

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>OFFICEMAX CONSOLIDATED PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>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) <u>OFFICEMAX INC., A WHOLLY OWNED SUBSIDIARY OF THE ODP CORPORATION</u></p> <p><u>6600 N. MILITARY TRAIL</u> <u>BOCA RATON, FL 33496</u></p>	<p>1c Effective date of plan <u>07/01/1957</u></p> <p>2b Employer Identification Number (EIN) <u>82-0100960</u></p> <p>2c Plan Sponsor's telephone number <u>561-438-4800</u></p> <p>2d Business code (see instructions) <u>453210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	MAX HOOD
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	11974
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	328
	6a(2)	297
	6b	7583
	6c	1290
	6d	9170
	6e	2456
	6f	11626
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

A Name of plan OFFICEMAX CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 OFFICEMAX INC., A WHOLLY OWNED SUBSIDIARY OF THE ODP CORPORATION	D Employer Identification Number (EIN) 82-0100960

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

EQUITABLE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	AC3005	27	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	34038
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 30207
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 4249
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 4249
d	Total of balance and additions (add lines 7b and 7c(6))	7d 34456
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 418
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 418	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 34038

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan <u>OFFICEMAX CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OFFICEMAX INC., A WHOLLY OWNED SUBSIDIARY OF THE ODP CORPORATION</u>	D Employer Identification Number (EIN) <u>82-0100960</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>606593502</u>
	b Actuarial value	2b	<u>649566310</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>10367</u>	<u>514429642</u>
	b For terminated vested participants	<u>1407</u>	<u>62516232</u>
	c For active participants	<u>328</u>	<u>14443210</u>
	d Total	<u>12102</u>	<u>591389084</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.04 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>2092257</u>
	c Target normal cost	6c	<u>2092257</u>

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

SIGN HERE		
	Signature of actuary	<u>10/13/2025</u> Date
	<u>SARAH J. MURRAY</u> Type or print name of actuary	<u>23-07329</u> Most recent enrollment number
	<u>MILLIMAN, INC.</u> Firm name	<u>208-342-3485</u> Telephone number (including area code)
	<u>950 W. BANNOCK STREET, SUITE 430 BOISE, ID 83702-9000</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	19645678
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	19645678
10	Interest on line 9 using prior year's actual return of <u>8.55</u> %	0	1679705
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.10</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	21325383

Part III Funding Percentages			
14	Funding target attainment percentage	14	106.16 %
15	Adjusted funding target attainment percentage	15	109.76 %
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	106.19 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 2092257
b Excess assets, if applicable, but not greater than line 31a				31b 2092257
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment				
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

A Name of plan <u>OFFICEMAX CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OFFICEMAX INC., A WHOLLY OWNED SUBSIDIARY OF THE ODP CORPORATION</u>	D Employer Identification Number (EIN) <u>82-0100960</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>OFFICEMAX MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>OFFICEMAX INCORPORATED</u>		
c EIN-PN <u>04-2779424-100</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>551729070</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan OFFICEMAX CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 OFFICEMAX INC., A WHOLLY OWNED SUBSIDIARY OF THE ODP CORPORATION	D Employer Identification Number (EIN) 82-0100960

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	606859114	551729070
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	30207	34038
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	606889321	551763108
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	240997	648387
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	240997	648387
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	606648324	551114721

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		10981132
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		11181
d Total income. Add all income amounts in column (b) and enter total	2d		10992313

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	63443146	
(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)		63443146
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)	440558	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	127411	
(5) Investment advisory and investment management fees	2i(5)	704556	
(6) Bank or trust company trustee/custodial fees	2i(6)	262964	
(7) Actuarial fees	2i(7)	325550	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1221731	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3082770
j Total expenses. Add all expense amounts in column (b) and enter total	2j		66525916

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-55533603
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550315.

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

A Name of plan <u>OFFICEMAX CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OFFICEMAX INC., A WHOLLY OWNED SUBSIDIARY OF THE ODP CORPORATION</u>	D Employer Identification Number (EIN) <u>82-0100960</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-2779424

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 8.8 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 88.1 %
 High-Yield Debt: 2.1 % Real Assets: _____% Cash or Cash Equivalents: 1.0 % 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 _____.

OFFICEMAX CONSOLIDATED PENSION PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
FOR THE YEAR ENDED DECEMBER 31, 2024

OFFICEMAX CONSOLIDATED PENSION PLAN

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Independent Auditor' Report

To the Employee Benefits Committee and Plan Administrator of
OfficeMax Consolidated Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the financial statements of OfficeMax Consolidated Pension 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 and accumulated plan benefits as of December 31, 2024, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements ("2024 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of OfficeMax Consolidated Pension Plan's 2024 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 audit 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 a certification from a qualified institution as of December 31, 2024 and for the year then ended, stating that the certified investment information, as described in Note 6 to the 2024 Financial Statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section:

- The amounts and disclosures in the accompanying 2024 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying 2024 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 on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of OfficeMax Consolidated Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the 2024 Financial Statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the 2024 Financial Statements.

In preparing the 2024 Financial Statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about OfficeMax Consolidated Pension Plan’s ability to continue as a going concern for at least one year following the date that the 2024 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 2024 Financial Statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors’ Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2024 Financial Statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 2024 Financial Statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the 2024 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 2024 Financial Statements.
- Obtain an understanding of internal control relevant to the audits 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 OfficeMax Consolidated Pension 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 2024 Financial Statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about OfficeMax Consolidated Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 Financial Statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter – 2024 Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the 2024 Financial Statements but is 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 2024 Financial Statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2024 Financial

Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 Financial Statements or to the 2024 Financial Statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule 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).

Other Matter – Auditor's Report on the 2023 Financial Statements

The 2023 financial statements of the Plan were audited by Marcum LLP. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 11, 2024 indicated that in their opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedule, other than the information in the 2023 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedule 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

Fort Lauderdale, FL
October 3, 2025

OFFICEMAX CONSOLIDATED PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at Fair Value		
Plan interest in OfficeMax Master Trust	\$ 551,729,070	\$ 606,859,114
Other investments	<u>34,038</u>	<u>30,207</u>
Total Investments, at Fair Value	<u>551,763,108</u>	<u>606,889,321</u>
Total Assets	551,763,108	606,889,321
Liabilities		
Accrued administrative expenses	<u>648,387</u>	<u>240,997</u>
Net Assets Available for Benefits	<u>\$ 551,114,721</u>	<u>\$ 606,648,324</u>

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

OFFICEMAX CONSOLIDATED PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2024

Additions to Net Assets

Investment Income from Plan Interest in

OfficeMax Master Trust

Net appreciation in fair value of investments	\$ 10,913,272
Other income	<u>67,060</u>

Net Investment Income from Plan Interest in

OfficeMax Master Trust

\$ 10,980,332

Total Additions

10,980,332

Deductions from Net Assets

Benefits paid to participants	63,443,146
Administrative expenses	<u>3,070,789</u>

Total Deductions

66,513,935

Net Decrease

(55,533,603)

Net Assets Available for Benefits - Beginning

606,648,324

Net Assets Available for Benefits - Ending

\$ 551,114,721

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

OFFICEMAX CONSOLIDATED PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Participants currently receiving payments	\$ 474,969,598	\$ 512,073,047
Terminated vested participants	58,492,006	63,742,473
Active participants	<u>13,056,142</u>	<u>14,892,556</u>
Total Vested Benefits	546,517,746	590,708,076
Nonvested Benefits	<u>305,852</u>	<u>399,374</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 546,823,598</u>	<u>\$ 591,107,450</u>

