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
WAUSAU PAPER CORP. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 012

1c Effective date of plan 09/01/1963

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)
ESSITY NORTH AMERICA INC.

2929 ARCH STREET
PHILADELPHIA, PA 19104

2b Employer Identification Number (EIN) 23-3061590

2c Plan Sponsor's telephone number 610-546-4920

2d Business code (see instructions) 322100

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.	10/15/2026	GEORGIA GORDON-MARTIN
	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**	1510
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)**	211
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	196
b	Retired or separated participants receiving benefits	**6b**	801
c	Other retired or separated participants entitled to future benefits	**6c**	265
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1262
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	207
f	Total. Add lines **6d** and **6e**.	**6f**	1469
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 1C 1D 1I 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
WAUSAU PAPER CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 012

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ESSITY NORTH AMERICA INC.

D Employer Identification Number (EIN)
23-3061590

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	105947097
b Actuarial value	**2b**	103575670

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	1029	80103403	80103403
b For terminated vested participants	295	13454180	13454180
c For active participants	226	10294106	10343972
d Total	1550	103851689	103901555

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	230000
c Target normal cost	**6c**	230000

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

10/05/2026
Date

J. STEVEN PAK
Type or print name of actuary

26-05793
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

215-246-6000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	406805
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	406805
10	Interest on line 9 using prior year's actual return of 4.31 %	0	17533
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 5.03 %		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		
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	424338

Part III Funding Percentages

14	Funding target attainment percentage	14	99.27 %
15	Adjusted funding target attainment percentage	15	99.27 %
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	102.26 %
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
03/30/2026	75000	0			
			Totals ► 18(b)	75000	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	70297

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	230000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	750223	69951
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**	299951

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	299951	299951

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**	70297
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	70297
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	70297
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
WAUSAU PAPER CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 012

C Plan sponsor's name as shown on line 2a of Form 5500
ESSITY NORTH AMERICA INC.

D Employer Identification Number (EIN)
23-3061590

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: TORRILLO & ASSOCIATES, LLC
b EIN: 83-0414789
c Position: AUDITOR
d Address: 36 REGENCY PLAZA
GLEN MILLS, PA 19342
e Telephone: 484-574-8782

Explanation: ACQUIRED BY LBMC, PC

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
WAUSAU PAPER CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 012

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ESSITY NORTH AMERICA INC.

D Employer Identification Number (EIN)
23-3061590

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: VFTC LONG-TERM INVESTMENT GRADE TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
84-6546303-001	C	26566996

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
WAUSAU PAPER CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 012

C Plan sponsor's name as shown on line 2a of Form 5500
ESSITY NORTH AMERICA INC.

D Employer Identification Number (EIN)
23-3061590

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	0	1100320
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	75000
(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)	26178232	26566996
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	79768865	80013861
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	105947097	107756177
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	0	0
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	105947097	107756177

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)	75000	
(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)		75000
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)	3141974	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3141974
(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)		1823321
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5535290
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10575585
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8766505	
(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)		8766505
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8766505
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1809080
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: LBMC, PC **(2)** EIN: 62-1199757

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586488.

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
WAUSAU PAPER CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 012

C Plan sponsor's name as shown on line 2a of Form 5500
ESSITY NORTH AMERICA INC.

D Employer Identification Number (EIN)
23-3061590

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): 82-3967259

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 | 18

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: 19.9 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 80.1 %
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_____.

WAUSAU PAPER CORP. RETIREMENT PLAN

Financial Statements
As of December 31, 2025 and 2024
And
For the Year Ended December 31, 2025
And
Supplemental Schedule
As of December 31, 2025

LBMC

Wausau Paper Corp. Retirement Plan
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- The supplemental schedule included is presented for purposes of additional analysis and is not a required part of the financial statements but is required by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

LBMC

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the Wausau Paper Corp. Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the accompanying financial statements of the Wausau Paper Corp. Retirement 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 statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2025 Financial Statements").

