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. EMPLOYEE PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1984

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.

10599 OLD HIGHWAY 99 S
DILLARD, OR 97432

2b Employer Identification Number (EIN) 93-1240670

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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	409
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)**	55
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	46
b	Retired or separated participants receiving benefits	**6b**	200
c	Other retired or separated participants entitled to future benefits	**6c**	111
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	357
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	42
f	Total. Add lines **6d** and **6e**.	**6f**	399
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 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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. EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
93-1240670

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	18540245
b Actuarial value	**2b**	18459361

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	227	10939695	10939695
b For terminated vested participants	128	3198068	3198068
c For active participants	55	3110941	3178114
d Total	410	17248704	17315877

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	170000
c Target normal cost	**6c**	170000

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	2427465
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	218119
9	Amount remaining (line 7 minus line 8)	0	2209346
10	Interest on line 9 using prior year's actual return of 5.62 %	0	124165
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2333511

Part III Funding Percentages

14	Funding target attainment percentage	14	93.12 %
15	Adjusted funding target attainment percentage	15	106.60 %
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	96.73 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [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**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	170000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1190027	139078
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**	309078

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	309078	309078

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
ROSEBURG FOREST PRODUCTS CO. EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
93-1240670

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

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

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

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 16 50	ACTUARY/CONSULT/RCRDKPR	123898	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAKER TILLY, 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 [ ]

(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	13026	Yes [ ] No [X]	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 EROLLED 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. EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
93-1240670

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	18970683

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)

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. EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
93-1240670

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	18551060	18970683
(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)	83903	82535

		(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	18634963	19053218
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	18634963	19053218

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1676859
(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		1676859
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1005949	
(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)		1005949
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)	94800	
(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)	13026	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	922	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	114024	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		252655
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1258604
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		418255
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 575185.

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. EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
93-1240670

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 | 0

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Independent Auditors' Report and
Financial Statements

Roseburg Forest Products Co.
Employee Pension Plan

December 31, 2025 and 2024

bakertilly

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Independent Auditors' Report

To the Plan Administrator of
Roseburg Forest Products Co. Employee 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. Employee 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. Employee 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

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

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Roseburg Forest Products Co. Employee 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. Employee 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on 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. Employee 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. Employee 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
Portland, Oregon
October 9, 2026

Financial Statements

Roseburg Forest Products Co. Employee Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value:		
Plan's investment in Roseburg Forest Products Co. & Western States Regional Council of Carpenters Master Trust	$ 18,970,683	$ 18,551,060
Other assets	82,535	83,903
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,053,218	$ 18,634,963

See accompanying notes.

Roseburg Forest Products Co. Employee 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 Regional Council of Carpenters Master Trust	$ 1,676,859	$ 681,711
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Retirement benefits and expenses:		
Benefits paid directly to participants	1,005,949	1,110,887
Administrative expenses	252,655	141,103
Total deductions	1,258,604	1,251,990
CHANGE IN NET ASSETS	418,255	(570,279)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	18,634,963	19,205,242
End of year	$ 19,053,218	$ 18,634,963

See accompanying notes.

Note 1 – Description of Plan

The following description of the Roseburg Forest Products Co. Employee 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.

The Plan covers all eligible hourly paid production employees of the Roseburg Forest Products Co. (RFP, or the Company) at the Weed, California facility; Diamond Lands Corporation (Diamond) Red Bluff, California facility, a previously owned subsidiary of Dillard Lumber Co. (DLC); and certain Georgia-Pacific locations, including Louisville, Taylorsville, and Oxford, Mississippi; Russellville and Holly Hill, South Carolina; and Vienna, Georgia.

General and eligibility – The Plan is the surviving element resulting from the December 31, 1991, merger of the Diamond Lands Corporation Retirement Plan for Hourly Paid Employees (the Diamond Plan) with the Roseburg Forest Products Co. Hourly Pension Plan (the Weed 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.

