Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 070

1c Effective date of plan 01/01/1989

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)
GEORGIA-PACIFIC LLC

133 PEACHTREE STREET NE, 12TH FLOOR
ATLANTA, GA 30303

2b Employer Identification Number (EIN)
93-0432081

2c Plan Sponsor's telephone number
404-652-2109

2d Business code (see instructions)
321210

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.	10/09/2026	MITCH GIBSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2026	MEGAN SIRNA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

KOCH BENEFITS ADMINISTRATIVE COMMITTEE
C/O KOCH BUSINESS SOLUTIONS, LP
IRS/DOL NOTICES
4111 E. 37TH STREET N, GA029-06
WICHITA, KS 67220

3b Administrator's EIN: 20-3661223

3c Administrator's telephone number: 404-652-2109

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**	34047
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	6600
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	7609
b	Retired or separated participants receiving benefits	**6b**	21598
c	Other retired or separated participants entitled to future benefits	**6c**	9693
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	38900
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5237
f	Total. Add lines **6d** and **6e**.	**6f**	44137
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	26
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 Characteristic Codes in the instructions:

1B 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GEORGIA-PACIFIC LLC

D Employer Identification Number (EIN)
93-0432081

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	3139920729
b Actuarial value	**2b**	3300680178

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	20556	1798942589	1798942589
b For terminated vested participants	6891	279103074	279103074
c For active participants	6600	450283689	461937893
d Total	34047	2528329352	2539983556

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	17150429
b Expected plan-related expenses	**6b**	5912000
c Target normal cost	**6c**	23062429

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

09/29/2026
Date

COREY BRUNO
Type or print name of actuary

26-07695
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

314-719-5900
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -1.62 %	0	0
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 5.12 %		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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	129.94 %
15	Adjusted funding target attainment percentage	15	129.94 %
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	132.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	23062429
b Excess assets, if applicable, but not greater than line 31a	**31b**	23062429

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	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**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

C Plan sponsor's name as shown on line 2a of Form 5500
GEORGIA-PACIFIC LLC

D Employer Identification Number (EIN)
93-0432081

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ALIGHT FINANCIAL SOLUTIONS LLC

82-1061233

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

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

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

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

ALIGHT SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1808359	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 21	TRUSTEE	366431	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US, LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	138975	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	29200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GEORGIA-PACIFIC LLC

D Employer Identification Number (EIN)
93-0432081

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

a Name of MTIA, CCT, PSA, or 103-12 IE: KOCH COMPANIES DB MASTER TRUST

b Name of sponsor of entity listed in (a): KOCH COMPANIES, LLC

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)
25-6263968-001	M	4195865369

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)

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

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

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

C Plan sponsor's name as shown on line 2a of Form 5500
GEORGIA-PACIFIC LLC

D Employer Identification Number (EIN)
93-0432081

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
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)		
(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)	3166538585	4195865369
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	3166538585	4195865369
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	346122	455784
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	346122	455784
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	3166192463	4195409585

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)		213504969
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		213504969
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	192609740	
(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)		192609740
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)	1808359	
(4) IQPA audit fees	2i(4)	29200	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	366431	
(7) Actuarial fees	2i(7)	138975	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3610907	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5953872
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		198563612
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14941357
l Transfers of assets:			
(1) To this plan	2l(1)		1014275765
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576869.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

C Plan sponsor's name as shown on line 2a of Form 5500
GEORGIA-PACIFIC LLC

D Employer Identification Number (EIN)
93-0432081

Part I Distributions

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

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

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

EIN(s): 25-6263968

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** 529

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 3.0 % Private Equity: 28.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 49.0 %
High-Yield Debt: 3.0 % Real Assets: 10.0 % Cash or Cash Equivalents: 7.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements and
Independent Auditors' Report

Georgia-Pacific LLC Hourly Pension Plan

December 31, 2025 and 2024

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Note: All schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

CBIZ CPAs P.C.

700 W. 47th Street
Suite 1100
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P: 816.945.5600

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Georgia-Pacific LLC Hourly Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed the audits of the financial statements of the Georgia-Pacific LLC Hourly 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 as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 these financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

CBIZ CPAs P.C.

Kansas City, Missouri
October 6, 2026

Statements of net assets available for benefits

December 31	2025	2024
Assets:		
Plan interest in Koch Companies Defined Benefit Master Trust, at fair value	**$ 4,195,865,369**	$ 3,166,538,585
Total assets	**4,195,865,369**	3,166,538,585
Liabilities:		
Accrued liabilities	**455,784**	346,122
Total liabilities	**455,784**	346,122
Net assets available for benefits	**$ 4,195,409,585**	$ 3,166,192,463

See accompanying notes to the financial statements

Statements of changes in net assets available for benefits

For the years ended December 31	2025	2024
Additions:		
Plan interest in Koch Companies Defined Benefit Master Trust investment income	**$ 213,504,969**	$ -
Total additions, net	**213,504,969**	-
Deductions:		
Plan interest in Koch Companies Defined Benefit Master Trust investment loss	**-**	19,814,351
Benefit payments to participants and beneficiaries	**192,609,740**	191,591,817
Administrative expenses	**5,953,872**	5,702,752
Total deductions	**198,563,612**	217,108,920
Net increase (decrease) before transfers	**14,941,357**	(217,108,920)
Transfers in	**1,014,275,765**	-
Net increase (decrease) after transfers	**1,029,217,122**	(217,108,920)
Net assets available for benefits, beginning of year	**3,166,192,463**	3,383,301,383
Net assets available for benefits, end of year	**$ 4,195,409,585**	$ 3,166,192,463

See accompanying notes to the financial statements

Notes to financial statements

1 Description of the Plan

The following description of the Georgia-Pacific LLC Hourly Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit pension plan, established to provide retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan covers certain groups of non-union hourly employees and union hourly employees of Georgia-Pacific LLC, a Delaware limited liability company, and its affiliates (the Company). Certain non-union hourly employees are eligible to participate upon the participant's date of hire. Certain groups of union hourly employees are eligible to participate as of their initial dates of hire, if participation in the Plan is negotiated in the collective bargaining agreement governing their employment. A leased employee, as defined in Section 414(n) of the Internal Revenue Code (the Code) is not eligible to participate in the Plan.

The trustee of the Plan, Bank of New York Mellon/BNY Mellon, N.A., (the Trustee), together with the Koch Companies, LLC investment committee, manages the Plan's investment assets.

Effective December 31, 2025, the Georgia-Pacific LLC Salaried Pension Plan merged into the Plan. In connection with the merger, the Georgia-Pacific LLC Salaried Pension Plan transferred its remaining net assets available for benefits, totaling $1,014,275,765, together with the related obligations for accumulated plan benefits, to the Plan. Participants' accrued benefits were not affected by the merger and continue to be provided under the Plan.