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

OFFICEMAX CONSOLIDATED PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

Actuarial Present Value of Accumulated Plan

Benefits - Beginning \$ 591,107,450

Increase (Decrease) During the Year Attributable To:

Interest	\$ 27,932,595
Benefits paid	(63,444,327)
Changes in actuarial assumptions	(11,815,726)
Actuarial variance	<u>3,043,606</u>

Net Decrease (44,283,852)

Actuarial Present Value of Accumulated Plan

Benefits - Ending \$ 546,823,598

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

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the OfficeMax Consolidated Pension Plan (the “Consolidated Plan” or the “Plan”), formerly known as the OfficeMax Pension Plan for Hourly Employees at International Falls, Minnesota (the “International Falls Plan”), is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

GENERAL

The Plan is a defined benefit pension plan sponsored and administered by OfficeMax Incorporated (the “Company”, “Plan Administrator”, “Plan Sponsor” or “OfficeMax”), with the assistance of a third-party record keeper, established in accordance with collective bargaining agreements between the Company and several labor unions. On October 29, 2004, the Company sold its paper, forest products, and timberland assets to affiliates of Boise Cascade, L.L.C., a new company formed by Madison Dearborn Partners LLC (the “Sale”). Effective July 31, 2004, in anticipation of the Sale, the Company spun off the portion of the Plan attributable to active employees in the forest products businesses. Effective October 29, 2004, under the terms of the purchase agreement, the Company transferred sponsorship of the spun-off plan to Boise Cascade, L.L.C., and only those terminated vested employees and retirees whose employment with the Company ended on or before July 31, 2004 were covered under the Plan remaining with the Company.

Effective on and after August 1, 2004, no employee will accrue additional benefits under the Plan. All contributions to the Plan are made by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

On December 31, 2011 (the “Plan Merger Date”), the OfficeMax WCIW Pension Plan A, the OfficeMax Pension Plan B, the OfficeMax Pension Plan C and the OfficeMax Pension Plan P (in all, the “Merged Plans”) were merged (the “Plan Merger”) into the International Falls Plan. On the Plan Merger Date, all plan assets and accumulated plan benefits were transferred from the Merged Plans to the International Falls Plan, which was subsequently renamed the Consolidated Plan. The Merged Plans and the International Falls Plan continue in the form of the Consolidated Plan. All participants in the Merged Plans and the International Falls Plan became participants in the Consolidated Plan as of the Plan Merger Date and are grouped into component plans (the “Component Plans”) of the Consolidated Plan based on their respective former plan. Plan participants retain the same benefits they had under their former plan, which differed slightly from plan to plan.

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

GENERAL (CONTINUED)

During November 2013, OfficeMax completed a merger transaction (the “Merger”) with Office Depot, LLC (“Office Depot”) and certain of its subsidiaries, whereby OfficeMax became an indirect wholly-owned subsidiary of Office Depot.

Effective December 31, 2019, the OfficeMax Pension Plan for Salaried Employees merged into the Plan. On the same date, all plan assets and accumulated plan benefits of the OfficeMax Pension Plan for Salaried Employees were transferred into the Plan.

The Company’s Employee Benefits Committee (“EBC”) and Plan Administrator are responsible for the oversight of the Plan and collectively determine the appropriateness of the Plan’s investment offerings and monitor investment performance.

Effective December 29, 2022, the Setting Every Community Up for Retirement Enhancement (“SECURE”) 2.0 Act of 2022 was signed into law. The Act is inclusive of approximately 90 provisions which offer many new benefits to employers and Plan participants. Depending on the specific provision, some will take effect immediately, while other begin in a future year. Subsequently, the Plan adopted certain provisions of the SECURE 2.0 Act and is in the process of formally amending the Plan.

FUNDING POLICY AND TERMINATION OF THE PLAN

The Company has regularly funded the Plan to provide for payment of benefits that have been earned by participants. In accordance with normal pension funding practice, the Company may not immediately fund all the amounts required to cover the total present value of accumulated plan benefits. The Company’s general funding policy is to make contributions to the Plan in amounts that are within the limits of deductibility under current tax regulations, and not less than the actuarially determined minimum contribution required by law. The amounts actually funded vary from year to year. As of January 1, 2024, the Plan had a prefunded balance of approximately \$21,325,300. For the year ended December 31, 2024, the Company had no minimum required contribution.

Although it has not expressed any intention to do so, the Company 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.

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

PENSION BENEFITS

Participants with five or more years of service under the Plan are entitled to monthly pension benefits beginning at normal retirement age (65) or unreduced early retirement age (62) with five, ten or twenty years of service under the Plan (depending upon the Component Plan). Benefits are calculated according to the applicable Component Plan formula, which uses the participant's years of service under the Plan and benefit formula in effect at the time the participant leaves the Company. In general, the Plan permits early retirement, with a reduced benefit, after age 55 if the participant has at least five or ten years of service under the Plan (depending on the Component Plan). Participants may elect to receive their pension benefits in one of the following forms depending on the Component Plan: (i) monthly payments for the life of the participant; (ii) monthly payments for the life of the participant with a minimum of 60 or 120 months of payments; (iii) monthly payments that are larger prior to the Social Security retirement age and smaller after the aforementioned age with a minimum of 60 months of payments; (iv) or a monthly payment to a participant with subsequent payments, upon the death of the participant, to the participant's surviving spouse in an amount equal to 50%, 75% or 100% of the monthly benefit payable to the participant (the Joint and Survivor Annuity Option).

The OfficeMax Consolidated Pension Plan Document, including all amendments (collectively, the "Plan Document"), contains all provisions of the Plan and is used to determine how the Plan operates, what benefits are paid and who is eligible to receive them. If there is any conflict between the above description and the Plan Document, the Plan Document will govern.

DEATH AND DISABILITY BENEFITS

If a participant dies while an active employee of the Company and has met certain requirements that vary by Component Plan, the participant's spouse is eligible to receive a survivor's benefit in the form of a monthly payment equal to 50% or 100% (dependent upon the Component Plan) of the monthly benefit payable to the participant. A death benefit is also provided to the surviving spouses of terminated vested employees (former employees) who have not waived their right to a pre-retirement survivor annuity.

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

DEATH AND DISABILITY BENEFITS (CONTINUED)

A participant who becomes totally disabled while an active employee of the Company is eligible to receive monthly disability benefits if the participant has at least five, ten or fifteen years of service under the Plan (depending upon the Component Plan).

The amount of the benefit is based on the participant's years of service under the Plan and the Component Plan's benefit formula in effect when the disability payments begin. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age (or an earlier date when service stopped accruing under the Plan) with their average monthly earnings remaining the same as at the time they became disabled.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

BASIS OF ACCOUNTING

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

USE OF ESTIMATES

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein. 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. EBC and the Plan Administrator determine the Plan's valuation policies utilizing information provided by the Plan's investment advisors and trustee. See Note 5 for discussion of fair value measurements.

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INVESTMENT VALUATION AND INCOME RECOGNITION (CONTINUED)

Purchases and sales of securities are recorded on a trade-date basis. Interest income, if any, is recorded on the accrual basis. Dividends, if any, are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year. All gains and losses are reported in the accompanying Statement of Changes in Net Assets Available for Benefits.

