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
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL OF CARPENTERS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1962

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL

10599 OLD HIGHWAY 99 S
DILLARD, OR 97432

2b Employer Identification Number (EIN) 93-6021814

2c Plan Sponsor's telephone number 541-696-3111

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.	10/12/2026	SAMANTHA RASCHIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3532
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)**	537
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	459
b	Retired or separated participants receiving benefits	**6b**	1849
c	Other retired or separated participants entitled to future benefits	**6c**	697
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3005
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	448
f	Total. Add lines **6d** and **6e**.	**6f**	3453
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1I

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)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL OF CARPENTERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL

D Employer Identification Number (EIN)
93-6021814

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**	236848889
b Actuarial value	**2b**	235746194

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	2278	196860829	196860829
b For terminated vested participants	768	32025118	32025118
c For active participants	537	33340267	34025299
d Total	3583	262226214	262911246

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2670000
c Target normal cost	**6c**	2670000

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

08/20/2026
Date

LAUREN KLEIN
Type or print name of actuary

26-09168
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

312-730-1780
Telephone number (including area code)

233 S. WACKER DRIVE
SUITE 4850
CHICAGO, IL 60606
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	4219352
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4219352
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.64 %	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)		1153252
	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 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		65043
	c Total available at beginning of current plan year to add to prefunding balance		1218295
	d Portion of (c) to be added to prefunding balance		1218295
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	1218295

Part III Funding Percentages

14	Funding target attainment percentage	14	89.20 %
15	Adjusted funding target attainment percentage	15	89.20 %
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	93.57 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	1250000	0			
10/14/2025	1250000	0			
01/15/2026	1250000	0			
07/15/2026	2829000	0			
			Totals ► 18(b)	6579000	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	6227304

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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**	61

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**	2670000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	28383347	3381374
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**	6051374

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1218295	1218295

36 Additional cash requirement (line 34 minus line 35)	**36**	4833079
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	6227304

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1394225
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1218295
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
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL OF CARPENTERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL

D Employer Identification Number (EIN)
93-6021814

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

PRINCIPAL FINANCIAL GROUP INC.

42-1520346

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

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

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

FID INV INST OPS CO

04-3532603

(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 15 16 50	ACTUARY/CONSULT/RCRDKPR	959171	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL FINANCIAL GROUP INC.

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	163876	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAKER TILLY US, LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTING	29883	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)

IRON MOUNTAIN INC.

04-3107342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	OTHER	13218	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STOEL RIVES LLP

93-0408771

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	11901	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: VALERIE PIRKTL

b EIN: 04-3532603

c Position: ACTUARY

d Address: 100 CALIFORNIA STREET
SUITE 1200
SAN FRANCISCO, CA 94111

e Telephone: 415-445-6997

Explanation: THIS FILING REFLECTS A CHANGE IN THE ENROLLED ACTUARY FOR THE PLAN. THIS TERMINATION IS DUE TO A REASSIGNING OF ROLES WITHIN THE FIRM PROVIDING ACTUARIAL SERVICES.

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
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL OF CARPENTERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL

D Employer Identification Number (EIN)
93-6021814

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: MASTER TRUST FOR ROSEBURG FOREST PR

b Name of sponsor of entity listed in (a): ROSEBURG FOREST PRODUCTS CO.

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)
93-1240670-005	M	238039695

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
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL OF CARPENTERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL

D Employer Identification Number (EIN)
93-6021814

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)	2075000	4079000
(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)	234961594	238039695
(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)	1615350	1587725

		(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	238651944	243706420
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	238651944	243706420

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)	6579000	
(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)		6579000
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)		21089089
(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		27668089
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19198488	
(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)		19198488
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)	592019	
(4) IQPA audit fees	2i(4)	29883	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	163876	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	11901	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2617446	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3415125
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		22613613
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5054476
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 575196.

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
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL OF CARPENTERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL

D Employer Identification Number (EIN)
93-6021814

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): 42-1520346

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** 8

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: 9.8 % Private Equity: 84.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 1.0 %
High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 4.1 % Other: 0.6 %

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_____.

Independent Auditors' Report and
Financial Statements

Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan

December 31, 2025 and 2024

bakertilly

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Independent Auditors' Report

To the Plan Administrator of
Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan

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

We have performed audits of the financial statements of Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and the statements of changes in net assets available for benefits as of and for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension 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 Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension 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 certification, 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.