Funding Policy

The Company makes contributions to the Plan based on the funding recommendations of the Plan's independent consulting actuary to meet the minimum requirements under ERISA. The Plan was in compliance with applicable ERISA funding requirements for 2025 and 2024.

Vesting

Participants become 100% vested upon completion of five years of vesting service or attainment of normal retirement age (age 65) while still an employee of the Company. If a participant terminates employment before satisfying these vesting requirements, that participant forfeits the right to receive the benefits accumulated.

Pension Benefits

At normal retirement, participants are entitled to monthly pension benefits based on years of credited service, as defined by the Plan document. A participant may elect early retirement at age 55 with five or more years of vesting service, as defined by the Plan document. Early retirement benefits payable before age 62 are reduced as defined by the Plan from the normal retirement benefit. The amount of the monthly pension benefit is specified in the individual exhibits to the Plan document.

The normal form of payment is a single life annuity if the participant is not married. The normal form of payment for a married participant is a joint and 50% survivor annuity, unless an election is made to receive the benefit in another form.

Disability Benefits

Active participants who have completed five years of service and who become permanently and totally disabled are eligible to receive the normal monthly retirement benefits, commencing six months following the last day worked by the participant. Benefits cease upon recovery and the participant's return to service or at age 65 when normal retirement benefits become payable.

Death Benefits

The spouse of any active or terminated participant who has completed five years of service is entitled to a pre-retirement survivor benefit payable in the event of the participant's death prior to actual retirement.

2 Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America (US GAAP) requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investment in the Koch Companies Defined Benefit Master Trust (Koch Master Trust) is stated at fair value (Note 3). 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 (Note 4).

Investments held by the Koch Master Trust that are traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year. Investments in common and preferred stocks, government bonds, corporate bonds, other corporate debt securities, and cash equivalents are valued based on yields available on comparable securities. Investments in limited partnerships are valued at appraised values at the end of the Plan year as reported by the partnerships' respective general partners and the Trustee of the Plan. Appraised values are developed using various modeling techniques, including, but not limited to, the strong correlation of the underlying security to one or more broad-based securities market indices and/or other financial instruments. Other investments consist primarily of synthetic equity options that are indexed to specific equity market benchmarks and are valued based upon observable market data. Investments in derivative instruments are marked to market daily based on quoted prices or widely accepted models that use readily observable market parameters as their basis. Amounts owed or due on open derivative contracts are recorded as receivables or payables to the Koch Master Trust. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Investment related expenses of the Koch Master Trust, such as trustee and investment manager fees, are paid by the Koch Master Trust and are netted against investment gains (losses).

Payment of Benefits

Benefits are recorded in the year in which they are paid.

Administrative Expenses

Administrative expenses include Pension Benefit Guaranty Corporation (PBGC) premiums, record keeping, legal, and other administration fees directly incurred by the Plan.

Subsequent Events

The Plan administrator has evaluated subsequent events through October 6, 2026, the date the financial statements were available to be issued and noted the following item for disclosure:

Effective January 1, 2026, the Plan was amended to change its name to Georgia-Pacific LLC Pension Plan.

3 Financial Information of Koch Master Trust

The Koch Master Trust was established for the collective investment of the assets of participating employee benefit plans of Koch Companies, LLC and certain subsidiaries. Fund assets are allocated among participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and specific administrative expenses) which can be specifically identified. Income and expenses resulting from the collective investment of the assets are allocated (on a monthly or daily basis) in proportion to the fair value of the assets assigned to each plan.

The assets of the Koch Master Trust are accounted for on a units-of-participation basis. At December 31, 2025 and 2024, the Plan held 4,195,865,369 and 3,166,538,585 units of the Koch Master Trust, respectively, with an individual unit estimated fair value of $1. The Plan's unit holdings at December 31, 2025 and 2024 had fair values of $4,195,865,369 and $3,166,538,585, which represented approximately 68.5% and 51.5% of the net assets of the Koch Master Trust, respectively.

The Trustee of the Plan has certified the completeness and accuracy of substantially all investments reflected in the accompanying statements of net assets available for benefits and substantially all of the related investment activity reflected in the statements of changes in net assets available for benefits of the Plan. The net assets of the Koch Master Trust certified as complete and accurate by the Trustee totaled $6,071,414,834 and $6,097,330,540 at December 31, 2025 and 2024, respectively. Net investment gain (loss) of the Koch Master Trust certified as complete and accurate by the Trustee totaled $420,402,723 and ($104,227,809), which excluded $47,539,312 and $51,688,523 of net investment gain (loss) related to certain investment valuations subsequent to Trustee certification for the years ended December 31, 2025 and 2024, respectively. The Plan's independent auditors have not audited investment information certified by the Trustee of the Plan.

A summary of the net assets of the Koch Master Trust is as follows:

	December 31, 2025		December 31, 2024	
	Koch Master Trust	**Plan's Interest**	Koch Master Trust	Plan's Interest
Assets:				
Investments at fair value:				
Cash equivalents [1]	**$ 335,377,518**	**$ 229,973,763**	$ 192,238,110	$ 98,996,180
Common and preferred stocks	**174,436,946**	**119,614,222**	294,244,565	151,526,082
Corporate debt instruments	**166,611,234**	**114,248,005**	188,550,509	97,097,188
Government bonds	**3,054,414,308**	**2,094,461,066**	2,931,849,512	1,509,804,167
Limited partnerships	**2,279,103,578**	**1,562,818,015**	2,515,692,508	1,295,497,268
Other investments	**(3,848,103)**	**(2,638,706)**	(2,750,582)	(1,416,458)
Total investments at fair value	**6,006,095,481**	**4,118,476,365**	6,119,824,622	3,151,504,427
Receivables:				
Interest and dividends	**30,152,633**	**20,676,146**	29,335,332	15,106,712
Due from brokers	**82,706,032**	**56,712,858**	-	-
Total receivables	**112,858,665**	**77,389,004**	29,335,332	15,106,712
Total assets	**6,118,954,146**	**4,195,865,369**	6,149,159,954	3,166,611,139
Liabilities:				
Due to brokers	**-**	**-**	140,891	72,554
Total liabilities	**-**	**-**	140,891	72,554
Net assets	**$ 6,118,954,146**	**$ 4,195,865,369**	$ 6,149,019,063	$ 3,166,538,585

[1] Includes cash and funds that invest in U.S. government short-term securities.

