof, during which he completes 1,000 hours of service. For Weyerhaeuser employees who became employees of Collins Products, LLC on September 1, 1996, service with Weyerhaeuser will count for purposes of eligibility and vesting.

A Year of Service for purposes of benefit accrual is a calendar year during which the employee completes 1,000 hours of service. For each Year of Service the employee receives up to one Benefit Unit, computed by dividing his hours of service in that year by 1,000. A partial Benefit Unit may be credited in the initial employment year and the year that employment ends by death, permanent disability or retirement, even if the participant has less than 1,000 hours of service, provided that the participant is employed at an annual rate of 1,000 hours. Weyerhaeuser service does not count for Benefit Units.

A Break-in-Service occurs when an employee fails to complete 500 hours of service in five consecutive employment anniversary years. A participant who is not vested will lose credit for service before the break unless he completes another Year of Service before the length of the break exceeds the amount of his earlier service.

As of December 31, 2013, Benefit Units for Klamath Falls hourly participants are frozen and no additional benefit will accrue for service on or after January 1, 2014. Years of Eligibility Service for vesting of benefits and early retirement are not frozen.

Monthly Benefit Formula

$35.00 for each Benefit Unit earned after January 3, 2010 and $40.00 for each Benefit Unit earned prior to January 3, 2010.

Other crediting rates exist for participants who left covered employment prior to June 1, 2005.

Normal Retirement Benefit

a. Eligibility: Attainment of age 65.
b. Amount: Amount developed by the benefit formula on the date of normal retirement.
c. Normal Form: Life annuity.

Early Retirement Benefit

a. Eligibility: Attainment of age 55 and completion of 10 years of service.
b. Amount: The amount developed by the benefit formula on date of early retirement. The benefit is unreduced after age 62, and is reduced by .5% per month prior to age 62.
c. Normal Form: Life annuity payable on early retirement date.

Late Retirement Benefit

a. Eligibility: Retirement after attainment of age 65.
b. Amount: An amount as determined by benefit formula on late retirement date.
c. Normal Form: Life annuity payable on late retirement date.

Severance Benefit

a. Eligibility: Completion of 5 years of service.
b. Amount: Amount developed by benefit formula as of date of termination.
c. Normal Form: Life annuity payable on normal retirement date.

Disability Benefit

a. Eligibility: Completion of 5 years of service, plus eligible to receive Social Security disability benefits. (Total and permanent disability determination by Retirement Committee no longer required.)
b. Amount: Amount developed by benefit formula on date disability is determined to be total and permanent.
c. Normal Form: Monthly payments commencing on the first day of the month coinciding with or next following the date disability is determined to be total and permanent.

Pre-Retirement Death Benefit

a. Eligibility: Vested with an hour of service after December 31, 1976 and married during the one year preceding date of death.
b. Amount: If the participant was an Employee at death after January 1, 1991, the survivor's benefit is 50% of the Normal Retirement Benefit determined as though the date of death were the participant's Normal Retirement Date. Benefits start on the first day of the month on or after the date of death.

If the above conditions do not apply, the benefit shall be determined as though the participant had survived to earliest retirement age, selected a 50% contingent annuity and then died. The benefit amount will be actuarially reduced for starting dates before the participant's earliest retirement age. Actuarially reduced benefits may start as early as the first day of the month on or after the date of death.

Optional Forms of Benefit

- Single Life Annuity
- 50% Joint & Survivor Annuity
- 75% Joint & Survivor Annuity
- 100% Joint & Survivor Annuity
- 10-Year Certain & Life Annuity

Contributions

a. Employer: Actuarially determined.
b. Employee: None.

Plan Changes Since the Last Valuation

None.

Richwood Hourly

Effective Date

Effective August 19, 2005, Collins Hardwood Company LLC acquired certain mills in Richwood, West Virginia. (Restated January 1, 2016)

Plan Year

January 1, 2006 through December 31 for 2006; and each January 1 through December 31 thereafter.

Eligibility Requirement

Each hourly-paid employee covered by collective bargaining agreement with Collins Hardwood Company LLC who has completed one year of Eligibility Service is a participant in the Plan.

Participation for Richwood hourly employees is frozen as of December 31, 2012 and employees who would have become first eligible to participate on or after January 1, 2013 are not eligible to participate in the plan.

Year of Service

For eligibility and vesting purposes, a Year of Eligibility Service is a 12-month period, beginning with the employee's date of hire or an anniversary thereof, during which he completes 1,000 hours of service.

A Year of Service for purposes of benefit accrual is a calendar year during which the employee completes 1,000 hours of service. For each Year of Service the employee receives up to one Benefit Unit, computed by dividing his hours of service in that year by 1,800. A partial Benefit Unit may be credited in the initial employment year and the year that employment ends by death, permanent disability or retirement, even if the participant has less than 1,800 hours of service, provided that the participant is employed at an annual rate of 1,800 hours. Benefit Units shall not accrue for service at the Richwood Operation prior to January 1, 2006.