Both RFP and DLC were wholly owned subsidiaries of RLC Industries Co. on December 31, 1991. During 1992, the stock of DLC, and therefore Diamond, was sold to a company not affiliated with RLC Industries Co. or any of its subsidiaries. The Plan remains liable for all benefit liabilities for service under the Diamond Plan from April 1, 1985, to the date of the sale of the stock, and RFP, as ongoing sponsor, will be liable for any funding deficiency of the Plan.

For employees previously covered under the Weed Plan, eligibility is determined based on the completion of 500 hours of service. For employees previously covered under the Diamond Plan, eligibility is determined based on the first day of the month following the completion of one year of credited service or one year of service and attainment of age 21, provided that the employee is not accruing benefits under any other retirement plan contributed to by DLC.

Effective December 1, 2006, the Company made an asset acquisition of several Georgia-Pacific Corp. (Georgia-Pacific) industrial wood product mills. Individuals who have completed 500 hours of service began participating in the Plan and began accumulating benefits from the effective date. Employees impacted by the acquisition received credited service for past service with Georgia-Pacific for vesting purposes.

The Board of Trustees approved an amendment to the Plan to reflect the freeze of benefit accruals under the Plan for participants employed at the Taylorsville, Mississippi location effective May 31, 2018. 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 May 31, 2018, will receive no benefit under the Plan.

The Board of Trustees approved an amendment to the Plan to reflect the freeze of benefit accruals for participants employed at the Weed, California location under the Plan effective February 1, 2019. 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 February 1, 2019, will receive no benefit under the Plan.

Vesting – At any time on or prior to termination of employment, the percentage vested is 0% prior to five years of service and 100% after completion of five years of service. A year of service occurs for each calendar year in which the employee worked 1,000 hours.

Participants earn future service credit 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 credit received is based on the number of hours worked.

Retirement benefits – For employees covered under the Plan but not employed at one of the locations listed below, the retirement benefits are as follows:

Effective June 1, 2008, the monthly benefit is based on the following dollar amounts, multiplied by years of credited service (past and future):

Period in which at least one hour of future benefit service must be earned	Dollar rate per year of past and future benefit service
Prior to January 1, 2008	$ 40.00
January 1, 2008–December 31, 2010	$ 42.00
January 1, 2011–December 31, 2012	$ 45.00
January 1, 2013 and after	$ 38.00

Employees who were members of a collective bargaining unit at the time the unit became covered by the Plan may be awarded past service credit. Past service credit is awarded for each calendar year in which the participant worked at least one day in the lumber industry, as defined by the Plan. Future service credit is credited as follows:

Hours per calendar year	Future benefit service
Less than 600	No credit
Between 600 – 1,200	0.5 year, plus 1/ 1,200, multiplied by hours of service over 600
More than 1,200	1 year

Georgia-Pacific Mills merged into the Plan, effective December 1, 2006. For participants employed by the Louisville, Mississippi location, a participant's basic benefit payable at normal retirement date or deferred retirement date shall be a monthly benefit equal to (a) below but no less than the amount provided by (b) below:

(a) The benefit multiplier provided in the following table for each of the participant's years of future benefit service:

Date of termination	Dollar rate
1/1/2007–12/31/2007	$ 30.00
1/1/2008–12/31/2008	$ 31.00
1/1/2009–12/31/2009	$ 32.00
1/1/2010–12/31/2010	$ 33.00
1/1/2011–12/31/2011	$ 34.00
1/1/2012 and after	$ 35.00

(b) The greatest basic benefit the participant could have received on an early retirement date.