Baker Tilly US, LLP

Baker Tilly US, LLP
Portland, Oregon
October 9, 2026

Financial Statements

Roseburg Forest Products Co. &
Western States Regional Council of Carpenters Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value		
Plan's interest in Roseburg Forest Products Co. & Western States Regional Council of Carpenters Master Trust	$ 238,039,695	$ 234,961,594
Receivables		
Employer's contribution	4,079,000	2,075,000
Other assets	1,587,725	1,615,350
NET ASSETS AVAILABLE FOR BENEFITS	$ 243,706,420	$ 238,651,944

See accompanying notes.

Roseburg Forest Products Co. &
Western States Regional Council of Carpenters Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Plan interest in the net investment income of the Roseburg Forest Products Co. & Western States Regional Council of Carpenters Master Trust	$ 21,089,089	$ 8,746,914
CONTRIBUTIONS		
Employer contributions	6,579,000	2,075,000
Total additions	27,668,089	10,821,914
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Retirement benefits and expenses		
Benefits paid directly to participants	19,198,488	20,273,289
Administrative expenses	3,415,125	2,695,736
Total deductions	22,613,613	22,969,025
CHANGE IN NET ASSETS	5,054,476	(12,147,111)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	238,651,944	250,799,055
End of year	$ 243,706,420	$ 238,651,944

See accompanying notes.

Note 1 – Description of the Plan

The following description of the Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan (the Plan) provides general information only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General and eligibility – The Plan was formed in June 1961 for the purpose of providing pension benefits to employees of those employers participating in the Plan.

The Plan covers Oregon employees of Roseburg Forest Products Co. (the Company) working under a collective bargaining agreement in a plant or operation in the lumber industry and whom the Company has agreed to have covered under the Plan. Employees are eligible to participate after the completion of 500 hours of service. The Board of Trustees approved an amendment to the Plan to reflect the freeze of benefit accruals under the Plan effective March 1, 2017. Any participant as of the date of ratification will continue to accrue service credit solely for the purpose of vesting at five years from the date of hire and then will cease earning further service credit. Any employee hired on or after March 1, 2017 will receive no benefit under the Plan.

The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Principal Bank (Principal) is the custodian of the Plan. The Company acts as the Plan Administrator.

Vesting – The participants become 100% vested in their benefit after: (1) completion of 5 or more years of future service with a participating employer during which they worked 1,000 hours per year; (2) completion of 15 years of credited service including 5 years of future service credits; or (3) satisfaction of the requirements for normal, early, or disability retirement before incurring a forfeiture.

Participants earn one year of past service credits for each calendar year the employee worked at least one day in the lumber industry prior to the date of the employer's participation. Past service credits are limited to 15 years. Participants earn future service credits for each plan year in which the employee is credited with 600 hours of service, as defined by the Plan. The amount of future service credits received each year is based on the number of hours worked.

Retirement benefits – Participants are eligible for normal retirement benefits after qualifying as a vested participant and attainment of age 65. The Plan also provides for early, deferred, disability, joint, and survivor retirement benefits and a preretirement death benefit.

Past and future service credits vary based on the employee termination date and whether related to past or future service. Rates range from a benefit of $2.70 per service credit for terminations prior to 1965, up to a maximum benefit of $45 per service credit for certain service years through March 1, 2017.

Death and disability benefits – A benefit will be payable to a surviving spouse of a deceased participant, whether the participant was employed or not, if the participant was fully vested, or eligible for early or normal retirement, or terminated employment after attaining age 55 with 30 or more years of credited service, and died after attaining age 55 with a minimum 10 years of credited service and the death occurs prior to the participant receiving benefits. The Plan provides for disability retirement benefits to nonretired participants provided that the participant meets the criteria set forth in the plan document.

Benefit payment options – The normal form of retirement benefit payments is a lifetime annuity (if unmarried) or a joint and surviving spouse's annuity (if married). Alternative benefit payment options are available to participants upon written election. If the present value of a participant's retirement benefits is no more than $5,000, the participant account will be automatically transferred to a qualified plan or individual retirement account for the participant or a beneficiary by the Plan Administrator in a lump sum.

Participants may elect an early retirement on or after attaining age 55. Annual benefit payments for participants retiring early are subject to a reduction factor, as defined by the Plan.

Note 2 – Summary of Accounting Policies

Basis of accounting – The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual basis of accounting.

Use of estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment valuation – The investments are stated at fair value. The Plan's custodian, Principal, certifies the fair value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date.

Income recognition – 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. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

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

Other assets – Other assets represent prepayments of benefit payments to participants for the month of January 2026 and 2025.

Expenses – Plan expenses, including audit fees, various legal expenses, Pension Benefit Guaranty Corporation (PBGC) premiums, and trustee fees, are recorded when incurred and paid by the Plan.