A Break-in-Service occurs when an employee fails to complete 500 hours of service in five consecutive employment anniversary years. A participant who is not vested will lose credit for service before the break unless he completes another Year of Service before the length of the break exceeds the amount of his earlier service. As of December 31, 2012, Benefit Units for Richwood hourly participants are frozen and no additional benefit will accrue for service on or after January 1, 2013. Years of Eligibility Service for vesting of benefits and early retirement are not frozen.

Monthly Benefit Formula

$34.00 for each Benefit Unit. Other crediting rates exist for participants who left covered employment prior to January 1, 2012.

Normal Retirement Benefit

a. Eligibility: Attainment of age 65.
b. Amount: Amount developed by the benefit formula on the date of normal retirement.
c. Normal Form: Life annuity.

Early Retirement Benefit

a. Eligibility: Attainment of age 55 and completion of 10 years of service.
b. Amount: The amount developed by the benefit formula on date of early retirement. The benefit is unreduced after age 62, and is reduced by .5% per month prior to age 62.
c. Normal Form: Life annuity payable on early retirement date.

Late Retirement Benefit

a. Eligibility: Retirement after attainment of age 65.
b. Amount: An amount as determined by benefit formula on late retirement date.
c. Normal Form: Life annuity payable on late retirement date.

Severance Benefit

a. Eligibility: Completion of 5 years of service.
b. Amount: Amount developed by benefit formula as of date of termination.
c. Normal Form: Life annuity payable on normal retirement date.

Disability Benefit

a. Eligibility: Completion of 5 years of service, plus eligible to receive Social Security disability benefits. (Total and permanent disability determination by Retirement Committee no longer required.)
b. Amount: Amount developed by benefit formula on date disability is determined to be total and permanent.
c. Normal Form: Monthly payments commencing on the first day of the month coinciding with or next following the date disability is determined to be total and permanent.

Pre-Retirement Death Benefit

a. Eligibility: Vested with an hour of service after December 31, 1976 and married during the one year preceding date of death.
b. Amount: If the participant was an Employee at death the survivor's benefit is 50% of the Normal Retirement Benefit determined as though the date of death were the participant's Normal Retirement Date. Benefits start on the first day of the month on or after the date of death.
   If the above conditions do not apply, the benefit shall be determined as though the participant had survived to earliest retirement age, selected a 50% contingent annuity and then died. The benefit amount will be actuarially reduced for starting dates before the participant's earliest retirement age. Actuarially reduced benefits may start as early as the first day of the month on or after the date of death.

Optional Forms of Benefit

- Single Life Annuity
- 50% Joint & Survivor Annuity
- 75% Joint & Survivor Annuity
- 100% Joint & Survivor Annuity
- 10-Year Certain & Life Annuity

Contributions

a. Employer: Actuarially determined.
b. Employee: None.

Plan Changes Since the Last Valuation

None.

Collins Pine Company Retirement Plan
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

Year Ended December 31, 2024

EIN: 93-0177750
Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Dreyfus	Government Cash Management	$ 396,525	$ 396,525
	Dodge & Cox	International Stock Fund	2,498,093	3,074,815
	Dodge & Cox	Stock Fund	3,041,327	4,569,941
	American	Europacific Growth Fund R6	2,906,200	3,115,583
	American	Growth Fund of America R6	2,809,030	4,591,549
	Vanguard	Total Stock Market Index Fund	1,399,246	2,843,602
	PIMCO	Long Duration Total Return Fund	25,661,480	18,329,059
	PIMCO	Inflation Response Multi Asset Fund	2,484,428	2,266,478
	Grosvenor	Opportunistic Credit Fund	45,977	45,977
	Grosvenor	Institutional Partners	3,695,887	3,695,887
	RREEF	America II Reit	2,153,843	2,494,300
			$ 47,092,036	$ 45,423,716

SCHEDULE OF AMORTIZATION BASES

(January 1, 2024)

Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
a. 01/01/2019	Shortfall Amortization	$ 990,377	10	$ 8,080,591
b. 01/01/2020	Shortfall Amortization	(243,216)	11	(2,135,600)
c. 01/01/2021	Shortfall Amortization	(75,908)	12	(711,514)
d. 01/01/2022	Shortfall Amortization	(401,579)	13	(3,991,113)
e. 01/01/2023	Shortfall Amortization	509,194	14	5,335,071
f. 01/01/2024	Shortfall Amortization	(95,757)	15	(1,052,501)
f. Total		$ 683,111		$ 5,524,934