MASTER TRUST

The Plan holds investments in various fund options through the interest in the OfficeMax Master Trust (the "Master Trust"). Investment securities, in general, are exposed to various risks, such as interest rate, credit risk, and overall market volatility risk. Market volatility risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. The investment funds that comprise the Master Trust may at times use derivative financial instruments for the purpose of hedging and managing investment fund duration. While the investment funds are authorized to use certain types of derivative financial instruments, at no time are these used for speculative purposes. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term.

The EBC, through its investment advisors, monitors the Plan's investments and the risks associated therewith on a regular basis, which the EBC believes minimizes these risks. Investment income (loss) relating to the Master Trust is allocated to the individual plans participating in the Master Trust based upon balances invested by each plan. Net appreciation in fair value of investments represents (i) the difference between fair value at the beginning and end of the year and (ii) the difference between the proceeds received from the sale of investments and the fair value at the beginning of the year of such investments.

The Plan's assets in the Master Trust are managed by investment fund managers previously selected by the EBC. Investment parameters have been established by the EBC, which must be followed by the fund managers. The investment advisors are monitored and evaluated regularly by the EBC.

See Note 5 for additional information related to the Master Trust.

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

PAYMENT OF BENEFITS

Benefits are recorded when paid.

ADMINISTRATIVE EXPENSES

The Plan provides that all expenses of administration of the Plan be paid out of the assets of the Plan, except for expenses paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Substantially all expenses of administration of the Plan, including investment management fees and expenses incidental to the purchase and sale of securities, are paid by the Plan and are comprised of investment management fees, Pension Benefit Guaranty Corporation (“PBGC”) premiums, record-keeping fees, and other administrative expenses.

SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 3, 2025, the date the financial statements were available to be issued.

NOTE 3 - 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 retired or terminated participants or their beneficiaries, and beneficiaries of participants who have died. Benefits under the Plan are based on a participant’s Years of Credited Service and the benefit formula in effect at the time the participant leaves the Company. The accumulated plan benefits for active participants are based on their Years of Credited Service and the benefit formula in effect on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to participant service rendered to the valuation date.

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

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

The actuarial present value of accumulated plan benefits was determined by Milliman, Inc., an independent actuary, by 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 assumptions used in the valuations as of January 1, 2024 and 2023 are as follows:

- Life expectancy of participants (Pri-2012 amount weighted mortality tables, generationally projected with the IRS 2024 Adjusted MP-2021 Rates was used for 2024 and 2023).
- Retirement age assumptions (The assumed average retirement age was 60 for 2024 and 2023).
- Investment return (The 2024 and 2023 valuations included an assumed average rate of return of 5.29% and 4.99% respectively, which is net of investment expenses paid by the Plan).

Differences between the Plan's experience and actuarial assumptions are reported as an "actuarial variance" in the accompanying Statement of Changes in Accumulated Plan Benefits.

The change in actuarial present value of accumulated plan benefits attributable to actuarial assumptions is primarily due to the following:

- The change in discount rate from 5.37% in 2023 to 5.14% in 2024.

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.

NOTE 4 - PLAN TERMINATION/CONSIDERATION

In the event the Plan terminates, the accrued benefit of each active or inactive participant, as defined by the Plan Document, will become fully vested and nonforfeitable. Whether all participants receive their benefits should the Plan terminate will depend on the sufficiency, at that time, of the Plan's assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC (a U.S. governmental agency).

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 4 - PLAN TERMINATION/CONSIDERATION (CONTINUED)

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:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under the plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).
- c. All other vested benefits, that is, vested benefits not insured by the PBGC.
- d. All other benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, most early retirement benefits, and certain disability and survivor pensions, up to a maximum monthly benefit of \$7,431 for plans terminating in 2024. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

NOTE 5 - FAIR VALUE MEASUREMENTS AND INTEREST IN MASTER TRUST

The Plan participates in the Master Trust in proportion to its investment. The Plan's interest in the Master Trust is held by State Street Bank and Trust Company, the trustee of the Plan and Master Trust (collectively, the "Trustee"). The fiscal year for the Master Trust ends on December 31.

At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was 100%. The Plan's interest in the Master Trust in the accompanying Statements of Net Assets Available for Benefits, includes accruals that were not recorded in the Master Trust. The investments presented in the subsequent tables are stated at fair value.

All investment information included in the Master Trust and disclosed in the accompanying financial statements, including investments held in the Master Trust at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest (if any), dividends (if any), contributions (if any), other income and deductions (distributions and administrative expenses) for the year ended December 31, 2024, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee (see Note 6).

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 5 - FAIR VALUE MEASUREMENTS AND INTEREST IN MASTER TRUST (CONTINUED)

The net assets available for benefits of the Master Trust and the Plan's interest in the Master Trust at December 31, 2024 are as follows:

	Master Trust Balances	Plan's Interest in Master Trust
Money market funds	\$ 5,450,443	\$ 5,450,443
Common/collective trust funds	546,255,368	546,255,368
Accounts receivable, accrued interest, and dividends receivables	23,259	23,259
Accrued administrative expenses	<u>(648,387)</u>	<u>(648,387)</u>
Net Assets Available for Benefits	<u>\$ 551,080,683</u>	<u>\$ 551,080,683</u>

The net assets available for benefits of the Master Trust and the Plan's interest in the Master Trust at December 31, 2023 are as follows:

	Master Trust Balances	Plan's Interest in Master Trust
Money market funds	\$ 5,410,080	\$ 5,410,080
Common/collective trust funds	601,423,379	601,423,379
Accounts receivable, accrued interest, and dividends receivables	25,655	25,655
Accrued administrative expenses	<u>(240,997)</u>	<u>(240,997)</u>
Net Assets Available for Benefits	<u>\$ 606,618,117</u>	<u>\$ 606,618,117</u>

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 5 - FAIR VALUE MEASUREMENTS AND INTEREST IN MASTER TRUST (CONTINUED)

Changes in the net assets available for benefits of the Master Trust for the year ended December 31, 2024 are as follows:

Additions to Net Assets

Net Appreciation in Fair Value of Investments

Common/collective trust funds	\$ 10,909,441
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Total Net Appreciation in Fair Value of Investments	<u>10,909,441</u>
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Other Income	<u>67,060</u>
---------------------	---------------

Total Additions to Net Assets	<u>10,976,501</u>
--------------------------------------	-------------------

Deductions to Net Assets

Distributions from participating plan	(63,443,146)
---------------------------------------	--------------

Administrative expenses	<u>(3,070,789)</u>
-------------------------	--------------------

Total Deductions to Net Assets	<u>(66,513,935)</u>
---------------------------------------	---------------------

Net Decrease	(55,537,434)
---------------------	--------------

Balance - Beginning	<u>606,618,117</u>
----------------------------	--------------------

Balance - Ending	<u><u>\$ 551,080,683</u></u>
-------------------------	------------------------------

The fair value of the Plan's interest in the Master Trust is based on the beginning-of-year value of the Plan's interest in the Master Trust, plus actual contributions (if any) and allocated investment income (loss), less actual distributions as well as actual and allocated administrative expenses.

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).

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 5 - FAIR VALUE MEASUREMENTS AND INTEREST IN MASTER TRUST (CONTINUED)

The three levels of the fair value hierarchy under Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 820, *Fair Value Measurements and Disclosures*, 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 has the ability to access at the measurement date.

Level 2

Inputs to the valuation methodology include:

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

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

Level 3

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

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

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

Money Market Funds

These funds are valued at the net asset value (“NAV”) of shares held by the Master Trust. These funds can be redeemed daily with no redemption restrictions. These consist primarily of a Short Term Investment Fund (“STIF”). The STIF invests in high quality money market instruments. The fair values of STIF investments are based on the most recent instrument's transaction (Level 2 inputs).