Note 3 – Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. There were no changes in actuarial assumptions for the year ended December 31, 2025. The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024, were as follows:

Valuation interest rate		7.25%
Actuarial cost method		Unit credit cost method
	Age (in years)	Rates
Assumed retirement age of active participants	55–59	5%–10%
	60	10%
	61	20%
	62	50%
	63–64	25%
	65	100%
Terminated vested		Assumed at age 62
Mortality basis		Pri-2012 Blue Collar Mortality Table with Scale MP-2021 Mortality Improvement Scale

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024, was as follows:

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$ 164,692,641	$ 167,767,192
Other participants	47,836,858	50,413,974
	212,529,499	218,181,166
Nonvested benefits	466,195	523,615
Total actuarial present value of accumulated plan benefits	$ 212,995,694	$ 218,704,781

The change in the actuarial present value of accumulated plan benefits for the years ended December 31, 2025 and 2024, consisted of the following:

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 218,704,781	$ 223,077,618
Increase (decrease) during the year attributed to		
Actuarial (gains) losses	(1,711,535)	450,669
Increase for interest due to the decrease in the discount period	15,173,312	15,451,034
Benefits paid	(19,170,864)	(20,274,540)
Net decrease	(5,709,087)	(4,372,837)
Actuarial present value of accumulated plan benefits at end of year	$ 212,995,694	$ 218,704,781

Note 4 – Funding Policy

Employee contributions – Contributions by participants are not required or permitted by the Plan.

Employer contributions – The Company makes all necessary contributions into the Plan as determined by the Plan's actuaries in order to comply with the annual ERISA minimum funding requirement. The Company's contributions for 2025 and 2024 met the minimum funding requirements of ERISA. The Company made contributions of $6,579,000 and $2,075,000 for the years ended December 31, 2025 and 2024, respectively.

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.

Note 5 – Plan Termination

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

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

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. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the maximum amount of monthly benefit the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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.

Note 6 – Interest in Roseburg Forest Products Co. & Western States Regional Council of Carpenters Master Trust

The Custodian holds all investments of the Roseburg Forest Products Co. & Western States Regional Council of Carpenters Master Trust (Master Trust). Under the Master Trust, each of the Company's pension plans can own a proportionate share (in the form of master trust units) of the consolidated master trust investments. The fair value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses.

The participating Plans' interest in the Master Trust at December 31, 2025 and 2024, was as follows:

	2025		2024	
Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan	$ 238,039,695	67.72%	$ 234,961,594	67.46%
Roseburg Forest Products Co. Retirement Plan	94,482,065	26.88%	94,775,403	27.21%
Roseburg Forest Products Co. Employee Pension Plan	18,970,683	5.40%	18,551,060	5.33%
Net assets of Master Trust	$ 351,492,443	100.00%	$ 348,288,057	100.00%

The following table represents the net assets of the Master Trust and the Plan at December 31, 2025 and 2024:

	Master Trust		Plan	
	2025	2024	2025	2024
Assets				
Cash and cash equivalents	$ 16,015,854	$ 19,775,427	$ 10,846,347	$ 13,340,870
Registered investment companies	55,612,395	47,162,724	37,662,140	31,816,850
Fixed income securities	26,262,467	25,769,577	17,785,616	17,384,635
Limited partnership and private equity funds	228,837,726	220,333,459	154,974,776	148,641,046
Hedge funds	24,764,001	35,246,870	16,770,816	23,778,193
	$ 351,492,443	$ 348,288,057	$ 238,039,695	$ 234,961,594

The following table represents the net investment income of the Master Trust and the Plan, excluding administrative expenses, for the years ended December 31, 2025 and 2024:

	Master Trust		Plan	
	2025	2024	2025	2024
Investment income				
Net appreciation in fair value of investments	$ 26,182,299	$ 8,844,142	$ 17,714,743	$ 5,979,494
Interest, dividends, and other income	4,983,930	4,096,551	3,374,346	2,767,420
	$ 31,166,229	$ 12,940,693	$ 21,089,089	$ 8,746,914

Investment income is offset by investment management fees during the year. The Master Trust's net appreciation in fair value of investments are allocated to the Plan based on the Plan's interest in the underlying assets.

Note 7 – Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to measurements involving significant unobservable inputs (Level 3). The three levels of the fair value hierarchy are as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust 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 or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

Cash and cash equivalents – Valued at fair value based on face value or cost plus accrued interest, which approximates fair value because of the short maturity of these investments

Registered investment companies – Valued at fair value based on the closing price reported on the active market on which the individual securities are traded.