For participants employed by the Company's Taylorsville, Mississippi location, a participant's basic benefit payable at normal retirement date or deferred retirement date shall be a monthly benefit equal to (a) below but no less than the amount provided by (b) below:

(a) The benefit multiplier provided in the following table for each of the participant's years of future benefit service:

Date of termination	Dollar rate
1/1/2007–12/31/2007	$ 32.00
1/1/2008–12/31/2008	$ 33.00
1/1/2009–12/31/2009	$ 34.00
1/1/2010–12/31/2010	$ 34.00
1/1/2011–12/31/2011	$ 35.00
1/1/2012–12/31/2012	$ 36.00
1/1/2013 and after	$ 37.00

(b) The greatest basic benefit the participant could have received on an early retirement date.

For participants employed by the Company's Russellville, South Carolina location, a participant's basic benefit payable at normal retirement date or deferred retirement date shall be a monthly benefit equal to (a) below but no less than the amount provided by (b) below:

(a) The benefit multiplier provided in the following table for each of the participant's years of future benefit service:

Date of termination	Dollar rate
1/1/2006 and after	$ 28.00

(b) The greatest basic benefit the participant could have received on an early retirement date.

For participants employed by the Company's Vienna, Georgia location, a participant's basic benefit payable at normal retirement date or deferred retirement date shall be a monthly benefit equal to (a) below but no less than the amount provided by (b) below:

(a) The benefit multiplier provided in the following table for each of the participant's years of future benefit service:

Date of termination	Dollar rate
1/1/2006 and after	$ 28.00

(b) The greatest basic benefit the participant could have received on an early retirement date.

For participants employed by the Company's Oxford, Mississippi location, a participant's basic benefit payable at normal retirement date or deferred retirement date shall be a monthly benefit equal to (a) below but no less than the amount provided by (b) below:

(a) The benefit multiplier provided in the following table for each of the participant's years of future benefit service:

Date of termination	Dollar rate
1/1/2006–12/31/2006	$ 30.00
1/1/2007–12/31/2007	$ 31.00
1/1/2008–12/31/2008	$ 32.00
1/1/2009–12/31/2009	$ 33.00
1/1/2010 and after	$ 34.00

(b) The greatest basic benefit the participant could have received on an early retirement date.

For participants employed by the Holly Hill, South Carolina location, a participant's basic benefit payable at normal retirement date or deferred retirement date shall be a monthly benefit equal to (a) below but no less than the amount provided by (b) below:

(a) The benefit multiplier provided in the following table for each of the participant's years of future benefit service:

Date of termination	Dollar rate
1/1/2007–12/31/2008	$ 31.00
1/1/2009–12/31/2010	$ 32.00
1/1/2011–12/31/2012	$ 33.00
1/1/2013 and after	$ 34.00

(b) The greatest basic benefit the participant could have received on an early retirement date.

Death and disability benefits – A benefit will be payable to a surviving spouse of a deceased participant, whether the participant is employed or not, if the participant is fully vested, eligible for early or normal retirement, or terminated employment after attaining age 53 and died after attaining age 55 and the death occurs prior to the participant receiving benefits.

The Plan provides for disability benefits to nonretired participants of the Plan provided that the participant becomes totally and permanently disabled and has completed either 5 years of future service credit or 10 years of credited service of which 1 year must be future service credit.

Benefit payment options – The normal form of retirement benefit payments is a lifetime annuity (if unmarried) or 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 and completing 10 years of continuous service, or on or after attaining age 62 and completing 5 years of continuous service. Annual pension benefits for participants retiring early are subject to a reduction factor, as defined by the Plan.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual method 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 Plan interest in the net investment income 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	55–58	5%
	59–61	10%
	62–64	25%
	65	100%
Terminated vested		Assumed at age 62
Mortality basis		Pri-2012 Mortality Table without collar adjustment with Scale MP-2021 Mortality

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:

	December 31, 2025	December 31, 2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$ 9,169,997	$ 9,469,173
Other participants	4,876,636	4,942,114
	14,046,633	14,411,287
Nonvested benefits	44,594	60,889
Total actuarial present value of accumulated plan benefits	$ 14,091,227	$ 14,472,176

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

	December 31, 2025	December 31, 2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 14,472,176	$ 14,782,434
Increase (decrease) during the year attributable to		
Actuarial gains	(389,822)	(227,463)
Increase for interest due to the decrease in the discount period	1,013,454	1,032,021
Benefits paid	(1,004,581)	(1,114,816)
Net decrease	(380,949)	(310,258)
Actuarial present value of accumulated plan benefits at end of year	$ 14,091,227	$ 14,472,176

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.