Net investment gain (loss) for the Koch Master Trust is as follows:

For the years ended December 31	**2025**	2024
Net investment gain (loss):		
Net increase (decrease) in fair value of investments	**$ 145,273,090**	$ (315,304,299)
Interest, dividend and other income	**274,561,513**	278,628,905
Investment expenses	**(3,581,091)**	(2,325,655)
Net investment gain (loss) of Koch Master Trust	**$ 416,253,512**	$ (39,001,049)

The Koch Master Trust's overall strategy is to provide investment diversification to minimize risk and maximize long-term investment returns while maintaining sufficient liquidity. As a part of this strategy, the Koch Master Trust holds certain investments that have redemption restrictions, future funding commitments, and other requirements that vary by individual investment. Redemption restrictions are generally short-term with the exception of certain limited partnership investments, of which funds frequently cannot be withdrawn for the life of the investment. At December 31, 2025 and 2024, the Koch Master Trust had noncancelable commitments to make future investments in certain limited partnerships totaling $1,031,986,827 and $1,026,326,580, respectively. The commitments mature at various dates designated by the respective fund agreements.

At December 31, 2025 and 2024, the Koch Master Trust held $317,061,198 and $192,170,320 of cash equivalents held in custody by the Trustee, respectively. In addition, fees paid to the Trustee, or an affiliate thereof, for trustee and investment management services totaled $767,483 and $1,058,189 for the years ended December 31, 2025 and 2024, respectively. Transactions with the Trustee qualify as party-in-interest transactions.

During 2025 and 2024, the Koch Master Trust invested in a limited number of derivative financial instruments. Certain investment managers were allowed to use derivatives for such strategies as portfolio structuring, return enhancement, and hedging against deterioration of investment holdings from market and interest rate changes. Derivatives are also used as a

hedge against foreign currency fluctuations. Derivative instruments included equity index, government and money market forwards and futures, credit default swaps, as well as interest rate swaps and options. The resulting fair value changes of derivative instruments were included in the net increase (decrease) in fair value of investments. Derivative positions held at December 31, 2025 and 2024 were not material and the use of derivative instruments was not believed to materially increase the credit or market risk of the Koch Master Trust's investments.

4 Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820), provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 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.

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 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.

The valuation methods described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2025 and 2024.

The following table sets forth by level, within the fair value hierarchy, a summary of the Koch Master Trust's investment assets at fair value as of December 31, 2025.

December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**NAV**	**Total**
Cash equivalents	$ 335,377,518	$ -	$ -	$ -	**$ 335,377,518**
Common and preferred stocks	174,436,946	-	-	-	**174,436,946**
Corporate debt instruments	-	-	166,611,234	-	**166,611,234**
Government bonds	3,054,414,308	-	-	-	**3,054,414,308**
Limited partnerships	-	-	2,278,256,992	846,586	**2,279,103,578**
Other investments	(3,848,103)	-	-	-	**(3,848,103)**
Total	$ 3,560,380,669	$ -	$ 2,444,868,226	$ 846,586	**$ 6,006,095,481**

The following table sets forth by level, within the fair value hierarchy, a summary of the Koch Master Trust's investment assets at fair value as of December 31, 2024.

December 31, 2024	Level 1	Level 2	Level 3	NAV	Total
Cash equivalents	$ 192,238,110	$ -	$ -	$ -	**$ 192,238,110**
Common and preferred stocks	200,319,892	-	93,924,673	-	**294,244,565**
Corporate debt instruments	-	-	188,550,509	-	**188,550,509**
Government bonds	2,931,849,512	-	-	-	**2,931,849,512**
Limited partnerships	-	-	2,365,093,438	150,599,070	**2,515,692,508**
Other investments	(2,750,582)	-	-	-	**(2,750,582)**
Total	$ 3,321,656,932	$ -	$ 2,647,568,620	$ 150,599,070	**$ 6,119,824,622**

The table below sets forth a summary of changes in fair value of the Koch Master Trust's level 3 investment assets.

	Common and preferred stocks	Corporate debt instruments	Limited partnerships	Total
At December 31, 2023	$ 89,976,831	$ 263,767,052	$ 2,438,116,050	$ 2,791,859,933
Net investment gain during the period	7,793,723	21,171,328	201,479,138	230,444,189
Contributions and purchases	-	26,971	225,382,815	225,409,786
Distributions and sales	(3,845,881)	(96,414,842)	(297,552,313)	(397,813,036)
Transfers out	-	-	(202,332,252)	(202,332,252)
At December 31, 2024	93,924,673	188,550,509	2,365,093,438	2,647,568,620
Net investment gain during the period	9,068,762	3,138,396	152,384,864	164,592,022
Contributions and purchases	-	3,877,019	42,420,256	46,297,275
Distributions and sales	(102,993,435)	(28,954,690)	(281,641,566)	(413,589,691)
At December 31, 2025	**$ -**	**$ 166,611,234**	**$ 2,278,256,992**	**$ 2,444,868,226**

The table below sets forth more detailed assumptions used in developing the fair values of the Koch Master Trust's level 3 investment assets.

Fund Type	Valuation Technique	Significant Unobservable Inputs	Range (if applicable)
Common and preferred stocks	Valued at probable realization value using cost price or values for recent transactions	Quotes from brokers active in trading the particular security type	
Corporate debt instruments	Valued at probable realization value using cost price or values for recent transactions	Quotes from brokers active in trading the particular security type	
Limited partnerships	Valued at probable realization value using cost price or values for recent transactions	Quotes from brokers active in trading the particular security type, counterparty valuations, market data service providers or reference to visible traded levels	
	Company trading and precedent trading multiple	EBITDA Multiple	5 times-19 times
	Discounted cash flow over holding period	Risk adjusted premiums of not achieving a return of capital, 3rd party engineering reports, comparable transactions, and discount rate	
	Discounted cash flow/direct capitalization	Discount rate and terminal capitalization rate	
	Projected cash flow	Investment, liquidation and wind-down periods	Investment Periods 20-30% Liquidation Periods 15-30% Wind down Periods 10-25%

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no significant transfers for the year ended December 31, 2025. For the year ended December 31, 2024, an investment previously classified as level 3 became publicly traded and as a result, $202,332,252 was transferred to level 1.

5 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 services rendered by the employees to the valuation date. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions 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 actuarial present value of accumulated plan benefits is presented based on a beginning-of-year benefit information date.

The significant actuarial assumptions used in the January 1, 2025 valuation are as follows:

Method of valuation:	Unit credit cost method
Assumed rate of return on investments:	5.50%
Mortality:	PRI-2012 with a blue collar adjustment projected with Scale MP-2021 from 2012
Average age of participants receiving benefits:	74.6

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits of the Plan is as follows:

January 1	**2025**
Accumulated benefits:	
Participants currently receiving payments	$ 1,731,032,932
Other participants	703,969,613
Non-vested benefits	16,441,530
	$ 2,451,444,075

The changes in the actuarial present value of accumulated plan benefits consist of the following:

For the year ended January 1	**2025**
Actuarial present value of accumulated plan benefits, beginning of year	$ 2,521,726,654
Increase for interest due to the decrease in the discount period	134,463,046
Benefits paid	(191,591,817)
Assumption changes	(23,456,169)
Plan amendments	5,805,887
Benefits accumulated and other changes	4,496,474
Actuarial present value of accumulated plan benefits, end of year	$ 2,451,444,075

6 Related-Party Transactions

Certain Plan investments are managed by the Trustee and therefore, these transactions qualify as party-in-interest transactions.