Hedge Funds, fixed income securities, limited partnerships, and private equity funds – Some units held in hedge funds, fixed income securities, limited partnerships, and private equity funds (units) are valued using published prices as the basis for current transactions. Other units are valued using the NAV practical expedient of the unit as reported by the unit managers. The NAV is based on the fair value of the underlying assets owned by the unit, minus its liabilities, and then divided by the number of units outstanding. The NAV of a unit is calculated based on a compilation of primarily observable market information.

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

The following table sets forth by level, within the fair value hierarchy, the Master Trust's and the Plan's assets at fair value as of December 31, 2025:

	Investments at fair value				
	Master Trust				Plan
	Level 1	Level 2	Level 3	Total	Total
Cash and cash equivalents	$ 16,015,854	$ -	$ -	$ 16,015,854	$ 10,846,347
Registered investment companies	55,612,395	-	-	55,612,395	37,662,140
Fixed income securities	-	26,262,467	-	26,262,467	17,785,616
Limited partnership and private equity funds	-	3,289,094	-	3,289,094	2,227,459
Total investments in fair value hierarchy	$ 71,628,249	$ 29,551,561	$ -	101,179,810	68,521,562
Hedge funds				24,764,001	16,770,816
Limited partnerships and private equity funds				225,548,632	152,747,317
Investments measured at NAV practical expedient				250,312,633	169,518,133
Total assets at fair value				$ 351,492,443	$ 238,039,695

The following table sets forth by level, within the fair value hierarchy, the Master Trust's and the Plan's assets at fair value as of December 31, 2024:

	Investments at fair value				
	Master Trust				Plan
	Level 1	Level 2	Level 3	Total	Total
Cash and cash equivalents	$ 19,775,427	$ -	$ -	$ 19,775,427	$ 13,340,870
Registered investment companies	47,162,724	-	-	47,162,724	31,816,850
Fixed income securities	-	25,769,577	-	25,769,577	17,384,635
Limited partnership and private equity funds	-	2,364,894	-	2,364,894	1,595,401
Total investments in fair value hierarchy	$ 66,938,151	$ 28,134,471	$ -	95,072,622	64,137,756
Hedge funds				35,246,870	23,778,193
Limited partnerships and private equity funds				217,968,565	147,045,645
Investments measured at NAV practical expedient				253,215,435	170,823,838
Total assets at fair value				$ 348,288,057	$ 234,961,594

At December 31, 2025 and 2024, there were unfunded commitments of $52,509,994 and $63,039,553, respectively, for capital committed to certain investment managers who take several months or years to call the entire investment. This is consistent with the long-term asset allocation strategy of the trust.

The following table provides information regarding redemption of investments and unfunded commitments where the NAV has been used as a practical expedient at December 31, 2025 and 2024:

	Fair Value 12/31/2025	Fair Value 12/31/2024	Unfunded Commitments 12/31/2025	Unfunded Commitments 12/31/2024	Redemption Frequency	Redemption Notice Period	Redemption Restrictions
Hedge funds	$ 24,764,001	$ 35,246,870	$ 243,010	$ 243,010	Daily - Quinquennially	0 - 90 days	N/A
Limited partnerships and private equity funds	225,548,632	217,968,565	52,266,984	62,796,543	Daily - Biennially	0 - 120 days	N/A
Total investments	$ 250,312,633	$ 253,215,435	$ 52,509,994	$ 63,039,553			

Note 8 – Certified Investment Information

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by Principal, a qualified institution:

- Plan interest in the investments held by the Master Trust reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024.

- Plan interest in the net investment income of the Master Trust reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.

Note 9 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated August 23, 2016, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

In accordance with guidance on accounting for uncertainty in income taxes, the Plan Administrator has evaluated the Plan’s tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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.

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

Note 11 – Party-in-Interest Transactions

The Plan paid expenses related to the Plan's operations and investment management to various service providers.

Certain plan investments have been managed by Principal, the custodian, as defined by the Plan, and therefore, certain of these investment balances and investment transactions qualify as party-in-interest transactions. Investment management and custodial services are paid by the Master Trust and are insignificant to the Plan for the years ended December 31, 2025 and 2024.

Note 12 – Form 5500

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits.