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 – 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	$ 864,405	$ 1,053,309
Registered investment companies	55,612,395	47,162,724	3,001,501	2,512,054
Fixed income securities	26,262,467	25,769,577	1,417,433	1,372,579
Limited partnership and private equity funds	228,837,726	220,333,459	12,350,786	11,735,744
Hedge funds	24,764,001	35,246,870	1,336,558	1,877,374
	$ 351,492,443	$ 348,288,057	$ 18,970,683	$ 18,551,060

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	$ 1,409,414	$ 464,503
Interest, dividends, and other income	4,983,930	4,096,551	267,445	217,208
	$ 31,166,229	$ 12,940,693	$ 1,676,859	$ 681,711

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 upon 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:

	Master Trust				
	Level 1	Level 2	Level 3	Total	Plan Total
Cash and cash equivalents	$ 16,015,854	$ -	$ -	$ 16,015,854	$ 864,405
Registered investment companies	55,612,395	-	-	55,612,395	3,001,501
Fixed income securities	-	26,262,467	-	26,262,467	1,417,433
Limited partnerships and private equity funds	-	3,289,094	-	3,289,094	177,518
Total investments in fair value hierarchy	$ 71,628,249	$ 29,551,561	$ -	101,179,810	5,460,857
Hedge funds				24,764,001	1,336,558
Limited partnerships and private equity funds				225,548,632	12,173,268
Investments measured at NAV practical expedient				250,312,633	13,509,826
Total assets at fair value				$ 351,492,443	$ 18,970,683

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:

	Master Trust				
	Level 1	Level 2	Level 3	Total	Plan Total
Cash and cash equivalents	$ 19,775,427	$ -	$ -	$ 19,775,427	$ 1,053,309
Registered investment companies	47,162,724	-	-	47,162,724	2,512,054
Fixed income securities	-	25,769,577		25,769,577	1,372,579
Limited partnerships and private equity funds	-	2,364,894	-	2,364,894	125,963
Total investments in fair value hierarchy	$ 66,938,151	$ 28,134,471	$ -	95,072,622	5,063,905
Hedge funds				35,246,870	1,877,374
Limited partnerships and private equity funds				217,968,565	11,609,781
Investments measured at NAV practical expedient				253,215,435	13,487,155
Total assets at fair value				$ 348,288,057	$ 18,551,060

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 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. Employee Pension Plan
EIN: 93-1240670
PN: 003

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	1	0	0	0	0	0	0	0	0	0	1
30-34	1	3	0	0	0	0	0	0	0	0	4
35-39	1	0	2	1	0	0	0	0	0	0	4
40-44	1	3	1	1	1	0	0	0	0	0	7
45-49	1	1	1	3	0	0	0	0	0	0	6
50-54	0	3	0	0	3	3	0	0	0	0	9
55-59	1	1	1	3	2	2	1	1	0	0	12
60-64	0	0	0	3	0	4	0	2	0	0	9
65-69	0	0	0	1	0	0	0	1	0	0	2
Over 69	0	0	0	0	0	0	0	1	0	0	1
Total	**6**	**11**	**5**	**12**	**6**	**9**	**1**	**5**	**0**	**0**	**55**

Roseburg Forest Products Co. Employee Pension Plan
EIN: 93-1240670
PN: 003

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
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 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.

Administrative Expenses: $170,000 (previously $140,000 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.

