

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: CLEARWATER PAPER CORPORATION RETIREMENT PLANS MASTER TRUST
1b Three-digit plan number (PN): 051
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): CLEARWATER PAPER CORPORATION
2b Employer Identification Number (EIN): 20-3594554
2c Plan Sponsor's telephone number: 509-344-5900
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">CLEARWATER PAPER BENEFITS COMMITTEE</p> <p style="color: blue;">601 W RIVERSIDE AVE SUITE 1100 SPOKANE, WA 99201</p>	<p>3b Administrator's EIN 45-2696011</p> <p>3c Administrator's telephone number 509-344-5900</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 CLEARWATER PAPER CORPORATION RETIREMENT PLANS MASTER TRUST	B Three-digit plan number (PN) ▶	051
C Plan sponsor's name as shown on line 2a of Form 5500 CLEARWATER PAPER CORPORATION	D Employer Identification Number (EIN) 20-3594554	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER INVESTMENTS LLC

99 HIGH STREET
BOSTON, MA 02110

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	FIDUCIARY	504559	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	88294	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> 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>CLEARWATER PAPER CORPORATION RETIREMENT PLANS MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>051</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CLEARWATER PAPER CORPORATION</u>	D Employer Identification Number (EIN) <u>20-3594554</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>MERCER ACTIVE LNG CORP FI</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>45-6178743-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>93557226</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER LONG DURATION PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>83-2461327-047</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5168302</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ACTIVE INMT CR FI PRT</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>85-2621954-048</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59214271</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER EMERGING MARKETS EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>32-6219484-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7733376</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7928214</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US SM/MID CAP GROWTH EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7904776</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US LG CAP CORE PASSIVE EQUIT</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8260909</u>

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name CLEARWATER PAPER SAL RET PLAN	
b Name of plan sponsor CLEARWATER PAPER CORPORATION	c EIN-PN 20-3594554-001

a Plan name CLEARWATER PAPER HOURLY RET PLAN	
b Name of plan sponsor CLEARWATER PAPER CORPORATION	c EIN-PN 20-3594554-023

a Plan name	
b Name of plan sponsor	c EIN-PN

a Plan name	
b Name of plan sponsor	c EIN-PN

a Plan name	
b Name of plan sponsor	c EIN-PN

a Plan name	
b Name of plan sponsor	c EIN-PN

a Plan name	
b Name of plan sponsor	c EIN-PN

a Plan name	
b Name of plan sponsor	c EIN-PN

a Plan name	
b Name of plan sponsor	c EIN-PN

a Plan name	
b Name of plan sponsor	c EIN-PN

a Plan name	
b Name of plan sponsor	c EIN-PN

a Plan name	
b Name of plan sponsor	c EIN-PN

SCHEDULE H (Form 5500) <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.	OMB No. 1210-0110 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 CLEARWATER PAPER CORPORATION RETIREMENT PLANS MASTER TRUST	B Three-digit plan number (PN) ▶ 051
C Plan sponsor's name as shown on line 2a of Form 5500 CLEARWATER PAPER CORPORATION	D Employer Identification Number (EIN) 20-3594554

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(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)	1744058
(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)	212684968
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	231055465	214429026
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	147891	273048
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	147891	273048
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	230907574	214155978

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)	3987	
(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)		3987
(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)	3464427
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	47976
d Total income. Add all income amounts in column (b) and enter total	2d	3516390

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(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)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	504559
(6) Bank or trust company trustee/custodial fees	2i(6)	88739
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	593298
j Total expenses. Add all expense amounts in column (b) and enter total	2j	593298

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	2923092
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	19674688

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:

(2) EIN:

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.)			
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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
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?			
l Has the plan failed to provide any benefit when due under the plan?			
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 _____.