Note 13 – Subsequent Events

The Plan evaluated subsequent events after the statement of net assets available for benefits date of December 31, 2025, through October 9, 2026, which was the date the financial statements were available to be issued.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan
EIN: 93-6021814
PN: 001

Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Line 26a – Schedule of Active Participant Data

Age and Service Distribution – Active Participants

	Completed Years of Credited Service on January 1, 2025										
Attained Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	5	0	0	0	0	0	0	0	0	5
30-34	0	21	3	0	0	0	0	0	0	0	24
35-39	0	25	16	4	0	0	0	0	0	0	45
40-44	0	17	15	11	6	0	0	0	0	0	49
45-49	0	18	11	16	31	6	0	0	0	0	82
50-54	0	10	8	13	21	16	5	0	0	0	73
55-59	0	19	13	22	21	17	30	12	0	0	134
60-64	1	9	10	23	21	19	13	14	1	0	111
65-69	0	2	2	2	0	2	3	2	0	0	13
Over 69	0	0	0	0	0	0	0	0	1	0	1
Total	**1**	**126**	**78**	**91**	**100**	**60**	**51**	**28**	**2**	**0**	**537**

Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan
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Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

"Minimum" means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

"Maximum" means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2025 Plan Year		**2024 Plan Year**	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	**4**	**4**	**4**	**4**
First five years	5.07%	5.07%	4.75%	3.62%
Next 15 years	5.31%	5.33%	4.87%	4.46%
Over 20 years	5.50%	5.36%	5.59%	4.52%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Expected Long-Term Return on Plan Assets: 7.25% (unchanged from prior year) determined by the company. The investment advisor confirmed this assumption continues to be reasonable in their annual return assumptions review dated January 2025.

Salary Scale: Not Applicable

Increase in Consumer Price Index (CPI): Not Applicable

Increase in Social Security Taxable Wage Base: Not Applicable

Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan
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Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Administrative Expenses included in Target Normal Cost: $2,670,000 (previously $2,760,000 for 2024). Estimated administrative expenses are composed of a 2025 PBGC premium estimate and a non-PBGC related administrative expense estimate. Non-PBGC related administrative expenses are estimated using actual 2024 plan year administrative expenses (excluding PBGC premiums or investment related expenses). The assumption is rounded to the nearest $10,000.

Mortality:
ERISA: IRS 2024 Generational Mortality Table for the 2025 Plan Year using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430. (no change from prior year).

Retirement Rates: Rates varying by age are shown below for active participants based on the assumption used by the prior actuary for this plan. There has been no pattern of significant, consistent gains or losses related to this decrement.

Age	Less than 30 Years of Credited Service	At least 30 Years of Credited Service
55	5.00%	10.00%
56	5.00%	10.00%
57	5.00%	10.00%
58	5.00%	10.00%
59	5.00%	10.00%
60	10.00%	10.00%
61	20.00%	20.00%
62	50.00%	50.00%
63	25.00%	25.00%
64	25.00%	25.00%
65	100.00%	100.00%

Terminated vested participants and deferred beneficiaries are assumed to retire at age 62.

Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan
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Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Termination Rates[1]: Sample rates varying by age are shown below based on the assumption used by the prior actuary for this plan. There has been no pattern of significant, consistent gains or losses related to this decrement.

Age	Rates
20	33.30%
25	24.80%
30	16.10%
35	12.40%
40	9.80%
45	7.30%
50	6.10%
55	5.90%

Disability Rates: Sample rates varying by age are shown below based on the assumption used by the prior actuary for this plan. There has been no pattern of significant, consistent gains or losses related to this decrement.

Age	Rates
30	0.06%
35	0.08%
40	0.15%
45	0.33%
50	0.56%
55	0.82%
60	1.18%

Marital Status: 80% of males and females are assumed married, with females 4 years younger than males. These assumptions were selected by the prior actuary.

Maximum Benefit: $280,000 for 2025.

Maximum Salary: Not applicable.

[1] No termination decrements occur once a participant is retirement eligible.

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Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Form of Payment: It has been assumed benefits will be paid in the normal annuity form (60-month certain and continuous annuity). To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

Late Retirement Factor: Not applicable. Suspension of benefit notices were provided. Any increase in benefits due to missed notices have been reflected in the accrued benefit data.

Data Assumptions: Employee census data as of January 1, 2025 submitted by the company and financial data provided by Principal. The following data assumptions were made for missing or incomplete information:

- Participants missing benefit information were assumed to receive the average benefit for their respective status grouping as shown in the 2024 valuation report. For pre-retirement deaths where a placeholder beneficiary record is included and no benefit was provided by the administrator, we value historical benefits, if available. Otherwise, the average benefit for deferred participants is valued. In addition, we apply the applicable survivor percentage for the pre-retirement death benefit.