Roseburg Forest Products Co. Employee Pension Plan
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PN: 003

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

Mortality:

ERISA: IRS 2025 Small Plan Combined Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430. (Previously: IRS 2024 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430).

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	Rates
55 – 58	5.00%
59 – 61	10.00%
62 – 64	25.00%
65+	100.00%

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

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	8.74%
25	4.73%
30	3.94%
35	3.33%
40	2.52%
45	1.78%
50	1.23%
55	0.55%

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

Roseburg Forest Products Co. Employee Pension Plan
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PN: 003

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

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: 87% of males and females are assumed married, with females 3 years younger than males. These assumptions were selected by the prior actuary.

Maximum Benefit: $280,000 for 2025.

Maximum Salary: Not applicable.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form (single life annuity with a free death benefit of 60 months certain annuity for retirements other than pre-retirement death benefit). 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.

Roseburg Forest Products Co. Employee Pension Plan
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Attachment to the 2025 Form 5500 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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:

- 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 four 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 (at an assumed rate of 7.25%, 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.

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.

Roseburg Forest Products Co. Employee Pension Plan
EIN: 93-1240670
PN: 003

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

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. EMPLOYEE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
93-1240670

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	18,540,245
b Actuarial value	**2b**	18,459,361

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	227	10,939,695	10,939,695
b For terminated vested participants	128	3,198,068	3,198,068
c For active participants	55	3,110,941	3,178,114
d Total	410	17,248,704	17,315,877

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	170,000
c Target normal cost	**6c**	170,000

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	2,427,465
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	218,119
9	Amount remaining (line 7 minus line 8)	0	2,209,346
10	Interest on line 9 using prior year's actual return of 5.62 %	0	124,165
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,333,511

Part III Funding Percentages

14	Funding target attainment percentage	14	93.12 %
15	Adjusted funding target attainment percentage	15	106.60 %
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	96.73 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [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**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	170,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,190,027	139,078
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**	309,078

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	309,078	309,078

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

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

Roseburg Forest Products Co. Employee Pension Plan
EIN: 93-1240670
PN: 003

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	2,486,388
59	814,506	10.00%	81,451	4,805,587
60	733,056	10.00%	73,306	4,398,334
61	659,750	10.00%	65,975	4,024,475
62	593,775	25.00%	148,444	9,203,513
63	445,331	25.00%	111,333	7,013,968
64	333,998	25.00%	83,500	5,343,976
65	250,499	100.00%	250,499	16,282,425

Total of weighted ages, Col. (5):	**61,540,791**
Total number retiring, Col. (4):	**1,000,000**
Average of weighted retirement ages:	**62**

Roseburg Forest Products Co. Employee Pension Plan
EIN: 93-1240670
PN: 003

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

Name of Plan: Roseburg Forest Products Co. Employee Pension Plan.

Employer Identification Number / Plan Number: 93-1240670/003.

Effective Date: January 1, 1984. The Plan was restated effective January 1, 2015 and the most recent amendment reflected is Amendment No. 4.

Covered Employees: Hourly Employees employed at the Weed, California location hired or rehired prior to February 1, 2019 as well as employees employed at any of the following locations: Louisville, MS; Taylorsville, MS; Russellville, SC; Vienna, GA; Oxford, MS; or Holly Hill, SC. Employees at the Taylorsville, MS location hired or rehired after May 31, 2018 are not eligible to participant in the Plan.

Participation Date: Employees are enrolled in the Plan upon completion of 500 Hours of Service during a calendar year. For employees acquired from Georgia-Pacific Corp., entry in the Plan is considered December 1, 2006.

Definitions:

Year of Service: Each Plan Year in which an employee completes 1,000 or more hours of service. Employees acquired from Georgia-Pacific Corp. receive credit for Years of Service earned during their employment with Georgia-Pacific Corp. through November 30, 2006.