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					231,047,171.35		
COMPARATIVE VALUE (5%)					11,552,358.56		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Direct From Issuer							
Issue: 96MSCMPU9 - Mercer Act Inter Fixed Incom Prt 350							
01/23/2024	S	- 38,021.713	9.8100		372,993	377,536	- 4,543
21704001							
Issue: 96MSCMPV7 - Ssga Intermediate US Govt Bond Indx							
01/23/2024	S	- 8,216.145	12.6500		103,934	108,589	- 4,654
21704001							
Issue: 9SPMTH55 - Mercer US Lg Cap Passive Eq Ctf #410							
01/23/2024	S	- 4,055.944	57.0600		231,432	82,392	149,041
21704001							
Issue: 9SPMTH63 - Mercer US Sml/Mid Cap Grw Eq Ct 310							
01/23/2024	S	- 4,487.224	42.8100		192,098	94,675	97,423
21704001							
Issue: 9SPMTH71 - Mercer Non-US Core Eq Ctf #330							
01/23/2024	S	- 5,806.432	25.0800		145,625	91,650	53,976
21704001							
Issue: 9SPMTH97 - Mercer Emerging Markets Eq Ctf #425							
01/23/2024	S	- 16,872.448	11.1600		188,297	183,960	4,337
21704001							
Issue: 9SPMHTA4 - Mercer Active Long Corp Inv Ctf #600							
01/23/2024	S	- 28,143.260	17.3100		487,160	398,826	88,334
21704001							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2024 21704001	S	- 99,745.962	9.8200		979,505	990,427	- 10,922
01/31/2024 21704001	S	- 114,803.850	12.6580		1,453,187	1,517,305	- 64,118
01/31/2024 21704001	S	- 3,938.829	56.8900		224,080	80,012	144,068
01/31/2024 21704001	S	- 641.265	42.9700		27,555	13,530	14,025
01/31/2024 21704001	S	- 2,014.896	25.2000		50,775	31,803	18,972
01/31/2024 21704001	B	15,026.758	11.0800		- 166,496	166,496	
01/31/2024 21704001	B	53,155.119	17.4300		- 926,494	926,494	
01/31/2024 21704001	B	406,463.557	4.0400		- 1,642,113	1,642,113	
02/22/2024 21704001	S	- 51,046.670	9.8100		500,768	506,868	- 6,100
02/22/2024 21704001	S	- 5,212.943	58.5100		305,009	105,895	199,115
02/22/2024 21704001	S	- 8,321.923	43.9600		365,832	175,583	190,248

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/22/2024 21704001	S	Issue: 9SPMTH71 - Mercer Non-US Core Eq Ctf #330 - 8,591.148	26.0100		223,456	135,604	87,852
02/22/2024 21704001	S	Issue: 9SPMTH97 - Mercer Emerging Markets Eq Ctf #425 - 18,132.253	11.7200		212,510	197,760	14,750
02/29/2024 21704001	S	Issue: 96MSCMPV7 - Ssga Intermediate US Govt Bond Indx - 216.039	12.5740		2,716	2,855	- 139
02/29/2024 21704001	S	Issue: 96MSCMPV7 - Ssga Intermediate US Govt Bond Indx - 65.600	12.5710		825	867	- 42
03/21/2024 21704001	S	Issue: 96MSCMPU9 - Mercer Act Inter Fixed Incom Prt 350 - 20,363.323	9.8700		200,986	202,198	- 1,212
03/21/2024 21704001	S	Issue: 96MSCMPV7 - Ssga Intermediate US Govt Bond Indx - 661.034	12.6320		8,350	8,737	- 386
03/21/2024 21704001	S	Issue: 9SPMTH55 - Mercer US Lg Cap Passive Eq Ctf #410 - 4,485.856	61.4400		275,611	91,125	184,486
03/21/2024 21704001	S	Issue: 9SPMTH63 - Mercer US Sml/Mid Cap Grw Eq Ct 310 - 4,953.030	46.2600		229,127	104,503	124,624
03/21/2024 21704001	S	Issue: 9SPMTH71 - Mercer Non-US Core Eq Ctf #330 - 17,167.334	27.3200		469,012	270,972	198,040
03/21/2024 21704001	S	Issue: 9SPMTH97 - Mercer Emerging Markets Eq Ctf #425 - 15,202.560	11.8900		180,758	165,807	14,951
03/21/2024 21704001	S	Issue: 9SPMHTA4 - Mercer Active Long Corp Inv Ctf #600 - 12,690.388	17.2700		219,163	180,228	38,935