7 Plan Termination

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.

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

a) Benefits attributable to employee contributions, taking into account those paid out before termination.

b) 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 annuity under the Plan.

c) Other vested benefits insured by the PBGC up to the application limitations discussed below.

d) Vested benefits not insured by the PBGC.

e) All non-vested benefits.

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

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

8 Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated August 15, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax periods in progress.

9 Risks and Uncertainties

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

The Plan, through the Koch Master Trust, invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income (loss) of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

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 estimation and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	2	5	1	0	0	0	0	0	0	0	8
25-29	7	27	37	4	0	0	0	0	0	0	75
30-34	17	69	139	117	4	0	0	0	0	0	346
35-39	14	84	166	213	45	2	0	0	0	0	524
40-44	21	84	161	247	126	67	5	0	0	0	711
45-49	22	74	135	259	185	159	59	1	0	0	894
50-54	16	65	121	276	271	207	176	71	2	0	1,205
55-59	13	59	102	274	271	174	193	137	110	9	1,342
60-64	17	41	71	181	226	148	115	121	149	77	1,146
65-69	4	8	11	44	64	39	22	22	33	50	297
70 & over	0	1	5	6	9	7	3	2	1	18	52
Total	133	517	949	1,621	1,201	803	573	354	295	154	6,600

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods - Contributions

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: Segment rates from fifth month preceding valuation date

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.33%
• Effective interest rate	5.36%	5.32%

Administrative expenses Prior year administrative expenses paid, adjusted for expected deviations and PBGC premiums. For 2025 an amount of $5,912,000 was included in the target normal cost.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Same as described above for healthy mortality.

Termination

Rates varying by age and service per 1,000 participants as follows:

Number leaving during the year				
Age	Years of Service			
	0-2	2-3	3-4	4+
0-24	400	300	280	180
25-29	400	300	280	180
30-34	400	300	250	180
35-39	400	300	250	140
40-44	400	300	250	120
45-49	400	300	180	100
50-54	400	200	180	100
55+	350	200	180	100

Disability

Rates varying by age and gender, per 1,000 participants. Representative rates follow:

Number becoming disabled during the year		
Age	Males	Females
30	0.45	0.60
40	1.20	1.95
50	4.95	6.00
60	17.25	13.50

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age**,** per 1,000 participants as follows:

- Former participants in the Pension Plan for Hourly-Rated Employees

Number retiring during the year:	
Age	**Rate**
55-58	70
59	80
60	90
61	120
62-64	250
65-66	400
67-69	350
70+	1,000

- Former participants in the Retirement Plan for Consumer Products and Packaging Employees

Number retiring during the year	
Age	**Rate**
55-58	75
59	100
60-61	100
62-63	350
64	250
65	450
66-67	450
68-69	400
70+	1,000

- Former participants in the Fort James Retirement Plan for Discontinued Operations

Not applicable.

Benefit commencement date:

- Deferred vested benefit — Age 62, except for certain locations where 65 is the earliest retirement age for deferred inactive participants.
- Disability benefit — Upon disablement
- Retirement benefit — Upon termination of employment

SCHEDULE SB ATTACHMENTS

Form of payment	For actives that are eligible for a lump sum form of payment, 80% are assumed to elect a lump sum and 20% are assumed to elect an annuity. All other participants are assumed to elect an annuity. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.
Percent married	70%
Spouse age	Wife three years younger than husband.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the 50% Joint and Survivor form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the

age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable.

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Georgia-Pacific and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits in a single lump sum payment. Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of the calculation.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GEORGIA-PACIFIC LLC

D Employer Identification Number (EIN)
93-0432081

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	3,139,920,729
b Actuarial value	**2b**	3,300,680,178

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	20,556	1,798,942,589	1,798,942,589
b For terminated vested participants	6,891	279,103,074	279,103,074
c For active participants	6,600	450,283,689	461,937,893
d Total	34,047	2,528,329,352	2,539,983,556

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	17,150,429
b Expected plan-related expenses	**6b**	5,912,000
c Target normal cost	**6c**	23,062,429

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

Corey Bruno CB — Signature of actuary

9/29/2026 — Date

Corey Bruno — Type or print name of actuary

2607695 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

314-719-5900 — Telephone number (including area code)

PO Box 674401

Houston TX 77267 — 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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -1.62 %	0	0
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 5.12 %		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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	129.94 %
15	Adjusted funding target attainment percentage	15	129.94 %
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	132.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	23,062,429
b Excess assets, if applicable, but not greater than line 31a	**31b**	23,062,429

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	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**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age * Number Retiring
55	7%	1,000	70	3,850
56	7%	930	65	3,646
57	7%	865	61	3,451
58	7%	804	56	3,266
59	8%	748	60	3,531
60	9%	688	62	3,716
61	12%	626	75	4,584
62	25%	551	138	8,542
63	25%	413	103	6,510
64	25%	310	78	4,960
65	40%	233	93	6,045
66	40%	140	56	3,683
67	35%	84	29	1,963
68	35%	54	19	1,295
69	35%	35	12	854
70+	100%	23	23	1,609
			1,000	61,505

Weighted Average Retirement Age 62

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	3,395,132	5,257,017	179,582,267	188,234,416
2026	9,390,359	10,992,194	174,701,105	195,083,658
2027	14,233,015	12,186,720	169,622,273	196,042,008
2028	18,376,608	13,368,166	164,301,993	196,046,767
2029	21,927,490	14,396,124	158,816,070	195,139,684
2030	24,909,114	15,434,765	153,201,299	193,545,178
2031	27,391,692	16,505,500	147,410,865	191,308,057
2032	29,499,056	17,560,109	141,442,980	188,502,145
2033	31,318,089	18,508,839	135,313,758	185,140,686
2034	32,923,405	19,291,699	129,057,608	181,272,712
2035	34,331,284	19,893,412	122,678,258	176,902,954
2036	35,552,629	20,284,651	116,206,598	172,043,878
2037	36,563,608	20,586,073	109,676,901	166,826,582
2038	37,355,429	20,847,390	103,094,873	161,297,692
2039	37,951,911	21,072,236	96,477,855	155,502,002
2040	38,371,974	21,209,081	89,862,191	149,443,246
2041	38,630,893	21,263,926	83,290,134	143,184,953
2042	38,687,636	21,202,753	76,787,355	136,677,744
2043	38,552,127	21,051,658	70,391,711	129,995,496
2044	38,281,423	20,878,759	64,146,645	123,306,827
2045	37,849,252	20,632,035	58,087,435	116,568,722
2046	37,248,804	20,310,291	52,248,345	109,807,440
2047	36,516,498	19,942,749	46,664,105	103,123,352
2048	35,674,867	19,532,837	41,367,403	96,575,107
2049	34,738,738	19,070,994	36,387,292	90,197,024
2050	33,688,954	18,575,394	31,748,766	84,013,114
2051	32,525,635	18,038,150	27,471,164	78,034,949
2052	31,268,763	17,419,926	23,567,220	72,255,909
2053	29,924,553	16,739,451	20,042,722	66,706,726
2054	28,501,663	16,029,729	16,896,109	61,427,501