Past Benefit Service: A participant who is a member of a collective bargaining agreement at the time they enter the Plan is credited with one year of Benefit Service for each calendar year in which the participant worked at least one day in the Western Lumber Industry subject to the following:

- Only unbroken service in the Western Lumber Industry in the past 25 years preceding the date bargaining unit enters the Plan is counted. Failure to work at least one day in the industry for three successive calendar years constitutes a break; and
- A maximum of 15 years shall be credited.

Roseburg Forest Products Co. Employee Pension Plan
EIN: 93-1240670
PN: 003

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

Future Benefit Service: A year of Future Benefit Service is credited for each Plan Year in which a participant completes 1,200 or more hours. Participants that complete between 600 and 1,200 hours in any Plan Year will be credited with 1/2 of a year of Future Benefit Service plus 1/1,200th of a year of Future Benefit Service for each hour of service over 600. Participants that become deceased or retire during a Plan Year that complete between 300 and 600 Hours of Service are credited with 1/4th of a year of Future Benefit Service. Future Benefit Service for participants employed at the Taylorsville, MS and Weed, CA locations excludes hours worked after May 31, 2018 and January 31, 2019, respectively.

Normal retirement date (NRD): The first of the month coincident with or following the day on which a participant attains age 65 and has completed five years of credited service, one of which is Future Benefit Service or reaches the fifth anniversary of the date they first became eligible to participate in the Plan.

Early retirement date: The first of the month coincident with or following the participant's attainment of the earlier of:

(1) Age 55 and 10 Years of Service, five of which are Future Benefit Service;

(2) Age 60 and 10 Years of Service, one of which is a Future Benefit Service; or

(3) Age 62 and 5 Years of Service, one of which is a Future Benefit Service.

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 the participant becomes totally and permanently disabled, as defined in the Plan Document, and has either:

(1) Completed 10 Years of Service, one of which is a Future Benefit Service, or

(2) Achieved five years of Future Benefit Service.

Roseburg Forest Products Co. Employee Pension Plan
EIN: 93-1240670
PN: 003

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

Retirement from terminated vested status: A vested participant who terminates with 10 or more years of Benefit Service, at least five of which are Future Benefit Service, may commence benefits on or after attaining age 55. A vested participant who terminates with 10 or more years of Benefit Service, at least one of which are Future Benefit Service, may commence benefits on or after attaining age 60. A vested participant who terminates with five or more years of Benefit Service, at least one of which are Future Benefit Service, may commence benefits on or after attaining age 62.

Vesting: A participant is fully vested upon completion of 5 Years of Service or upon reaching Normal Retirement Date.

Amount of Benefits Payable:

Normal (and Deferred) Retirement Benefit - Weed, CA: Monthly benefit based on the following dollar amounts multiplied by the portion of credited service as follows:

- $40.00 multiplier for each year of Past Benefit Service plus
- Years of Future Benefit Service multiplied by the applicable multiplier below:

Period	Dollar Multiplier
Prior to 1/1/2008	$40.00
1/1/2008 – 12/31/2010	$42.00
1/1/2011 – 12/31/2012	$45.00
After 12/31/2012	$38.00

Note that benefit accruals are frozen effective January 31, 2019.

The benefit due shall not be less than the greatest benefit the participant could have received on an early retirement date.

Normal (and Deferred) Retirement Benefit - Russellville, SC and Vienna, GA: Monthly benefit is based on a $28.00 multiplier for each year of Future Benefit Service. The benefit due shall not be less than the greatest benefit the participant could have received on an early retirement date.