- Retirees with missing beneficiary gender and date of birth were assumed to have a beneficiary of opposite gender and females were assumed to be 4 years younger than males.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to:

a) the market value of assets, including discounted receivables, on the valuation date, less

b) the following percentages of prior years' investment gains (losses):

   i) 67% of the prior year, and
   ii) 33% of the second prior year,

   Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan
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PN: 001

Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Cost Method: The unit credit cost method is used for ERISA Funding Target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Disclosure of Reliance on Models

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods, and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

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
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL OF CARPENTERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROSEBURG FOREST PRODUCTS CO. AND WESTERN STATES REGIONAL COUNCIL

D Employer Identification Number (EIN)
93-6021814

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**	236,848,889
b Actuarial value	**2b**	235,746,194

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	2,278	196,860,829	196,860,829
b For terminated vested participants	768	32,025,118	32,025,118
c For active participants	537	33,340,267	34,025,299
d Total	3,583	262,226,214	262,911,246

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,670,000
c Target normal cost	**6c**	2,670,000

Statement by Enrolled Actuary

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

SIGN HERE



Signature of actuary

8/20/2026
Date

Lauren Klein
Type or print name of actuary

2609168
Most recent enrollment number

Fidelity Investments
Firm name

312-730-1780
Telephone number (including area code)

233 S. Wacker Drive
Suite 4850
Chicago IL 60606
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	4,219,352
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,219,352
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.64 %	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)		1,153,252
	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 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		65,043
	c Total available at beginning of current plan year to add to prefunding balance		1,218,295
	d Portion of (c) to be added to prefunding balance		1,218,295
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,218,295

Part III Funding Percentages

14	Funding target attainment percentage	14	89.20 %
15	Adjusted funding target attainment percentage	15	89.20 %
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	93.57 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	1,250,000	0			
10/14/2025	1,250,000	0			
01/15/2026	1,250,000	0			
07/15/2026	2,829,000	0			
			Totals ► 18(b)	6,579,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	6,227,304

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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**	61

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**	2,670,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	28,383,347	3,381,374
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**	6,051,374

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,218,295	1,218,295

36 Additional cash requirement (line 34 minus line 35)	**36**	4,833,079
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	6,227,304

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1,394,225
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,218,295
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

Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan
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PN: 001

Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(1)	(2)	(3)	(4) (2) x (3)	(5) (1) x (4)
Age	**Lives at Beginning of Age**	**Percent Retiring During Year**	**Number Retiring During Year**	**Age weighted by number retiring**
55	1,000,000	5.00%	50,000	2,750,000
56	950,000	5.00%	47,500	2,660,000
57	902,500	5.00%	45,125	2,572,125
58	857,375	5.00%	42,869	2,486,338
59	814,506	5.00%	40,725	2,402,793
60	773,781	10.00%	77,378	4,642,686
61	696,403	20.00%	139,281	8,496,115
62	557,122	50.00%	278,561	17,270,791
63	278,561	25.00%	69,640	4,387,338
64	208,921	25.00%	52,230	3,342,734
65	156,691	100.00%	156,691	10,184,892

Total of weighted ages, Col. (5):	**61,195,860**
Total number retiring, Col. (4):	**1,000,000**
Average of weighted retirement ages:	**61**

Applying the assumed rates for over 30 years of service and applying a weighted average to both assumption sets also results in average age 61.

Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan
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Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Projection of Expected Benefit Payments

Funding Projected Benefit Payments				
Plan Year	Active	Terminated Vested	Retired & Beneficiaries (receiving payments)	Total
2025	573,423	843,871	19,156,313	20,573,607
2026	969,552	1,083,130	18,717,229	20,769,911
2027	1,317,806	1,200,736	18,241,020	20,759,562
2028	1,621,075	1,346,798	17,735,180	20,703,053
2029	1,881,103	1,521,713	17,193,639	20,596,455
2030	2,037,172	1,586,292	16,632,374	20,255,838
2031	2,169,799	1,751,572	16,054,725	19,976,096
2032	2,300,745	1,925,415	15,453,982	19,680,142
2033	2,380,189	2,017,368	14,831,400	19,228,957
2034	2,448,508	2,127,568	14,188,591	18,764,667
2035	2,512,474	2,194,886	13,527,555	18,234,915
2036	2,559,103	2,229,077	12,850,654	17,638,834
2037	2,595,900	2,303,499	12,160,616	17,060,015
2038	2,620,287	2,392,480	11,460,534	16,473,301
2039	2,650,746	2,447,107	10,753,816	15,851,669
2040	2,681,756	2,529,104	10,044,186	15,255,046
2041	2,695,748	2,581,156	9,335,631	14,612,535
2042	2,681,972	2,598,931	8,632,317	13,913,220
2043	2,665,341	2,594,224	7,938,505	13,198,070
2044	2,622,073	2,575,673	7,258,475	12,456,221
2045	2,570,790	2,540,048	6,596,463	11,707,301
2046	2,530,400	2,514,550	5,956,579	11,001,529
2047	2,460,302	2,485,796	5,342,739	10,288,837
2048	2,402,154	2,439,543	4,758,578	9,600,275
2049	2,322,206	2,371,069	4,207,339	8,900,614
2050	2,233,257	2,313,712	3,691,803	8,238,772
2051	2,147,661	2,246,282	3,214,200	7,608,143
2052	2,061,616	2,156,298	2,776,083	6,993,997
2053	1,954,552	2,068,388	2,378,281	6,401,221
2054	1,858,333	1,972,011	2,020,843	5,851,187
2055	1,745,435	1,869,895	1,703,076	5,318,406
2056	1,629,623	1,769,987	1,423,610	4,823,220
2057	1,515,163	1,667,131	1,180,456	4,362,750
2058	1,400,899	1,560,480	971,145	3,932,524
2059	1,286,152	1,454,680	792,855	3,533,687

Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan
EIN: 93-6021814
PN: 001

Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active	Terminated Vested	Retired & Beneficiaries (receiving payments)	Total
2060	1,175,691	1,350,336	642,552	3,168,579
2061	1,070,006	1,247,891	517,130	2,835,027
2062	969,693	1,148,248	413,501	2,531,442
2063	875,427	1,052,035	328,665	2,256,127
2064	787,541	959,614	259,824	2,006,979
2065	706,053	871,359	204,412	1,781,824
2066	630,901	787,555	160,141	1,578,597
2067	561,896	708,405	125,014	1,395,315
2068	498,767	634,041	97,302	1,230,110
2069	441,211	564,554	75,550	1,081,315
2070	388,909	499,997	58,550	947,456
2071	341,545	440,375	45,315	827,235
2072	298,803	385,655	35,046	719,504
2073	260,376	335,746	27,099	623,221
2074	225,958	290,504	20,958	537,420

Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan
EIN: 93-6021814
PN: 001

Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Part V – Summary of Plan Provisions

Name of Plan: Roseburg Forest Products Co. & Western States Regional Council of Carpenters Pension Plan.

Employer Identification Number / Plan Number: 93-6021814/001.

Effective Date: June 1, 1962. The Plan was restated effective January 1, 2014 and the most recent amendment reflected is Amendment No. 8.

Covered Employees: Employees of Roseburg Forest Products Co. who are represented by the Western States Regional Council of Carpenters Local 2784 and Local 2949 and the local union.

Participation Date: Employees are enrolled in the Plan upon completion of 500 hours of service. Employees who enter the plan on or after March 1, 2017 are not eligible for any benefit accruals.

Definitions:

Past Service Credit: A Participant who is a member of a collective bargaining agreement at the time they enter the Plan is credited with Past Service Credit for each continuous year of service in which they worked at least one day in the Lumber Industry in the past 25 years, up to a maximum of 15 years. Failure to work one day in the industry for three successive calendar years constitutes a break in service.

Future Service Credit: A Participant receives Future Service Credit based upon hours worked during each Plan Year according to the following:

(1) 1962 - 1975

Hours Worked	Future Service Credit
Less than 600	None
600 - 899	0.50
900 - 1,199	0.75
1,200 or more	1.00

(2) 1976 to 2016

Hours Worked	Future Service Credit
Less than 600	None
600 - 1,199	0.50 + 1/1,200th for each hour over 600
1,200 or more	1.00

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Attachment to the 2025 Form 5500 Schedule SB
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Future Service Credit (continued): Participants that become deceased or retire during a Plan Year that complete between 300 and 600 hours of service are credited with 0.25 of Future Service Credit.

Participants employed for any period during January 1, 2017 and February 28, 2017 are credited with 0.25 of Future Service Credit.

Vesting: A participant becomes fully vested upon:

(1) Completion of 5 years of 1,000 hours of service, or

(2) Completion of 15 years of credited service, 5 of which are Future Service Credits, or

(3) Satisfaction of requirements for normal, early, or disability retirement before incurring a forfeiture.

Normal retirement date (NRD): The first of the month coincident with or following the later of when the Participant attains age 65 or completes 5 years of service.

Early retirement date (from active or deferred vested status): The first of the month coincident with or following the Participant's attainment of the earlier of:

(1) Age 55 and 10 years of credited service, 5 of which are Future Service Credits;

(2) Age 60 and 10 years of credited service, 1 of which is a Future Service Credit; or

(3) Age 62 and 5 years of credited service, 1 of which is a Future Service Credit.

Deferred Retirement Date: The first of the month coincident with or following the day on which the Participant retires, if after the Participant's Normal Retirement Date.