Plan management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Plan management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section:

- the amounts and disclosures in the 2025 Financial Statements referred to above, 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 2025 Financial Statements referred to above 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 Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section of our report. We are required to be independent of the Wausau Paper Corp. Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Plan Management for the Financial Statements

Plan 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. Plan management's election of the ERISA Section 103(a)(3)(C) audit does not affect Plan management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Wausau Paper Corp. Retirement 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 Plan management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Wausau Paper Corp. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 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.

Other Matter – 2025 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – Auditor's Report on the 2024 Financial Statements

The financial statements of Wausau Paper Corp. Retirement Plan as of December 31, 2024, were audited by predecessor auditors, Torrillo & Associates, LLC which was acquired by LBMC, PC. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by qualified institutions. Their report dated October 9, 2025, indicated that in their opinion (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedules, other than the information in the 2024 supplemental schedules that agrees to or is derived from the certified information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that Plan management determined meet the requirements of ERISA Section 103(a)(3)(C).

LBMC, PC

Glen Mills, Pennsylvania
October 14, 2026

Wausau Paper Corp. Retirement Plan
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets:		
Cash	$ 1,100,320	$ -
Investments, at fair value	106,580,857	105,947,097
Contributions receivable	75,000	-
Total assets	107,756,177	105,947,097
Liabilities:	-	-
Net assets available for benefits	$ 107,756,177	$ 105,947,097

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

Wausau Paper Corp. Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

	2025
Additions:	
Additions to net assets attributed to:	
Investment income:	
Dividend income	$ 3,141,974
Net appreciation in fair value of investments	7,358,611
Net investment income	10,500,585
Employer contributions	75,000
Total additions	10,575,585
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	8,766,505
Total deductions	8,766,505
Net increase	1,809,080
Net assets available for benefits	
Beginning of year	105,947,097
End of year	$ 107,756,177

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

1. Description of Plan

The following description of the Wausau Paper Corp. Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan sponsor is Essity North America, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Charles Schwab Trust Bank is the trustee of the Plan.

The Plan document includes its component documents, the Wausau Papers of New Hampshire, Inc. Pension Plan and the Rhinelander Paper Company, Inc. Pension Plan.

Participants from the Wausau Paper Corp. Retirement Plan

Effective January 1, 2011, the Plan was frozen to new nonunion participants, and future Company credits to current nonunion participants. Participant accounts continue to be credited for interest earned. Effective December 31, 2016, the Plan was frozen to all union employees at the Middletown mill (and Sorg Paper Company) and there will be no new participants or benefit accruals for these participants after December 31, 2016.

Prior to January 1, 2011 the Plan was a defined benefit pension plan covering all nonunion employees of Wausau Paper Corp. and all union employees at the Middletown mill and Sorg Paper Company. Most employees became eligible to participate in the Plan on either (1) their date of hire if expected to be credited with 1,000 hours of work during the first 12 consecutive months of employment, or (2) the first day of any plan year in which the employee performed 1,000 hours of work.

Prior to January 1, 2011, the Plan had a cash balance pension formula component for all nonunion employees. Under the cash balance formula, every year the Wausau Paper Corp. credited each eligible participant for current service at a rate of 4.25% of eligible compensation up to the Old Age, Survivors, and Disability Insurance ("OASDI") wage base and 8.50% of compensation in excess of the OASDI wage base up to the maximum allowable amount. The participant accounts continue to earn annual interest credited on the beginning of year balance at the 30-year Treasury Securities Rate from November of the prior year (4.54% for the 2025 Plan year).

Although the portion of the Plan for nonunion employees was frozen effective January 1, 2011, nonunion participants, not fully vested at the time, were required to complete the additional service period to become fully vested. Wausau Paper Corp. amended the Plan effective on June 20, 2013, to fully vest all participants impacted by the sale of the Wausau Paper Corp.'s specialty paper business effective June 26, 2013.

Pension benefits are provided to participants under several types of retirement options. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option for nonunion employees under the cash balance pension formula.

If a participant (active or terminated) dies prior to retirement and has met the service requirements for vesting, their designated beneficiary is eligible to receive the accumulated pension benefit in the participant's cash balance account.