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	27,009,346	15,286,288	14,118,671	56,414,305
2056	25,482,659	14,503,010	11,695,049	51,680,718
2057	23,926,781	13,688,361	9,604,378	47,219,520
2058	22,343,359	12,853,194	7,821,388	43,017,941
2059	20,759,080	12,011,138	6,317,830	39,088,048
2060	19,191,593	11,168,454	5,063,773	35,423,820
2061	17,656,020	10,334,039	4,028,944	32,019,003
2062	16,164,505	9,521,450	3,183,769	28,869,724
2063	14,728,108	8,733,533	2,500,205	25,961,846
2064	13,355,231	7,972,494	1,952,436	23,280,161
2065	12,053,276	7,246,040	1,517,223	20,816,539
2066	10,827,623	6,557,832	1,174,134	18,559,589
2067	9,681,696	5,910,569	905,576	16,497,841
2068	8,617,262	5,306,032	696,639	14,619,933
2069	7,634,647	4,745,048	534,934	12,914,629
2070	6,732,916	4,227,673	410,325	11,370,914
2071	5,910,121	3,753,245	314,634	9,978,000
2072	5,163,478	3,320,502	241,343	8,725,323
2073	4,489,541	2,927,672	185,307	7,602,520
2074	3,884,434	2,572,650	142,507	6,599,591

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provision

Georgia-Pacific LLC Hourly Pension Plan

Former plan

Georgia-Pacific LLC Pension Plan for Hourly-Rated Employees (merged effective 12/31/2010)

Type of plan Flat Dollar

Normal form Life annuity, if single, except Exhibit 365 is 3-year certain and life annuity and Exhibit 402 is 5-year certain and life annuity

Plan eligibility Date of employment, but date of coverage may vary by location

Benefit service 1 year for every 12 months of service

Class Hourly paid employees varying by Exhibit

Accumulated benefit Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A. Certain locations have grandfathered offset or add-on benefits

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	Generally, AB, payable immediately
Early retirement	55	5	Generally, AB, reduced 6% per year before age 62. Some locations have grandfathered reductions
Postponed retirement	> 65	--	Generally, AB, payable immediately
Vested termination	--	5	Generally, AB, reduced 6% per year before age 62. Some locations have grandfathered reductions
Disablement	--	5	Generally, AB, if totally disabled, payable 6 months after date of disablement
Pre-ret death	--	5	Generally, 50% of AB, reduced for 50% J&S, payable for life of spouse. Benefit commences at age 62

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2025 valuation.

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Provisions

Georgia-Pacific LLC Hourly Pension Plan

Former plan

Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)

Location name: Dubuque, Iowa

Exhibit number: 439 - A

Type of plan Flat Dollar

Normal form Life Annuity

Plan eligibility Date of Hire

Benefit service Elapsed time from Date of Hire, includes some Predecessor Plan service, excludes service prior to 07/17/1984

Class Union employees - USW, Local 1861U

Accumulated benefit Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	AB, payable immediately
Early retirement	55	5	AB, reduced 6% per year from age 62; other reduction may apply for Predecessor Plan employees
Postponed retirement	> 65	--	AB, payable immediately
Vested termination	--	5	AB, reduced 6% per year from age 62; other reduction may apply for Predecessor Plan employees
Disablement	--	5	AB, if considered totally disabled by the SSA and remains totally disabled for 6 months
Pre-ret death	--	5	50% of AB, reduced for 50% J&S, payable for life of spouse

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2025 valuation.

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Provisions
Georgia-Pacific LLC Hourly Pension Plan

Former plan
Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)

Location name: Spartanburg, South Carolina

Exhibit number: 441 - A

Type of plan Flat Dollar

Normal form 3 Year certain and life annuity

Plan eligibility Date of Hire

Benefit service Elapsed time from Date of Hire after 03/16/1981, but not less than under Predecessor Plan as of 04/30/2004

Class Certain hourly employees not covered by a collective bargaining agreement

Accumulated benefit Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	AB, payable immediately
Early retirement	55	5	AB, reduced 6% per year from age 62
Postponed retirement	> 65	--	AB, payable immediately
Vested termination	--	5	AB, reduced 6% per year from age 62
Disablement	--	10 yrs VS with 1 yr BS or 5 yrs BS	AB, if considered totally disabled by the SSA and remains totally disabled for 6 months
Pre-ret death	--	5	50% of AB, reduced for 50% J&S, payable for life of spouse

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2025 valuation.

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Provisions

Georgia-Pacific LLC Hourly Pension Plan

Former plan

Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)

Location name:	Wauna Mill Division
Exhibit number:	56 - B
Type of plan	Flat Dollar
Normal form	Life Annuity
Plan eligibility	Date of Hire
Benefit service	Elapsed time from Date of Hire
Pension earnings	Regular straight time job rate
Class	Union employees - USW, Local 1097
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A, based on regular straight time job rate

SCHEDULE SB ATTACHMENTS

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	AB, payable immediately
Early retirement	55	15	AB, reduced 3% per year from age 65
	58	14	
	59	10	
	60	5	
	62	20	AB, payable immediately
Postponed retirement	> 65	--	AB, payable immediately
Vested termination	--	5	AB, reduced for early commencement per plan specific table
Disablement	--	10	AB, if totally and permanently disabled
Pre-ret death	--	5	Actives: AB, reduced for 100% J&S, payable for life of spouse Terminated: 50% of AB, reduced for 50% J&S, payable for life of spouse $1,000 Lump Sum

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2025 valuation.