Disability Retirement Date: The first of the month coincident with or following the day on which a Participant becomes totally and permanently disabled when either an active employee or at a date that is within 3 years of the Participant being an active employee in which the Participant either

(1) Completed 10 years of credited service, one of which is a Future Service Credit, or;

(2) Attained 5 years of Future Service Credits.

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Amount of Benefits Payable:

Normal (and Deferred) Retirement Benefit: A monthly benefit dependent on date of termination as follows:

(1) Termination after June 1, 2008:

(a) $40.00 per year of Past Service Credit, plus

(b) $40.00 per year of Future Service Credit earned prior to January 1, 2008, plus

(c) $42.00 per year of Future Service Credit earned between January 1, 2008 and December 31, 2010, plus

(d) $45.00 per year of Future Service Credit earned between January 1, 2011 and December 31, 2012, plus

(e) $38.00 per year of Future Service Credit earned after December 31, 2012 and before March 1, 2017.

Participants actively employed as of March 1, 2017 that have attained age 55 and have completed 30 or more years of Future Service Credit, shall have their benefit calculated using a multiplier of no less than $42.00 for all Service Credits, Past and Future.

Note: The formulas shown represent a snapshot of those applicable for recent dates. Please refer to the Plan Document for formulas applicable to historical dates not shown.

Early Retirement Benefit: Normal Retirement benefit reduced as follows:

Age	% of Benefit Payable
55	65
56	70
57	75
58	80
59	85
60	90
61	95
62+	100

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Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Part V – Summary of Plan Provisions

Early Retirement Benefit (continued): Benefits earned as of December 31, 2012 are unreduced for active members who have attained age 55 and earned at least 30 years of combined Past and Future service credits.

Post-2012 accruals reduced as shown above are added to the December 31, 2012 unreduced benefit. The Participant is ineligible for this benefit if they continue employment in the wood products industry.

Disability Benefit: Normal retirement benefit accumulated as of the Disability Retirement Date.

Death with pre-retirement spouse benefit: For a married participant who is fully vested upon death, a benefit is payable equal to the reduced benefit payable to the Participant as a 50% joint and survivor retirement benefit at earliest retirement date.

Other pre-retirement death benefit: A benefit equal to 50% of the contributions paid to the Plan on behalf of the deceased Participant through May 31, 1985 plus $0.3375 per compensable hour worked on or after June 1, 1985 is payable to a beneficiary if the participant has at least two years of Future Service Credit and has worked at least 1 compensable hour in the Plan Year of death or preceding Plan Year. If the participant is married and qualifies for the pre-retirement spouse benefit as described above, the spouse will receive the greater of the two benefits.

Forms of Payment:

Normal form (single participants): 5-year certain and life annuity.

Normal form (married participants): 50% joint and survivor annuity.

Optional forms: Participants who retire under the plan may elect a 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, or a Social Security Level Income Option with 5-year certain period available to Participants who retire before age 62. Participants who elect a contingent annuitant form of payment will receive a pop-up if the contingent annuitant dies during the first 60 months of payment to the retiree. The pop-up is ignored for actuarial equivalence purposes.

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Actuarial Equivalence:

For purposes of optional form conversion:

(1) For non-disabled participants: Mortality based off the 1983 Group Annuity Mortality Table for males and an assumed interest rate of 7.5%.

(2) For disabled participants: Mortality based off the Disabled Lives Mortality Table I of IRS Revenue Ruling 96-7 and an assumed interest rate of 7.5%.

(3) For Beneficiaries and QDRO alternate payees: Mortality based off the 1983 Group Annuity Mortality Table for females and an assumed interest rate of 7.5%.

For purposes of calculating a lump sum: Mortality table set forth in Code Section 417(e)(3)(B) and the annual rate of interest set forth in Code Section 417(e)(3)(C) for the November preceding the participant's commencement date.

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Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Line 32 – Schedule of Amortization Bases

Development of Shortfall Amortization Charge

Type of Base	Present Value of Remaining Installments	Valuation Date Established	Years Remaining	Amortization Installment
2025 Shortfall	12,325,523	01/01/2025	15	1,149,237
2024 Shortfall	1,947,544	01/01/2024	14	190,184
2023 Shortfall	4,699,304	01/01/2023	13	482,974
2022 Shortfall	(20,910,651)	01/01/2022	12	(2,274,764)
2021 Shortfall	(6,724,488)	01/01/2021	11	(779,522)
2020 Shortfall	37,046,115	01/01/2020	10	4,613,265
Total	**$ 28,383,347**			**$ 3,381,374**