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 5 - FAIR VALUE MEASUREMENTS AND INTEREST IN MASTER TRUST (CONTINUED)

Common/Collective Trust Funds

The common collective trust funds held at December 31, 2024 and 2023, are valued at the NAV of the units owned and the NAV is used as a practical expedient to estimate fair value. This NAV represents the Plan's fair value since this is the amount at which the Plan transacts with the fund.

The following tables present the Master Trust's investments and obligations by level within the fair value hierarchy at December 31, 2024 and 2023:

	Assets (Liabilities) at Fair Value as of December 31, 2024			
	(Level 1)	(Level 2)	(Level 3)	Total
Money market funds	\$ --	\$ 5,450,443	\$ --	\$ 5,450,443
Trust Investments at Fair Value	\$ --	\$ 5,450,443	\$ --	5,450,443
Investments measured at NAV*				546,255,368
Accounts receivable, accrued interest, and dividends receivable				23,259
Accrued administrative expenses				(648,387)
Net investments in Master Trust				\$ 551,080,683

	Assets (Liabilities) at Fair Value as of December 31, 2023			
	(Level 1)	(Level 2)	(Level 3)	Total
Money market funds	\$ --	\$ 5,410,080	\$ --	\$ 5,410,080
Trust Investments at Fair Value	\$ --	\$ 5,410,080	\$ --	5,410,080
Investments measured at NAV*				601,423,379
Accounts receivable, accrued interest, and dividends receivable				25,655
Accrued administrative expenses				(240,997)
Net investments in Master Trust				\$ 606,618,117

* In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent), used as a practical expedient to estimate fair value, have not been classified in the fair value hierarchy. Certain Common/Collective Trust funds in the Master Trust as of December 31, 2024 and 2023 meets this criteria. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the accompanying Statements of Net Assets Available for Benefits.

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 5 - FAIR VALUE MEASUREMENTS AND INTEREST IN MASTER TRUST (CONTINUED)

FAIR VALUE OF INVESTMENTS THAT CALCULATE NAV (PRACTICAL EXPEDIENT)

The following table summarizes the investments in the common/collective trust funds for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2024	Fair Value	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Mercer Buy Out Ready Fund 170 ^(a)	\$ 268,145,563	N/A	Daily	15 days
Mercer OfficeMax Consolidated 651 ^(b)	<u>278,109,805</u>	N/A	Daily	15 days
Total Assets at Fair Value	<u>\$ 546,255,368</u>			

December 31, 2023	Fair Value	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Mercer Buy Out Ready Fund 170 ^(a)	\$ 305,992,929	N/A	Daily	15 days
Mercer OfficeMax Consolidated 651 ^(b)	<u>295,430,450</u>	N/A	Daily	15 days
Total Assets at Fair Value	<u>\$ 601,423,379</u>			

- (a) The fund's primary objective is to maintain an insurer-ready portfolio of securities, with a secondary objective of outperforming the Fund's Custom index. The Fund's Custom index is based on the Barclays Capital U.S. Long Credit Index but eliminates or limits the exposure in certain sectors of that Index.
- (b) These funds seek to achieve their investment objectives by investing in a mix of equity and fixed income portfolios, which may be comprised of both active, as well as passive management strategies.

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 6 - INFORMATION CERTIFIED BY TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments at December 31, 2024 and 2023, and net appreciation in fair value of investments and other income for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by State Street Bank and Trust Company (the trustee of the Plan and Master Trust). This information has not been audited by the Plan's independent auditors.

NOTE 7 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated February 28, 2017, that the Plan and related trust, as then designed, were in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan has investments 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 the amounts reported in the accompanying Statements of Net Assets Available for Benefits. The Company's EBC and the Plan Administrator, through its investment advisors, monitors the Plan's investments and the risks associated therewith on a regular basis, which the Plan Administrator believes minimizes these risks.

OFFICEMAX CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2024

NOTE 8 - RISKS AND UNCERTAINTIES (CONTINUED)

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

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

As disclosed in Note 5, the Plan participates in the Master Trust. Certain Master Trust investments are shares of common/collective trusts managed by Mercer Investment Management, Inc. (“Mercer”). Mercer is an investment advisor for the Plan and, therefore, these transactions qualify as party in interest transactions. For the year ended December 31, 2024, fees charged to the Plan by Mercer for administrative services amounted to approximately \$705,000. These transactions qualify as party in interest transactions, which are exempt from prohibited transaction rules.

OFFICEMAX CONSOLIDATED PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

EIN: 82-0100960
PLAN 005

Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Cost	Current Value
(a)	(b)	(c)	(d)	(e)
*	Plan Interest in OfficeMax Master Trust	Various	\$ 506,689,438	\$ 551,729,070
	Other investments - miscellaneous		<u>34,038</u>	<u>34,038</u>
	Total Investments		<u>\$ 506,723,476</u>	<u>\$ 551,763,108</u>

* Represents a Party-in-Interest as defined by ERISA.

See independent auditors' report.

**The ODP Corporation
 OfficeMax Consolidated Pension Plan**

Summary of Active Participants by Age and Service

Age	Years of Vesting Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	-	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	6	2	-	-	-	-	8
45-49	-	-	-	-	6	23	22	-	-	-	-	51
50-54	-	-	-	-	3	31	31	7	1	-	-	73
55-59	-	-	-	-	10	25	22	16	9	-	-	82
60-64	-	-	-	-	10	18	18	9	15	8	-	78
65-69	-	-	-	-	4	2	11	5	7	3	-	32
70+	-	-	-	-	1	1	2	-	-	-	-	4
Total	-	-	-	-	34	106	108	37	32	11	-	328

Actuarial Methods and Assumptions

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. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements 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. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Adjusted Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 4.99% per year effective January 1, 2024, previously 5.17% per year) or the applicable statutory interest rate for the year.

The Actuarial Value of Assets for IRC Section 404 purposes, used in determining the Maximum Deductible Contribution, reflects the Plan Sponsor's election to use segment rate stabilization as permitted under IRS Notice 2012-61.

PBGC Variable-Rate Premium Method

The standard method is used for the PBGC variable-rate premium calculation (adopted January 1, 2017).

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.

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	4.37%	5.01%
Segment 2 (5–20 years)	4.96%	4.96%	5.13%
Segment 3 (20+ years)	5.59%	4.95%	5.15%
Effective Interest Rate	5.04%	4.88%	5.12%

ERISA minimum funding: 24-month average segment rates, using a zero-month lookback period (adopted January 1, 2008), adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution: 24-month average segment rates, using a zero-month lookback period, but not adjusted to reflect segment rate stabilization.

PBGC premium: Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method (adopted January 1, 2017) is used for the PBGC variable rate premium calculation.

Asset Returns

ERISA minimum funding and Maximum Deductible Contribution: 4.99% per year (adopted January 1, 2024). It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Compensation Increases

N/A

Inflation (CPI)

N/A

Maximum Benefit and Annual Compensation Limitation Increases

ERISA minimum funding and Maximum Deductible Contribution: 0% per year as required by statute.

Postretirement Benefit Increases

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

Social Security Taxable Wage Base Increases

N/A

Administration Expenses

Expected administrative expenses and PBGC premiums payable from the trust are explicitly loaded to the normal cost. For the current valuation, the loading for non-PBGC administrative expenses (assumed to be payable mid-year) is \$951,900.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on Milliman's 2014-2018 Experience Study dated January 3, 2020.