SCHEDULE SB ATTACHMENTS

Plan Provisions

Georgia-Pacific LLC Hourly Pension Plan

Former plan

Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)

Location name:	Camas Mill Division
Exhibit number:	85 - B
Type of plan	Flat Dollar
Normal form	Life Annuity
Plan eligibility	Date of Hire
Benefit service	Elapsed time from Date of Hire
Pension earnings	Regular straight time job rate
Class	Union employees - AWPPW, Local 5
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A, based on regular straight time job rate

SCHEDULE SB ATTACHMENTS

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	AB, payable immediately
Early retirement	55	15	AB, reduced 3% per year from age 65
	58	14	
	59	10	
	60	5	
	62	20	AB, payable immediately
Postponed retirement	> 65	--	AB, payable immediately
Vested termination	--	5	AB, reduced for early commencement per plan specific table
Disablement	--	5	AB, if considered disabled by the SSA
Pre-ret death	--	5	Actives: AB, reduced for 100% J&S, payable for life of spouse Terminated: 50% of AB, reduced for 50% J&S, payable for life of spouse $1,000 Lump Sum

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2025 valuation.

SCHEDULE SB ATTACHMENTS

Plan Provisions

Georgia-Pacific LLC Hourly Pension Plan

Former plan

Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)

Location name: St. Mary's, Georgia

Exhibit number: 261 - B

Type of plan Flat Dollar

Normal form Life Annuity

Plan eligibility Date of Hire

Benefit service

Hours	Benefits Service
< 800	0.0
800 – 999	0.5
> 999	1.0

Class Union employees - USW, Local 958

Accumulated benefit Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	AB, payable immediately
	62	20	AB, payable immediately
Early retirement	55	--	AB, reduced 5% per year from Normal Retirement Date
Postponed retirement	> 65	--	AB, payable immediately
Vested termination	--	5	AB, reduced 5% per year from Normal Retirement Date
Disablement	--	5	AB, if considered totally disabled by the SSA
Pre-ret death	--	5	50% of AB, reduced for 50% J&S, payable for life of spouse

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2025 valuation.

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Provisions

Georgia-Pacific LLC Hourly Pension Plan

Former plan

Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)

Location name:	Green Bay, Wisconsin
Exhibit number:	262 - B
Type of plan	Flat Dollar
Normal form	Life Annuity
Plan eligibility	Date of Hire
Benefit service	One month of benefit service for each month in which employee earns at least 80 Hours of Service, up to maximum of 12 months per plan year
Class	Union employees - USW, Local 2-327 and 2-213
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.

SCHEDULE SB ATTACHMENTS

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	AB, payable immediately
Early retirement	55	15	AB, reduced 6% per year from age 62
Postponed retirement	> 65	--	AB, payable immediately
Vested termination	--	5	AB as of date of termination. With 15 years of benefit service, benefit may begin at age 55, reduced 6% per year from age 65
Disablement	--	5	AB, if considered totally disabled by the SSA
Pre-ret death	--	5	50% of AB, reduced for 50% J&S, payable for life of spouse
	--	15	$14.25 times benefit service at time of death, beginning the month following the month in which the spouse is eligible to receive SS retirement benefits, payable for 10 years or until remarriage or death

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2025 valuation.

SCHEDULE SB ATTACHMENTS

Plan Provisions

Georgia-Pacific LLC Hourly Pension Plan

Former plan

Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)

Location name:	Lexington, Kentucky
Exhibit number:	266 - B
Type of plan	Flat Dollar
Normal form	Life Annuity
Plan eligibility	Date of Hire
Benefit service	One month of benefit service for each month in which employee earns at least 80 Hours of Service, up to maximum of 12 months per plan year
Class	Union employees - International Brotherhood of Teamsters, Local 651
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.

SCHEDULE SB ATTACHMENTS

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	AB, payable immediately
Early retirement	55	15	AB, reduced 6% per year from age 65 for participants terminating before age 62. Unreduced AB for participants terminating after age 62
Postponed retirement	> 65	--	AB, payable immediately
Vested termination	--	5	AB as of date of termination. With 15 years of benefit service, benefit may begin at age 55, reduced 6% per year from age 65
Disablement	--	5	AB, if considered totally disabled by the SSA
Pre-ret death	--	5	50% of AB, reduced for 50% J&S, payable for life of spouse

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2025 valuation.

SCHEDULE SB ATTACHMENTS

Plan Provisions

Georgia-Pacific LLC Hourly Pension Plan

Former plan

Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)

Location name:	(USW) Hourly Employees at the Canal, Washington Street, Wausau, Ashland, Neenah Pilot, and Wisconsin Preparatory Center
Exhibit number:	269 - B
Type of plan	Flat Dollar
Normal form	Life Annuity
Plan eligibility	Date of Hire
Benefit service	One month of benefit service for each month in which employee earns at least 80 Hours of Service, up to maximum of 12 months per plan year
Class	Union employees - PACE, Local 148 and 224
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.

SCHEDULE SB ATTACHMENTS

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	AB, payable immediately
Early retirement	55	15	AB, reduced 6% per year from age 62 for participants terminating before age 62. Unreduced AB for participants terminating after age 62.
Postponed retirement	> 65	--	AB, payable immediately
Vested termination	--	5	AB as of date of termination. With 15 years of benefit service, benefit may begin at age 55, reduced 6% per year from age 65
Disablement	--	5	AB, if considered totally disabled by the SSA
Pre-ret death	--	5	50% of AB, reduced for 50% J&S, payable for life of spouse
	--	15	$10.00 times benefit service at time of death, beginning the month following the month in which the spouse is eligible to receive SS retirement benefits, payable for 10 years or until remarriage or death

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2025 valuation.

SCHEDULE SB ATTACHMENTS

Plan Provisions

Georgia-Pacific LLC Hourly Pension Plan

Former plan

Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)

Location name:	Naheola Mill
Exhibit number:	271 - B
Type of plan	Flat Dollar
Normal form	Life Annuity
Plan eligibility	Date of Hire
Benefit service	One month of benefit service for each month in which employee earns at least 80 Hours of Service, up to maximum of 12 months per plan year
Class	Union employees - IBEW, Local 2048
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.

SCHEDULE SB ATTACHMENTS

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	AB, payable immediately
Early retirement	55	15	AB, reduced 3% per year from age 65 to age 60 and 6% per year from age 60 to age 55 for participants terminating before age 62. Unreduced AB for participants terminating after age 62
Postponed retirement	> 65	--	AB, payable immediately
Vested termination	--	5	AB as of date of termination. With 15 years of benefit service, benefit may begin at age 55, reduced 4% per year from age 65 to age 60 and 6% per year from age 60 to age 55
Disablement	--	5	AB, if considered totally disabled by the SSA and remains totally disabled for 6 months
Pre-ret death	--	5	50% of AB, reduced for 50% J&S, payable for life of spouse
	--	15	$1.875 times benefit service at time of death, beginning the month following the month in which the spouse is eligible to receive SS retirement benefits, payable for 10 years or until remarriage or death

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2025 valuation.