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/30/2024 21704001	S	- 134,821.277	9.7700		1,317,204	1,338,707	- 21,503
04/30/2024 21704001	S	- 33,098.721	9.8000		324,367	328,654	- 4,286
04/30/2024 21704001	B	128,942.620	12.5060		- 1,612,556	1,612,556	
04/30/2024 21704001	S	- 8,566.313	12.5240		107,285	112,782	- 5,497
04/30/2024 21704001	S	- 2,419.373	58.4700		141,461	49,147	92,314
04/30/2024 21704001	S	- 2,147.356	43.8400		94,140	45,307	48,833
04/30/2024 21704001	S	- 1,485.491	26.9300		40,004	23,447	16,557
04/30/2024 21704001	S	- 4,453.836	26.3600		117,403	70,300	47,103
04/30/2024 21704001	S	- 10,382.702	11.4000		118,363	113,239	5,124
04/30/2024 21704001	S	- 5,788.547	11.6200		67,263	63,133	4,130
04/30/2024 21704001	B	44,550.264	16.7200		- 744,880	744,880	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/30/2024 21704001	S	Issue: 9SPMTHTA4 - Mercer Active Long Corp Inv Ctf #600 - 52,442.725	16.7700		879,465	745,820	133,644
04/30/2024 21704001	S	Issue: 9SPMTJGA4 - Mercer Ultra Long Duration #654 - 174,498.828	3.2600		568,866	1,178,392	- 609,526
04/30/2024 21704001	S	Issue: 9SPMTJGA4 - Mercer Ultra Long Duration #654 - 46,044.252	3.2600		150,104	310,937	- 160,833
05/31/2024 21704001	S	Issue: 9SPMTHT55 - Mercer US Lg Cap Passive Eq Ctf #410 - 1,365.308	62.5500		85,400	27,735	57,665
05/31/2024 21704001	S	Issue: 9SPMTHT71 - Mercer Non-US Core Eq Ctf #330 - 4,583.541	27.9400		128,064	72,347	55,717
05/31/2024 21704001	S	Issue: 9SPMTHT97 - Mercer Emerging Markets Eq Ctf #425 - 27,697.456	12.4400		344,556	302,083	42,473
05/31/2024 21704001	S	Issue: 9SPMTHTA4 - Mercer Active Long Corp Inv Ctf #600 - 34,384.828	17.2600		593,482	489,008	104,474
05/31/2024 21704001	S	Issue: 9SPMTJGA4 - Mercer Ultra Long Duration #654 - 122,337.206	3.6000		440,414	826,144	- 385,730
06/30/2024 21704001	S	Issue: 96MSCMPV7 - Ssga Intermediate US Govt Bond Indx - 62.614	12.7179		796	824	- 28
06/30/2024 21704001	S	Issue: 9SPMTHTA4 - Mercer Active Long Corp Inv Ctf #600 - 70,322.392	17.5500		1,234,158	1,000,098	234,060
06/30/2024 21704001	S	Issue: 9SPMTJGA4 - Mercer Ultra Long Duration #654 - 85,912.482	3.9000		335,059	580,168	- 245,109

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/31/2024 21704001	S	- 8,215.294	65.0200		534,158	166,884	367,275
07/31/2024 21704001	S	- 6,243.536	46.5700		290,761	131,732	159,030
07/31/2024 21704001	S	- 1,471.196	27.9900		41,179	23,222	17,957
07/31/2024 21704001	S	- 19,452.111	17.5900		342,163	276,640	65,522
07/31/2024 21704001	S	- 97,012.065	3.8600		374,467	655,123	- 280,657
08/06/2024 21704001	S	- 32,058.712	10.2400		328,281	318,327	9,954
08/31/2024 21704001	S	- 115,883.240	17.9800		2,083,581	1,648,047	435,534
09/30/2024 21704001	S	- 64.236	13.2320		850	846	4
09/30/2024 21704001	S	- 4,770.842	18.6600		89,024	67,849	21,175
09/30/2024 21704001	S	- 101,085.482	4.5400		458,928	682,631	- 223,703
10/31/2024 21704001	S	- 89,165.283	10.3700		924,644	885,366	39,278

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/31/2024 21704001	S	- 13,241.482	13.1080		173,569	174,334	- 764
10/31/2024 21704001	S	- 3,651.264	68.9100		251,609	74,171	177,438
10/31/2024 21704001	S	- 1,563.202	48.7900		76,269	32,982	43,287
10/31/2024 21704001	S	- 4,299.315	28.8000		123,820	67,861	55,959
10/31/2024 21704001	S	- 27,185.624	13.1000		356,132	296,501	59,631
10/31/2024 21704001	S	- 37,473.374	18.2200		682,765	532,932	149,833
11/13/2024 21704001	S	- 34,486.591	10.2900		354,867	342,434	12,433
11/13/2024 21704001	S	- 3,880.386	70.9600		275,352	78,825	196,527
11/13/2024 21704001	S	- 12,373.250	51.5300		637,594	261,062	376,532
11/13/2024 21704001	S	- 18,934.567	17.8800		338,550	269,280	69,270
12/23/2024 21704001	S	- 125,800.649	10.2900		1,294,489	1,249,137	45,352