Mortality

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium:

- Healthy Lives: Annuitants: IRS 2024 Generational Mortality tables.
 Non-annuitants: IRS 2024 Generational Mortality tables.
- Disabled Lives: *Disabilities before January 1, 1995:* IRS Pre-1995 Disabled Mortality Table (Revenue Ruling 96-7 Mortality).
 Disabilities after January 1, 1995: IRS Post-1994 Disabled Mortality Table for hourly participants. Same as used for Healthy Lives (see above) for salaried participants.

Retirement Rates for Vested Terminated Participants

Annual rates are shown below for terminated vested participants who are eligible to retire (adopted January 1, 2020). Deferred beneficiaries are assumed to retire at the member's earliest unreduced age.

OfficeMax Pension Plan for Salaried Participants

Age	Rate
55	.16
56	.06
57	.07
58	.06
59	.06
60	.12
61	.17
62	.22
63	.21
64	.28
65	1.00

OfficeMax Consolidated Pension Plan A

Age	Pre 6/1/88 Terminated Vested Rate	Primary Rate
55	.11	.14
56	.05	.04
57	.05	.04
58	.05	.04
59	.06	.06
60	.10	.12
61	.16	.16
62	.34	1.00
63	.21	1.00
64	.24	1.00
65	1.00	1.00

OfficeMax Consolidated Pension Plan B

Age	Pre 6/1/88 Terminated Vested Rate	Primary Rate
55	.11	.14
56	.05	.04
57	.05	.04
58	.05	.04
59	.06	.06
60	.10	.12
61	.16	.16
62	.34	1.00
63	.21	1.00
64	.24	1.00
65	1.00	1.00

OfficeMax Consolidated Pension Plan C

Age	Rate
55	.11
56	.05
57	.05
58	.05
59	.06
60	.10
61	.16
62	.34
63	.21
64	.24
65	1.00

OfficeMax Consolidated Pension Plan P

Age	Rate
55	.14
56	.04
57	.04
58	.04
59	.06
60	.12
61	.16
62	1.00
63	1.00
64	1.00
65	1.00

OfficeMax Consolidated Pension Plan for Hourly Employees at International Falls, MN

Age	Rate
55	.11
56	.05
57	.05
58	.05
59	.06
60	.10
61	.16
62	.34
63	.21
64	.24
65	1.00

Retirement, Disability, and Withdrawal Rates for Active Participants

Retirement and withdrawal rates were adopted January 1, 2020.

Disability rates were adopted January 1, 1978. Due to the minimal impact on liabilities, this assumption has not been studied in recent experience studies.

Annual Rates per 1,000 Employees

Age	Disability	Withdrawal/Retirement	Age	Disability	Withdrawal/Retirement
30	1.3	186.3	50	3.6	87.5
31	1.3	177.8	51	3.9	85.9
32	1.3	169.3	52	4.3	84.0
33	1.4	159.2	53	4.8	84.0
34	1.4	149.2	54	5.3	83.7
35	1.4	138.9	55	6.0	76.7
36	1.5	129.4	56	6.9	99.9
37	1.5	120.1	57	8.0	80.3
38	1.6	113.8	58	9.2	99.3
39	1.7	107.6	59	10.8	108.5
40	1.7	100.8	60	12.6	188.6
41	1.8	94.8	61	14.6	152.8
42	1.9	88.9	62	17.0	33.91
43	2.0	84.5	63	19.6	263.9
44	2.2	80.2	64	22.4	243.4
45	2.4	82.1	65	N/A	1000
46	2.6	77.2			
47	2.9	73.7			
48	3.1	71.4			
49	3.3	70.3			

Pre-Retirement Death Benefits

At termination, a participant may elect to waive Qualified Preretirement Survivor Annuity (QPSA) coverage. If such a waiver is not made, the participant's pension benefit shall be reduced to take into consideration the cost of providing the QPSA. This valuation assumes that 100% of participants will waive QPSA coverage; therefore, no REA death benefits are valued for vested terminated participants.

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Five-year certain and life annuity for Plan A and Plan B deferred participants; life annuity for all other deferred and active participants.

Marital Characteristics

For participants not in pay status: 80% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be three years older than females.

For participants in pay status: Actual birth dates of beneficiaries are included in the census data, where relevant.

Benefits Not Valued

None.

Special Data Adjustments

None.

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

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

A Name of plan OFFICEMAX CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OFFICEMAX INC., A WHOLLY OWNED SUBSIDIARY OF THE ODP CORPORATION	D Employer Identification Number (EIN) 82-0100960	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	606,593,502
	b Actuarial value	2b	649,566,310
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	10,367	514,429,642
	b For terminated vested participants	1,407	62,516,232
	c For active participants	328	14,443,210
	d Total	12,102	591,389,084
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	5.04%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	2,092,257
	c Target normal cost	6c	2,092,257

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

SIGN HERE	Signature of actuary	<u>10/13/2025</u> Date
	<u>SARAH J. MURRAY</u> Type or print name of actuary	<u>2307329</u> Most recent enrollment number
	<u>MILLIMAN, INC.</u> Firm name	<u>208-342-3485</u> Telephone number (including area code)
	<u>950 W. BANNOCK STREET, SUITE 430</u> <u>BOISE ID 83702-9000</u> Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 2,092,257
b Excess assets, if applicable, but not greater than line 31a				31b 2,092,257
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment				
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

**The ODP Corporation
 OfficeMax Consolidated Pension Plan**

Weighted Average Retirement Age

The weighted average retirement age for Participants is 60. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown below.

(a) Possible Retirement Age "r"	(b) Assumed Rate of Retirement at Age "r"	(c) Probability of Person Age 55 Still Working at "r"	(d) (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e) (a) x (d) = Component of Weighted Average Retirement Age
55	0.0767	1.0000	0.0767	4.2185
56	0.0999	0.9233	0.0922	5.1632
57	0.0803	0.8311	0.0667	3.8019
58	0.0993	0.7644	0.0759	4.4022
59	0.1085	0.6885	0.0747	4.4073
60	0.1886	0.6138	0.1158	6.9480
61	0.1528	0.4980	0.0761	4.6421
62	0.3391	0.4219	0.1431	8.8722
63	0.2639	0.2788	0.0736	4.6368
64	0.2434	0.2052	0.0499	3.1936
65	1.0000	0.1553	0.1553	10.0945
Weighted Average Retirement Age:				60.3803
Rounded to Nearest Age:				60