SCHEDULE SB ATTACHMENTS

Plan Provisions

Georgia-Pacific LLC Hourly Pension Plan

Former plan

Georgia-Pacific LLC Fort James Retirement Plan for Discontinued Operations (merged effective 12/31/2010)

Type of plan Frozen Flat Dollar

Normal form Life Annuity

Plan eligibility Participants of prior plans as specified in plan document

Benefit service No further benefit service will accrue under this plan

Class All employees covered by a collective bargaining agreement with the union described in the applicable exhibit

Accumulated benefit Dollar per month of benefit service as specified in the plan document. No further benefits will accrue under this plan

Benefit	Age	Vest Svc	Description
Normal retirement	65	--	AB, payable immediately
Early retirement	55	15	AB, reduced according to exhibits as specified in plan document
Postponed retirement	> 65	--	AB, payable immediately
Vested termination	--	5	AB, reduced for early commencement, according to exhibits as specified in plan document
Disablement	varies	varies	Eligibility and reduction of AB varies by exhibit as specified in plan document
Pre-ret death	55	5	50% of AB, reduced for 50% J&S, payable for life of spouse, beginning on participant's NRD

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Optional Forms of Payment

In addition to the normal form of payment, participants are eligible to elect the following actuarial equivalent optional forms:

Single Life Annuity – An annuity payable for the participant's life only.

Joint and Survivor Annuity – An annuity payable for the participant's life and upon death, an annuity payable to the beneficiary based on the percentage elected and using conversion factors based on the plan actuarial equivalence bases.

Certain and Life – An annuity payable for the participant's lifetime, and upon death, an annuity payable to the beneficiary for the certain period.

Lump Sum – Single payment paid to participants who meet plan requirements.

Certain locations have additional forms of payment available.

SCHEDULE SB ATTACHMENTS

Table A – Locations with Active Employees

Exhibit	Location Name	Benefit Service Start Date	Tier Date	2025 Benefit Level	2026 Benefit Level	2027 Benefit Level	2028 Benefit Level	2029 Benefit Level	Effective Date, if other than January 1st	Union Contract Expiration Date	Closed to New Entrants
006-A	Las Vegas, Nevada	10/1/1987		$29.00						Non-Union	12/31/2016
013-A	Lovell, Wyoming	7/31/1967	Tier 1: Svc before 12/31/2013 Tier 2: Svc after 1/1/2014	$34.00 $41.00	$34.00 $42.00	$34.00 $42.00				8/31/2027	12/31/2019
016-A	Fort Dodge, Iowa		Tier 1: Svc before 1/1/2012 Tier 2: Svc after 1/1/2012	$29.00 $39.00	$29.00 $39.00					6/19/2026	12/31/2018
026-A	Martinsville, Virginia			$40.00	$41.00	$42.00	$43.00			07/09/2028	12/31/2015
028-A	Augusta, Georgia			$39.00	$40.00	$41.00	$42.00			1/27/2028	12/31/2015
029-A	Huntsville, Alabama			$36.00	$37.00	$38.00	$39.00			6/21/2028	12/31/2015
031-A	Dudley, North Carolina			$28.00						Non-Union	12/31/2016
048-A	Big Island, Virginia			$60.00	$61.00	$62.00				10/31/2027	12/31/2015
052-A	West Monroe, Louisiana	11/23/1981		$38.50						1/28/2025	12/31/2015
065-A	Monticello, Mississippi		Tier 1: Svc before 7/1/1984 Tier 2: Svc after 7/1/1984	$59.00 / $41.00	$60.00 / $42.00	$61.00 / $43.00	$62.00 / $44.00			9/30/2028	12/31/2015
072-A	Brunswick, Georgia	2/1/1990		$60.00	$61.00	$62.00				1/3/2027	12/31/2015
073-A	Mt. Wolf, Pennsylvania	7/17/1984		$40.00	$41.00	$42.00				10/31/2027	12/31/2015
077-A	Palatka, Florida		Tier 1: Svc before 6/1/1972 Tier 2: Svc 6/1/1972 to 12/31/2009 Tier 3: Svc 1/1/2010 and after	$16.00 $32.00 $42.00						3/31/2025	12/31/2017
078-A	Madison, Georgia	9/1/1987		$28.00						Non-Union	12/31/2016
081-A	Plattsburgh, New York			$58.00						9/30/2025	12/31/2015
083-A	Cleveland, Tennessee			$36.00	$37.00	$38.00				7/31/2027	12/31/2015
085-A	Kansas City, Missouri			$37.00	$38.00	$39.00	$40.00			9/30/2028	12/31/2019
106-A	Owosso, Michigan	11/23/1981		$38.00	$39.00	$40.00				2/14/2027	12/31/2015
107-A	Mt. Olive, Illinois		Tier 1: Svc before 9/1/1987 Tier 2: Svc after 9/1/1987	$39.00 / $23.00	$40.00 / $24.00	$41.00 / $25.00	$42.00 / $26.00			2/7/2028	12/31/2015
119-A	Port Hudson, Louisiana			$58.00						6/6/2025	12/31/2015
120-A	Albany, Georgia	11/23/1981		$37.00	$38.00	$39.00	$40.00			3/15/2028	12/31/2015
122-A	Akron, Ohio	7/17/1984		$42.00	$43.00	$44.00	$45.00			09/30/2028	12/31/2015
123-A	Circleville, Ohio			$40.00	$41.00	$42.00				6/30/2027	12/31/2015
125-A	Bradford, Pennsylvania			$39.00	$40.00	$41.00	$42.00			03/31/2028	12/31/2015
126-A	Crossett, Arkansas			$58.00	$58.00					6/30/2026	12/31/2015
153-A	Prosperity, South Carolina			$28.00						Non-Union	12/31/2016
159-A	Taylorsville, Mississippi	1/1/1959	Tier 1: Svc before 1/1/2011 Tier 2: Svc after 1/1/2011	$42.00 / $34.00	$42.00 / $34.00	$42.00 / $34.00	$42.00 / $34.00			5/31/2028	6/30/2018
180-A	Sweetwater, Texas	4/16/1996		$29.00						Non-Union	12/31/2016