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/23/2024 21704001	S	Issue: 96MSCMPV7 - Ssga Intermediate US Govt Bond Indx - 22,044.063	12.9780		286,088	327,326	- 41,238
12/31/2024 21704001	S	Issue: 96MSCMPV7 - Ssga Intermediate US Govt Bond Indx - 67.241	13.1280		883	884	- 1
Total For Direct From Issuer				0	30,151,180	27,454,914	2,696,271
GRAND TOTAL				0	30,151,180	27,454,914	2,696,271

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V203 - First Am Govt Ob Fd Cl Y							
01/03/2024 21704001	B	2,559.990	1.0000		- 2,560	2,560	
01/25/2024 21704001	B	1,721,539.130	1.0000		- 1,721,539	1,721,539	
02/02/2024 21704001	B	3,001.080	1.0000		- 3,001	3,001	
02/21/2024 21704001	B	1,847.000	1.0000		- 1,847	1,847	
02/22/2024 21704001	B	1,244,459.370	1.0000		- 1,244,459	1,244,459	
02/23/2024 21704001	B	365,831.740	1.0000		- 365,832	365,832	
03/04/2024 21704001	B	3,213.400	1.0000		- 3,213	3,213	
03/22/2024 21704001	B	1,583,007.400	1.0000		- 1,583,007	1,583,007	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/02/2024 21704001	B	4,518.180	1.0000		- 4,518	4,518	
04/26/2024 21704001	B	1,568,487.940	1.0000		- 1,568,488	1,568,488	
05/02/2024 21704001	B	2,793.540	1.0000		- 2,794	2,794	
05/24/2024 21704001	B	1,591,916.570	1.0000		- 1,591,917	1,591,917	
06/04/2024 21704001	B	3,423.470	1.0000		- 3,423	3,423	
06/21/2024 21704001	B	1,569,216.660	1.0000		- 1,569,217	1,569,217	
07/02/2024 21704001	B	4,286.230	1.0000		- 4,286	4,286	
07/23/2024 21704001	B	1,582,727.870	1.0000		- 1,582,728	1,582,728	
08/02/2024 21704001	B	3,645.060	1.0000		- 3,645	3,645	
08/07/2024 21704001	B	2,309,967.150	1.0000		- 2,309,967	2,309,967	
08/08/2024 21704001	B	4,728.850	1.0000		- 4,729	4,729	
08/30/2024 21704001	B	650,000.000	1.0000		- 650,000	650,000	
09/04/2024 21704001	B	8,392.960	1.0000		- 8,393	8,393	
09/30/2024 21704001	B	547,952.000	1.0000		- 547,952	547,952	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/02/2024 21704001	B	6,146.540	1.0000		- 6,147	6,147	
10/08/2024 21704001	B	525.600	1.0000		- 526	526	
10/16/2024 21704001	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
11/04/2024 21704001	B	4,620.520	1.0000		- 4,621	4,621	
11/05/2024 21704001	B	2,415,238.000	1.0000		- 2,415,238	2,415,238	
11/07/2024 21704001	B	129.600	1.0000		- 130	130	
11/13/2024 21704001	B	1,606,362.810	1.0000		- 1,606,363	1,606,363	
11/22/2024 21704001	B	67.690	1.0000		- 68	68	
12/03/2024 21704001	B	5,054.090	1.0000		- 5,054	5,054	
12/03/2024 21704001	B	25.500	1.0000		- 26	26	
12/19/2024 21704001	B	1.890	1.0000		- 2	2	
12/26/2024 21704001	B	1,580,576.530	1.0000		- 1,580,577	1,580,577	
Total For Buys				0	22,396,267	22,396,267	0
01/02/2024 21704001	S	- 1,579,470.240	1.0000		1,579,470	1,579,470	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/26/2024 21704001	S	- 22,040.670	1.0000		22,041	22,041	
02/01/2024 21704001	S	- 1,591,251.520	1.0000		1,591,252	1,591,252	
03/04/2024 21704001	S	- 1,586,516.190	1.0000		1,586,516	1,586,516	
03/07/2024 21704001	S	- 1,551.610	1.0000		1,552	1,552	
04/01/2024 21704001	S	- 1,572,785.850	1.0000		1,572,786	1,572,786	
04/08/2024 21704001	S	- 220.270	1.0000		220	220	
04/29/2024 21704001	S	- 22,394.490	1.0000		22,394	22,394	
05/01/2024 21704001	S	- 1,572,315.620	1.0000		1,572,316	1,572,316	
06/03/2024 21704001	S	- 1,569,507.370	1.0000		1,569,507	1,569,507	
06/10/2024 21704001	S	- 3,132.760	1.0000		3,133	3,133	
07/01/2024 21704001	S	- 1,587,014.100	1.0000		1,587,014	1,587,014	
07/26/2024 21704001	S	- 21,962.290	1.0000		21,962	21,962	
08/01/2024 21704001	S	- 1,614,835.550	1.0000		1,614,836	1,614,836	
08/06/2024 21704001	S	- 310,998.650	1.0000		310,999	310,999	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/03/2024 21704001	S	- 1,576,889.490	1.0000		1,576,889	1,576,889	
10/01/2024 21704001	S	- 1,594,620.520	1.0000		1,594,621	1,594,621	
10/15/2024 21704001	S	- 412,051.660	1.0000		412,052	412,052	
10/28/2024 21704001	S	- 22,301.410	1.0000		22,301	22,301	
11/01/2024 21704001	S	- 1,588,811.520	1.0000		1,588,812	1,588,812	
11/06/2024 21704001	S	- 2,415,238.000	1.0000		2,415,238	2,415,238	
12/02/2024 21704001	S	- 1,585,725.700	1.0000		1,585,726	1,585,726	
12/30/2024 21704001	S	- 274,938.950	1.0000		274,939	274,939	
Total For Sells				0	22,526,576	22,526,576	0
Total First Am Govt Ob Fd Cl Y				0	44,922,843	44,922,843	0
GRAND TOTAL				0	44,922,843	44,922,843	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