The ODP Corporation
OfficeMax Consolidated Pension Plan
Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$403,541	\$1,821,240	\$63,085,992	\$65,310,773
2025	565,009	2,449,499	59,793,843	62,808,351
2026	717,498	3,044,668	56,373,746	60,135,912
2027	822,106	3,542,906	53,065,393	57,430,405
2028	916,691	3,915,332	49,755,687	54,587,710
2029	975,749	4,223,261	46,423,227	51,622,237
2030	1,027,420	4,430,448	43,156,504	48,614,372
2031	1,072,343	4,552,461	39,958,621	45,583,425
2032	1,106,731	4,694,615	36,860,621	42,661,967
2033	1,132,739	4,834,911	33,866,223	39,833,873
2034	1,139,569	4,905,109	30,978,951	37,023,629
2035	1,145,160	4,926,359	28,212,605	34,284,124
2036	1,147,509	4,947,856	25,575,820	31,671,185
2037	1,143,355	4,886,630	23,078,192	29,108,177
2038	1,133,799	4,822,547	20,726,579	26,682,925
2039	1,120,715	4,744,404	18,525,233	24,390,352
2040	1,102,728	4,628,898	16,476,119	22,207,745
2041	1,078,828	4,496,993	14,578,204	20,154,025
2042	1,050,637	4,351,183	12,828,738	18,230,558
2043	1,017,211	4,190,828	11,229,486	16,437,525
2044	981,016	4,018,482	9,773,146	14,772,644
2045	940,895	3,836,014	8,454,469	13,231,378
2046	898,752	3,646,471	7,267,493	11,812,716
2047	854,437	3,450,453	6,205,710	10,510,600
2048	808,656	3,249,134	5,262,257	9,320,047
2049	761,114	3,043,742	4,429,971	8,234,827
2050	712,217	2,835,018	3,701,436	7,248,671
2051	662,601	2,624,602	3,068,957	6,356,160
2052	612,724	2,414,084	2,524,618	5,551,426
2053	563,086	2,205,240	2,060,379	4,828,705
2054	514,182	1,999,968	1,668,161	4,182,311
2055	466,480	1,800,182	1,339,996	3,606,658
2056	420,398	1,607,698	1,068,116	3,096,212
2057	376,309	1,424,139	845,091	2,645,539
2058	334,536	1,250,914	663,952	2,249,402
2059	295,336	1,089,171	518,274	1,902,781
2060	258,889	939,759	402,242	1,600,890
2061	225,298	803,239	310,679	1,339,216
2062	194,608	679,875	239,055	1,113,538
2063	166,801	569,667	183,475	919,943
2064	141,811	472,356	140,656	754,823
2065	119,534	387,467	107,870	614,871
2066	99,839	314,309	82,886	497,034
2067	82,578	252,038	63,911	398,527
2068	67,595	199,705	49,523	316,823
2069	54,727	156,289	38,607	249,623
2070	43,799	120,750	30,301	194,850
2071	34,629	92,059	23,949	150,637
2072	27,034	69,225	19,055	115,314
2073	20,828	51,316	15,251	87,395

Summary of Principal Plan Provisions

OfficeMax Pension Plan for Salaried Employees

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Name of Plan: OfficeMax Pension Plan for Salaried Employees (formerly Boise Cascade Corporation Pension Plan for Salaried Employees).

Plan Effective Date: January 1, 1964.

Plan Status: Benefits under this plan are frozen.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Benefits Not Included in Valuation: There are no benefits in this plan which are not reflected in the January 1, 2024 valuation.

Effective Date of Last Amendment: In 2019, the plan was amended to create a temporary window allowing vested terminated participants to receive an immediate lump sum in lieu of their retirement benefits.

Eligibility for Participation

The Plan was closed to new entrants at November 1, 2003.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit: The Actuarial Equivalent of a straight life annuity (monthly income for life) equal to 1.25% (pre-2004) and 1% (post 2003) of the participant's average monthly compensation multiplied by his or her years of service. Average monthly compensation is the monthly average of the participant's highest five consecutive calendar year average compensation. Minimum benefit is \$13 times years of service or 3.75% of the participant's average monthly compensation (up to a maximum accrued benefit of \$200). No additional plan benefits accrued after December 31, 2004.

Compensation: Includes salary, commission, bonus, and other payments for professional service.

Early Retirement

Early Retirement Date: The first day of the month coincident with or next following the attainment of age 55 and completion of 10 or more years of Future Service Credit.

Early Retirement Benefit: If active at retirement, unreduced benefit after completion of 15 or more years of vesting service and attaining age 62. If not eligible for unreduced benefit, a benefit in an amount equal to the normal retirement benefit earned to early retirement reduced according to the following table:

Age at Retirement	Factor Percent
65	100%
64	97
63	94
62	91
61	88
60	85
59	80
58	75
57	70
56	65
55	60

Optional Forms of Benefit

Optional forms of benefit available under the plan are: Monthly Income for Life (MIFL); MIFL with five or ten years guaranteed; 50%, 75%, or 100% Joint and Survivor Benefit; Level Income Option; and Deferred Cash Refund. The normal form of benefit is converted to one of these optional forms using interest of 8.5% per annum, compounded annually, and a mortality table with 80% male/20% female weighting of sex distinct 1971 Group Annuity Mortality rates.

Survivor's Benefit

For active Participants with five or more years of employment or terminated Participants eligible for early retirement at time of death:

Benefit spouse would have received had the participant retired early on the date of his death with a 50% Joint and Survivor Annuity.

For vested terminated Participants not eligible for early retirement at time of death:

Benefit spouse would have received had the participant survived until the earliest retirement age, retired with a 50% Joint and Survivor Annuity, and died the next day. The retirement benefit for these Participants is actuarially reduced for the election of this coverage.

Disability

Disability Retirement Date: Total and permanent disability and completion of ten or more years of vesting service. Partial disability retirement after age 55 and completion of ten years of vesting service.

Disability Retirement Benefit: Unreduced normal benefit earned at date of disability. At age 65, benefit is recalculated to include credited service for years while disabled, up to July 17, 2006.

Vested Termination

Vested Termination Date: The date of termination of service other than for reasons of retirement or death, following completion of five years of vesting service.

Changes in Principal Plan Provisions Since Prior Valuation

None.

OFFICEMAX WCIW PENSION PLAN A

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Name of Plan: OfficeMax Pension Plan A (formerly Boise Cascade Corporation WCIW Pension Plan A).

Plan Effective Date: January 1, 1962.

Plan Status: Benefits under this plan are frozen.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Benefits Not Included in Valuation: There are no benefits in this plan which are not reflected in the January 1, 2024 valuation.

Effective Date of Last Amendment: In 2019, the plan was amended to create a temporary window allowing vested terminated participants to receive an immediate lump sum in lieu of their retirement benefits.

Eligibility for Participation

Effective July 31, 2004, the active participants from OfficeMax WCIW Pension Plan A were spun-off to the Boise Cascade L.L.C. WCIW Pension Plan A. No new entrants were allowed in the Plan after that date. The only Participants in the Plan are those who terminated employment prior to August 1, 2004.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following attainment of age 65.

Normal Retirement Benefit: The Actuarial Equivalent of a five-year certain and life annuity equal to the benefit rate at termination multiplied by years of service.

Early Retirement

Early Retirement Date: Fulfillment of the requirements set forth in Appendix A of the Plan, generally the attainment of age 55 and completion of five or more years of Future Service Credit

Age at Retirement	Primary Factor Percent	Pre 6/1/88 Terminated Vested
65	100%	100.00%
64	100	93.33
63	100	86.67
62	100	80.00
61	95	73.33
60	90	66.67
59	85	61.62
58	80	56.56
57	75	52.70
56	70	49.21
55	65	46.05

Early Retirement Benefit: A benefit commencing at early retirement in an amount equal to the normal retirement benefit earned to retirement date reduced according to the above table.

Optional Forms of Benefit

Optional forms of benefit available under the plan are: Monthly Income for Life with five years guaranteed; 50%, 75%, or 100% Joint and Survivor Benefit with a 5 year “pop-up” provision; and Level Income Option with five years guaranteed. The normal form of benefit is converted to one of these optional forms using interest of 8.5% per annum, compounded annually, and a mortality table with 80% male/20% female weighting of sex distinct 1971 Group Annuity Mortality rates.

Survivor’s Benefit

For active employees at date of death or terminated participants eligible for early retirement at date of termination:

Benefit spouse would have received had the participant retired early on the date of his death with a 100% Joint and Survivor Annuity.