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

Normal (and Deferred) Retirement Benefit - Other Locations: Monthly benefit based on years of Future Benefit Service multiplied by the applicable dollar multiplier below:

(1) For participants at the employed at the Louisville, MS location:

Date of Termination	Dollar Multiplier
1/1/2006 – 12/31/2006	$29.00
1/1/2007 – 12/31/2007	$30.00
1/1/2008 – 12/31/2008	$31.00
1/1/2009 – 12/31/2009	$32.00
1/1/2010 – 12/31/2010	$33.00
1/1/2011 – 12/31/2011	$34.00
1/1/2012 and after	$35.00

(2) For participants employed at the Taylorsville, MS location:

Date of Termination	Dollar Multiplier
1/1/2006 – 12/31/2006	$31.00
1/1/2007 – 12/31/2007	$32.00
1/1/2008 – 12/31/2008	$33.00
1/1/2009 – 12/31/2010	$34.00
1/1/2011 – 12/31/2011	$35.00
1/1/2012 – 12/31/2012	$36.00
1/1/2013 and after	$37.00

Note that benefit accruals are frozen effective May 31, 2018.

(3) For participants employed at the Oxford, MS location:

Date of Termination	Dollar Multiplier
1/1/2006 – 12/31/2006	$30.00
1/1/2007 – 12/31/2007	$31.00
1/1/2008 – 12/31/2008	$32.00
1/1/2009 – 12/31/2009	$33.00
1/1/2010 and after	$34.00

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Normal (and Deferred) Retirement Benefit - Other Locations (continued):

(4) For participants employed at the Holly Hill, SC location:

Date of Termination	Dollar Multiplier
1/1/2006 – 12/31/2006	$30.00
1/1/2007 – 12/31/2008	$31.00
1/1/2009 – 12/31/2010	$32.00
1/1/2011 – 12/31/2012	$33.00
1/1/2013 and after	$34.00

For all locations, the benefit due shall not be less than the greatest benefit the participant could have received on an early retirement date.

Early Retirement Benefit from active status: Normal Retirement benefit reduced by 5% per year for commencement prior to age 62. The benefit is unreduced for participants who have attained age 55 and have completed 30 or more years of Past and Future Benefit Service. Furthermore, for a participant who had completed less than 20 Years of Service prior to June 1, 2012, and subsequently completes 30 or more Years of Service, the benefit due at early retirement is the greater of:

(1) The unreduced benefit calculated as of June 1, 2012, or;

(2) The early retirement benefit, as described above.

Early Retirement Benefit from terminated vested status Normal Retirement benefit reduced by 5% per year for commencement prior to age 62.

Death with Pre-retirement Spouse Benefit: A benefit is payable to the spouse of a married participant if upon death, the participant is eligible and fully vested. The benefit is equal to the amount payable if the participant had retired with a 100% joint and survivor annuity on the day before death, or the day the participant would have attained earliest retirement age, if death occurs before.

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

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Schedule SB, Part V – Summary of Plan Provisions

Forms of Payment:

Normal form (single participants): Single Life Annuity (with a death benefit of 60 months certain).

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

Optional forms: Participants who retire under the plan may elect a single life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity, or a 100% joint and survivor annuity.

Actuarial Equivalence:

For purposes of optional form conversion and early retirement reduction:

(1) *For non-disabled participants:* Mortality based off the 1951 Group Annuity Mortality Table for Males and an assumed interest rate of 5%.

(2) *For disabled participants:* Mortality based off the 1943 Disabled Lives Mortality Table and an assumed interest rate of 5%.

(3) *For Beneficiaries*: Mortality based off the 1951 Group Annuity Mortality Table for Females and an assumed interest rate of 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 2024 Form 5500 Schedule SB
Schedule SB, Line 32 – Schedule of Amortization Bases

Development of Shortfall Amortization Charge

Valuation Date	Years Remaining	Present Value of Any Remaining Installments	Amortization Installment
January 1, 2025	15	$ 653,778	$ 60,959
January 1, 2024	14	$ 230,346	$ 22,494
January 1, 2023	13	$ 56,434	$ 5,800
January 1, 2022	12	$ (1,191,617)	$ (129,630)
January 1, 2020	10	$ 1,441,086	$ 179,455
		$ 1,190,027	$ 139,078