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Exhibit	Location Name	Benefit Service Start Date	Tier Date	2025 Benefit Level	2026 Benefit Level	2027 Benefit Level	2028 Benefit Level	2029 Benefit Level	Effective Date, if other than January 1st	Union Contract Expiration Date	Closed to New Entrants
193-A	Newington, New Hampshire	4/16/1996		$29.00						Non-Union	12/31/2016
208-A	Dudley, North Carolina			$28.00						Non-Union	12/31/2016
215-A	Prosperity, South Carolina			$28.00						Non-Union	12/31/2016
249-A	Modesto, California			$43.00	$43.00	$43.00				6/15/2027	12/31/2020
251-A	Olympia, Washington			$43.00	$43.00	$43.00				6/15/2027	12/31/2020
260-A	Palatka, Florida			$44.00	$45.00	$46.00	$47.00			9/1/2028	12/31/2015
266-A	Taylorsville, Mississippi	1/1/1959	Tier 1: Svc before 1/1/2011 Tier 2: Svc after 1/1/2011	$42.00 / $34.00	$42.00 / $34.00	$42.00 / $34.00	$42.00 / $34.00			5/31/2028	6/30/2018
267-A	Crossett, Arkansas			$58.00	$58.00					6/12/2026	12/31/2015
273-A	Emporia, Virginia		Tier 1: Svc before 1/1/2013 Tier 2: Svc after 1/1/2013	$34.00 $43.00	$34.00 $43.00	$34.00 $43.00				11/30/2027	12/31/2020
315-A	Savannah, Georgia			$29.00						Non-Union	12/31/2016
334-A	Wheatfield, Indiana	1/1/1999		$36.00						4/29/2025	12/31/2017
365-A	Camden, New Jersey		Tier 1: Svc before 1/1/2014 Tier 2: Svc after 1/1/2014	$33.00 $41.00	$33.00 $42.00	$33.00 $42.00				11/12/2027	12/31/2022
380-A	Fordyce, Arkansas			$28.00						Non-Union	12/31/2016
382-A	Hosford, Florida			$28.00						Non-Union	12/31/2016
391-A	Antioch, California			$41.00	$41.00	$41.00	$41.00			6/30/2028	12/31/2019
392-A	Tacoma, Washington	1/1/2001 plus Accd Bft 12/31/2000	Tier 1 & 2: DOH < 1/1/2001 Svc < 1/1/2014 Svc ≥ 1/1/2014 Tier 3 & 4 DOH ≥ 1/1/2001 Svc < 1/1/2014 Svc ≥ 1/1/2014	 $45.00 $56.00 $39.00 $50.00	 $45.00 $57.00 $39.00 $51.00	 $45.00 $58.00 $39.00 $52.00				07/31/2027	12/31/2022
402-A	Toledo, Oregon			$60.00	$61.00	$62.00				12/31/2027	12/31/2018
412-A	Palatka, Florida			$59.00	$60.00	$61.00	$62.00			06/01/2028	12/31/2015
413-A	San Francisco, California			$43.00	$43.00	$43.00				6/15/2027	12/31/2020
415-A	Palatka, Florida			$59.00	$60.00	$61.00	$62.00			6/1/2028	12/31/2015
416-A	Palatka, Florida			$59.00	$60.00	$61.00	$62.00			6/1/2028	12/31/2015
419-A	Camden, Texas	4/1/2007		$28.00						Non-Union	12/31/2016
420-A	Camden, Texas	4/1/2007		$28.00						Non-Union	12/31/2016
421-A	Corrigan, Texas	4/1/2007		$28.00						Non-Union	12/31/2016
422-A	Gurdon, Arkansas	4/1/2007		$28.00						Non-Union	12/31/2016
423-A	Gurdon, Arkansas	4/1/2007		$28.00						Non-Union	12/31/2016
428-A	Brewton, Alabama	5/26/2008	Tier 1: DOH before 5/26/2008 Tier 2: DOH after 5/26/2008	$67.50 $60.00	$68.50 $61.00	$69.50 $62.00				10/31/2027	12/31/2015
429-A	Brewton, Alabama	5/26/2008	Tier 1: DOH before 5/26/2008 Tier 2: DOH after 5/26/2008	$67.50 $60.00	$68.50 $61.00	$69.50 $62.00				10/31/2027	12/31/2015
430-A	Brewton, Alabama	5/26/2008	Tier 1: DOH before 5/26/2008 Tier 2: DOH after 5/26/2008	$67.50 $60.00	$68.50 $61.00	$69.50 $62.00				10/31/2027	12/31/2015
431-A	Brewton, Alabama	5/26/2008	Tier 1: DOH before 5/26/2008 Tier 2: DOH after 11/1/2018	$67.50 $60.00	$68.50 $61.00	$69.50 $62.00				10/31/2027	12/31/2015

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Exhibit	Location Name	Benefit Service Start Date	Tier Date	2025 Benefit Level	2026 Benefit Level	2027 Benefit Level	2028 Benefit Level	2029 Benefit Level	Effective Date, if other than January 1st	Union Contract Expiration Date	Closed to New Entrants
447-A	Kane, Pennsylvania	7/19/2013		$35.00						Non-Union	12/31/2016
448-A	Diboll, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
451-A	Fredericksburg, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
453-A	McQueeney, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
454-A	Fletcher, Oklahoma	7/19/2013		$35.00						Non-Union	12/31/2016
455-A	Cumberland City,	7/19/2013		$35.00						Non-Union	12/31/2016
457-A	Pineland, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
458-A	Diboll, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
459-A	Rome, Georgia	7/19/2013		$30.00	$31.00	$32.00	$33.00			2/1/2028	12/31/2018
461-A	Monroeville, Alabama	3/16/2015		$28.00						Non-Union	12/31/2016
462-A	Blue Rapids, Kansas		Tier 1: Svc before 1/1/2014 Tier 2: Svc after 1/1/2014	$31.75 $39.75	$31.75 $40.75	$31.75 $41.75	$31.75 $42.75			08/31/2028	12/31/2020
463-A	Camden, New Jersey		Tier 1: Svc before 1/1/2014 Tier 2: Svc after 1/1/2014	$33.00 $41.00	$33.00 $42.00	$33.00 $42.00				11/12/2027	12/31/2022
464-A	Las Vegas, Nevada	10/1/1987		$29.00						Non-Union	12/31/2016
056-B	Wauna Mill Clatskanie, Oregon			ranging from $52.00 - $84.00	ranging from $52.00 - $84.00					3/31/2026	12/31/2015
085-B	Camas Mill Camas, Washington			$38.00 to $69.50	$56.00 to $70.50	$56.00 to $70.50	$56.00 to $70.50			5/31/2028	12/31/2017
261-B	St. Mary's, Georgia			$41.00	$42.00	$43.00	$44.00			9/5/2028	12/31/2015
266-B	Lexington, Kentucky			$42.00						7/13/2025	12/31/2016
269-B	Neenah, Wisconsin		Tier 1: DOH before 5/1/2013 Tier 2: DOH after 5/1/2013	$49.00 $47.00	$50.00 $48.00	$51.00 $49.00				4/30/2027	12/31/2017
271-B	Naheola Facility, Pennington, Alabama			$62.00	$63.00	$64.00				2/28/2027	12/31/2015