For vested terminated participants not eligible for early retirement at date of termination:

Benefit spouse would have received had the participant survived until the earliest retirement age, retired with a 50% Joint and Survivor Annuity, and died the next day. The retirement benefit for these participants is actuarially reduced for the election of this coverage.

Disability

Disability Retirement Date: Total and permanent disability and completion of ten or more years of Credited Service or five or more years of Future Service Credit.

Disability Retirement Benefit: Unreduced normal benefit earned at date of disability.

Vested Termination

Vested Termination Date: The date of termination of service other than for reasons of retirement or death, following completion of five years of vesting service.

Reciprocity

Credit will be given under this plan for un-forfeited credit earned under a Reciprocal Plan, subject to the following:

- An Employee entering this Plan after accumulating un-forfeited Service under a Reciprocal Plan will receive credit for such unforfeited service only if he has accumulated two or more years of Future Service Credit under this Plan.
- An Employee leaving this Plan under a Reciprocal Plan will receive Service Credit under the Reciprocal Plan only if he has accumulated two or more years of Future Service Credit under this Plan.
- Service given under a Reciprocal Plan is counted only for the purpose of determining eligibility for benefits under this Plan, and not in calculating the amounts of the benefits.

Changes in Plan Provisions since Prior Valuation

None.

OFFICEMAX PENSION PLAN B

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Name of Plan: OfficeMax Pension Plan B (formerly Boise Cascade Corporation Pension Plan B).

Plan Effective Date: January 1, 1962.

Plan Status: Benefits under this plan are frozen.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Benefits Not Included in Valuation: There are no benefits in this plan which are not reflected in the January 1, 2024 valuation.

Effective Date of Last Amendment: In 2019, the plan was amended to create a temporary window allowing vested terminated participants to receive an immediate lump sum in lieu of their retirement benefits.

Eligibility for Participation

Effective July 31, 2004, the active participants from OfficeMax Pension Plan B were spun-off to the Boise Cascade L.L.C. Pension Plan B. No new entrants were allowed in the Plan after that date. The only Participants in the Plan are those who terminated employment prior to August 1, 2004.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit: The Actuarial Equivalent of a five-year certain and life annuity equal to the benefit rate at termination multiplied by years of service.

Early Retirement

Early Retirement Date: Attainment of age 55 and completion of five or more years of Future Service Credit.

Age at Retirement	Primary Factor Percent	Pre 6/1/1988 Terminated Vested
65	100%	100.00%
64	100	93.33
63	100	86.67
62	100	80.00
61	95	73.33
60	90	66.67
59	85	61.62
58	80	56.56
57	75	52.70
56	70	49.21
55	65	46.05

Early Retirement Benefit: A benefit commencing at early retirement in an amount equal to the normal retirement benefit earned to retirement date reduced according to the above table.

Optional Forms of Benefit

Optional forms of benefit available under the plan are: Monthly Income for Life with five years guaranteed; 50%, 75%, or 100% Joint and Survivor Benefit with a 5 year “pop-up” provision; and Level Income Option with five years guaranteed. The normal form of benefit is converted to one of these optional forms using interest of 8.5% per annum, compounded annually, and a mortality table with 80% male/20% female weighting of sex-distinct 1971 Group Annuity Mortality rates.

Survivor’s Benefit

For active employees at date of death or terminated participants eligible for early retirement at date of termination:

Benefit spouse would have received had the participant retired early on the date of his death with a 100% Joint and Survivor Annuity.

For vested terminated participants not eligible for early retirement at date of termination:

Benefit spouse would have received had the participant survived until the earliest retirement age, retired with a 50% Joint and Survivor Annuity, and died the next day. The retirement benefit for these participants is actuarially reduced for the election of this coverage.

Disability

Disability Retirement Date: Total and permanent disability and completion of ten or more years of Credited Service or five or more years of Future Service Credit.

Disability Retirement Benefit: Unreduced normal benefit earned at date of disability.

Vested Termination

Vested Termination Date: The date of termination of service other than for reasons of retirement or death, following completion of five years of vesting service.

Reciprocity

Credit will be given under this plan for un-forfeited credit earned under a Reciprocal Plan, subject to the following:

- An Employee entering this Plan after accumulating un-forfeited Service under a Reciprocal Plan will receive credit for such un-forfeited service only if he has accumulated two or more years of Future Service Credit under this Plan.
- An Employee leaving this Plan under a Reciprocal Plan will receive Service Credit under the Reciprocal Plan only if he has accumulated two or more years of Future Service Credit under this Plan.
- Service given under a Reciprocal Plan is counted only for the purpose of determining eligibility for benefits under this Plan, and not in calculating the amounts of the benefits.

Changes in Plan Provisions since Prior Valuation

None.

OFFICEMAX PENSION PLAN C

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Name of Plan: OfficeMax Pension Plan C (formerly Boise Cascade Corporation Pension Plan C).

Plan Effective Date: January 1, 1962.

Plan Status: Benefits under this plan are frozen.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Benefits Not Included in Valuation: There are no benefits in this plan which are not reflected in the January 1, 2024 valuation.

Effective Date of Last Amendment: In 2019, the plan was amended to create a temporary window allowing vested terminated participants to receive an immediate lump sum in lieu of their retirement benefits.

Eligibility for Participation

Effective July 31, 2004, the active participants from OfficeMax Pension Plan C were spun-off to the Boise Cascade L.L.C. Pension Plan C. No new entrants were allowed in the Plan after that date. The only Participants in the Plan are those who terminated employment prior to August 1, 2004.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following attainment of age 65.

Normal Retirement Benefit: The Actuarial Equivalent of a life annuity equal to the benefit rates shown in Appendix A of the Plan. Rates vary by location.

Early Retirement

Early Retirement Date: Fulfillment of the requirements set forth in Appendix A of the Plan, generally the attainment of age 55 and completion of ten or more years of Vesting Service.

Age at Retirement	Main Factors	Rumford	Trucking or Beaver Falls	Jackson Paper/Sheeter	Jackson Sawmill
64	93.33%	96.4%	96%	97%	94%
63	86.67	92.8	92	94	88
62	80.00	89.2	88	91	82
61	73.33	83.2	84	85	76
60	66.67	77.2	80	79	70
59	61.62	72.4	76	73	64
58	56.56	67.6	72	67	58
57	52.70	62.8	68	61	52
56	49.21	58.0	64	55	46
55	46.05	54.4	60	49	40

Early Retirement Benefit: A benefit commencing at early retirement in an amount equal to the normal retirement benefit earned to retirement date reduced according to the above table.

Optional Forms of Benefit

Optional forms of benefit available under the plan are: Monthly Income for Life (MIFL); MIFL with ten years guaranteed; and 50%, 75% or 100% Joint and Survivor Benefit. Participants at the Hazelwood location can also elect a Level Income Option and participants at the Indianapolis location can elect a lump sum. The normal form of benefit is converted to one of these optional forms using interest of 8.5% per annum, compounded annually, and a mortality table with 80% male/20% female weighting of sex-distinct 1971 Group Annuity Mortality rates.

Survivor’s Benefit

For active employees at date of death or vested terminated participants eligible for early retirement at date of termination:

Benefit spouse would have received had the participant retired the day before death with a 50% Joint and Survivor Annuity.

For terminated participants not eligible for early retirement at date of termination:

Benefit spouse would have received if the Participant had terminated employment on the date of death, survived until the earliest retirement age, retired with a 50% Joint and Survivor Annuity, and died the next day. The retirement benefit for vested terminated participants is actuarially reduced for the election of this coverage.