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ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am Govt Ob Fd Cl Y 31846V203 Asset Minor Code 1 ACCOUNT 21704001	1,725,061.050	1,725,061.05 1.0000	1,725,061.05	.00 .00	2,676.85	4.00
Total Money Markets	1,725,061.050	1,725,061.05	1,725,061.05	.00 .00	2,676.85	3.99
Total Cash And Equivalents	1,725,061.050	1,725,061.05	1,725,061.05	.00 .00	2,676.85	3.99

Miscellaneous

Collective Investment Funds

Mercer Active Long Corp Inv Ctf #600 9SPMHTA4 Asset Minor Code 17 ACCOUNT 21704001	5,336,978.095	93,557,226.06 17.5300	75,900,445.86	17,656,780.20 - 2,899,209.09	.00	0.00
Mercer US Lg Cap Passive Eq Ctf #410 9SPMHT55 Asset Minor Code 17 ACCOUNT 21704001	118,198.732	8,260,909.38 69.8900	2,401,062.54	5,859,846.84 327,341.81	.00	0.00
Mercer US Sml/Mid Cap Grw Eq Ct 310 9SPMHT63 Asset Minor Code 17 ACCOUNT 21704001	161,519.744	7,904,776.26 48.9400	3,407,886.98	4,496,889.28 41,085.20	.00	0.00
Mercer Non-US Core Eq Ctf #330 9SPMHT71 Asset Minor Code 17 ACCOUNT 21704001	292,015.234	7,928,213.61 27.1500	4,609,212.51	3,319,001.10 - 16,410.77	.00	0.00

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Mercer Emerging Markets Eq Ctf #425 9SPMTH97 Asset Minor Code 17 ACCOUNT 21704001	640,180.145	7,733,376.13 12.0800	6,982,142.57	751,233.56 51,808.95	.00	0.00
Mercer Ultra Long Duration #654 9SPMTJGA4 Asset Minor Code 17 ACCOUNT 21704001	1,590,246.823	5,168,302.17 3.2500	10,738,949.59	- 5,570,647.42 - 189,272.29	.00	0.00
Mercer Act Inter Fixed Incom Prt 350 96MSCMPU9 Asset Minor Code 17 ACCOUNT 21704001	5,737,816.935	59,214,270.77 10.3200	56,973,630.31	2,240,640.46 2,749,130.74	.00	0.00
Ssga Intermediate US Govt Bond Indx 96MSCMPV7 Asset Minor Code 17 ACCOUNT 21704001	1,760,477.311	22,917,893.63 13.0180	23,140,868.53	- 222,974.90 701,086.51	.00	0.00
Total Collective Investment Funds	15,637,433.019	212,684,968.01	184,154,198.89	28,530,769.12 765,561.06	.00	0.00
Total Miscellaneous	15,637,433.019	212,684,968.01	184,154,198.89	28,530,769.12 765,561.06	.00	0.00
Total Assets	17,362,494.069	214,410,029.06	185,879,259.94	28,530,769.12 765,561.06	2,676.85	0.03
Accrued Income	.000	2,676.85	2,676.85			
Grand Total	17,362,494.069	214,412,705.91	185,881,936.79			