Disability

Disability Retirement Date: Total and permanent disability and completion of ten or more years of vesting service.

Disability Retirement Benefit: Unreduced normal benefit earned at date of disability.

Vested Termination

Vested Termination Date: The date of termination of service other than for reasons of retirement or death, following completion of five years of vesting service.

Changes in Plan Provisions since Prior Valuation

None.

OFFICEMAX PENSION PLAN P

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Name of Plan: OfficeMax Pension Plan P (formerly Boise Cascade Corporation Pension Plan P).

Plan Effective Date: March 15, 1971.

Plan Status: Benefits under this plan are frozen.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Benefits Not Included in Valuation: There are no benefits in this plan which are not reflected in the January 1, 2024 valuation.

Effective Date of Last Amendment: In 2019, the plan was amended to create a temporary window allowing vested terminated participants to receive an immediate lump sum in lieu of their retirement benefits.

Eligibility for Participation

Effective July 31, 2004, the active participants from OfficeMax Pension Plan P were spun-off to the Boise Cascade L.L.C. Pension Plan P. No new entrants were allowed in the Plan after that date. The only Participants in the Plan are those who terminated employment prior to August 1, 2004.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following attainment of age 65.

Normal Retirement Benefit: The Actuarial Equivalent of a life annuity equal to the benefit rate in effect at termination of employment multiplied by years of service.

Early Retirement

Early Retirement Date: Attainment of age 55 and completion of ten or more years of Vesting Service.

Age at Retirement	Factor Percent
65	100%
64	100
63	100
62	100
61	95
60	90
59	85
58	80
57	76
56	73
55	70

Early Retirement Benefit: A benefit commencing at early retirement in an amount equal to the normal retirement benefit earned to retirement date reduced according to the above table.

Optional Forms of Benefit

Optional forms of benefit available under the plan are: Monthly Income for Life (MIFL); MIFL with ten years guaranteed; and 50%, 75% or 100% Joint and Survivor Benefit. The normal form of benefit is converted to one of these optional forms using interest of 8.5% per annum, compounded annually, and a mortality table with 80% male/20% female weighting of sex-distinct 1971 Group Annuity Mortality rates.

Survivor's Benefit

For active employees at date of death or vested terminated participants eligible for early retirement at date of termination:

Benefit spouse would have received had the participant retired the day before death with a 50% Joint and Survivor Annuity.

For vested terminated participants not eligible for early retirement at date of termination:

Benefit spouse would have received if the Participant had terminated employment on the date of death, survived until the earliest retirement age, retired with a 50% Joint and Survivor Annuity, and died the next day. The retirement benefit for vested terminated Participants is actuarially reduced for the election of this coverage.

Disability

Disability Retirement Date: Total and permanent disability and completion of ten or more years of vesting service.

Disability Retirement Benefit: Unreduced normal benefit earned at date of disability.

Vested Termination

Vested Termination Date: The date of termination of service other than for reasons of retirement or death, following completion of five years of vesting service.

Changes in Plan Provisions since Prior Valuation

None.

OFFICEMAX PENSION PLAN FOR HOURLY EMPLOYEES AT INTERNATIONAL FALLS, MN

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Name of Plan: OfficeMax Pension Plan for Hourly Employees at International Falls, MN (formerly Boise Cascade Pension Plan for Hourly Employees at International Falls, MN).

Plan Effective Date: July 1, 1957.

Plan Status: Benefits under this plan are frozen.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Benefits Not Included in Valuation: There are no benefits in this plan which are not reflected in the January 1, 2024 valuation.

Effective Date of Last Amendment: In 2019, the plan was amended to create a temporary window allowing vested terminated participants to receive an immediate lump sum in lieu of their retirement benefits.

Eligibility for Participation

Effective July 31, 2004, the active participants from OfficeMax Pension Plan for Hourly Employees at International Falls, MN were spun-off to the Boise Cascade Pension Plan for Hourly Employees at International Falls, MN. No new entrants were allowed in the Plan after that date. The only Participants in the Plan are those who terminated employment prior to August 1, 2004.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following attainment of age 65

Normal Retirement Benefit: The Actuarial Equivalent of a life annuity equal to the benefit rate in effect at termination of employment multiplied by years of service.

Early Retirement

Early Retirement Date: Attainment of age 55 and completion of ten or more years of Vesting Service

Age at Retirement	Factor Percent
64*	95%
63*	90
62*	85
61	80
60	75
59	70
58	65
57	60
56	55
55	50

Early Retirement Benefit: A benefit commencing at early retirement in an amount equal to the normal retirement benefit earned to retirement date reduced according to the above table.

* *Unreduced benefit if termination after completion of both 20 or more Years of Vesting Service and attainment of age 62.*

Optional Forms of Benefit

Optional forms of benefit available under the plan are: Monthly Income for Life (MIFL); MIFL with ten years guaranteed; and 50%, 75% or 100% Joint and Survivor Benefit. The normal form of benefit is converted to one of these optional forms using interest of 8.5% per annum, compounded annually, and a mortality table with 80% male/20% female weighting of sex-distinct 1971 Group Annuity Mortality rates.

Survivor's Benefit

For active employees at date of death or vested terminated participants eligible for early retirement at date of termination:

Benefit spouse would have received had the participant retired the day before death with a 50% Joint and Survivor Annuity.

For vested terminated participants not eligible for early retirement at date of termination:

Benefit spouse would have received if the Participant had terminated employment on the date of death, survived until the earliest retirement age, retired with a 50% Joint and Survivor Annuity, and died the next day. The retirement benefit for vested terminated Participants is actuarially reduced for the election of this coverage.

Disability

Disability Retirement Date: Total and permanent disability and completion of 15 or more years of Continuous Service.

Disability Retirement Benefit: Unreduced normal benefit earned at date of disability.

Vested Termination

Vested Termination Date: The date of termination of service other than for reasons of retirement or death, following completion of five years of vesting service.

Changes in Plan Provisions since Prior Valuation

None.

OFFICEMAX CONSOLIDATED PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

EIN: 82-0100960
PLAN 005

Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Cost	Current Value
(a)	(b)	(c)	(d)	(e)
*	Plan Interest in OfficeMax Master Trust	Various	\$ 506,689,438	\$ 551,729,070
	Other investments - miscellaneous		<u>34,038</u>	<u>34,038</u>
	Total Investments		<u>\$ 506,723,476</u>	<u>\$ 551,763,108</u>

* Represents a Party-in-Interest as defined by ERISA.

See independent auditors' report.

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest rates for ERISA minimum funding: Effective January 1, 2024, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a zero-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.

Interest rates for Maximum Deductible Contribution: Effective January 1, 2024, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.

Interest rates for PBGC premiums: Effective January 1, 2024, the interest rates used for PBGC variable rate premium purposes were updated to the spot segment rates in effect for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with PBGC requirements and the 2017 Plan Sponsor election to use the standard method to calculate the PBGC variable rate premium.

Asset return for funding: Effective January 1, 2024, the asset return assumption for funding purposes was changed from 5.17% to 4.99% per year. The asset return assumption was changed to better reflect anticipated future asset experience.

Mortality for ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Effective January 1, 2024, mortality was updated to reflect Office Depot's adoption of IRS prescribed statutory generational mortality tables.

Administrative Expenses: Effective January 1, 2024, the administrative expense load was updated to reflect expected administrative expenses to be paid from the Plan's trust during the current year.