Participants from the Wausau Papers of New Hampshire, Inc. Pension Plan

The Wausau Papers of New Hampshire, Inc. Pension Plan covers all eligible regular full-time employees of Wausau Paper Mills, LLC, who were covered by a joint labor agreement between the union at the Groveton New Hampshire mill and Wausau Paper Mills, LLC. In October 2007, Wausau Paper Mills, LLC announced plans to cease operations at the Groveton, New Hampshire mill. Papermaking operations ceased in December 2007, and the mill was closed. The closure of the mill resulted in the immediate vesting of benefits for employees eligible to participate in the Wausau Papers of New Hampshire, Inc. Pension Plan as of the date of the closure.

Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age, as defined by the Plan. The Plan permits early retirement at age 55 with 10 years of vesting service and a reduced pension benefit. The form of pension payment is a monthly income for participants for their lifetime with payments terminating at death. There are, however, alternative optional payment methods available. The amount of monthly pension payment is dependent upon years of credited service with Wausau Paper Mills, LLC.

If a married participant (active or terminated) dies prior to retirement and has met the service requirements for vesting, their spouse is eligible for a surviving spouse benefit. Active participants who become totally disabled and have rendered 10 years of benefit service are eligible for a monthly benefit equal to the accrued normal retirement benefit earned to date of disability.

Participants from the Rhinelander Paper Company, Inc. Pension Plan

The Rhinelander Paper Company, Inc. Pension Plan covers all eligible regular full-time employees of Wausau Paper Mills, LLC who were covered by a joint labor agreement between the union at the Rhinelander mill and Wausau Paper Mills, LLC.

On June 26, 2013, Wausau Paper Mills, LLC completed the sale of its specialty paper business to Expera Specialty Solutions, LLC ("Expera"). Pursuant to the Effects Agreement between Wausau Paper Mills, LLC and United Steelworkers Union and its Local 2-15 and Local 2-1778, effective with the sale of the Paper Segment to Expera, Wausau Paper Corp. amended the Rhinelander Paper Company, Inc. Pension Plan effective on June 20, 2013, to grant to Local 2-15 employees and Local 2-1778 employees benefit increases and vesting service credit through December 31, 2016 for service with Expera, so long as Expera continues to have collective bargaining agreements with Local 2-15 and Local 2-1778. The Rhinelander Paper Company, Inc. Pension Plan was also amended effective on June 20, 2013, to provide that Local 2-15 and Local 2-1778 employees on the Effective Date will be considered to have separated from service with the Employer on the earlier of 1) their separation from service with Expera; 2) the expiration of any collective bargaining agreements between Expera and Local 2-15 and Local 2-1778; and 3) December 31, 2016. The Rhinelander Paper Company, Inc. Pension Plan was amended effective on June 20, 2013, to fully vest all bargaining unit employees continuously employed on December 31, 2016 who were represented by the union at the Rhinelander mill on the day immediately prior to June 26, 2013, in their benefit in the Plan as of June 26, 2013.

Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age, as defined in the Plan. The Plan permits early retirement at age 55 with 10 years of vesting service and a reduced pension benefit. The form of pension payment is a monthly income for participants for their lifetime with payments terminating at death. There are, however, alternative optional payment methods available. The amount of monthly pension payment is dependent upon years of credited service with Wausau Paper Mills, LLC.

If a married participant (active or terminated) dies prior to retirement and has met the service requirements for vesting, their spouse is eligible for a surviving spouse benefit. Active participants who become totally disabled and have rendered 10 years of benefit service are eligible for a monthly benefit equal to the accrued normal retirement benefit earned to date of disability.

Funding Policy

The Company's funding policy is to make contributions in such amounts as may be required to meet the minimum funding requirements of ERISA. Employer contributions are made based on actuarially determined amounts using the projected unit credit cost method. Minimum contribution requirements have been met for 2025.

Plan Termination
Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

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

Basis of Accounting
The financial statements have been prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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 and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The benefits steering committee of the Plan sponsor determines the Plan's valuation policies utilizing information provided by trustees, custodians and investment advisors. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

Administrative Expenses
Certain administrative expenses of the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Certain investment related expenses are included in the net appreciation in fair value of investments presented in the statement of changes in net assets available for benefits.

Subsequent Events
The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued.

3. Information Certified by a Qualified Institution

The Plan administrator having determined that it is permissible in the circumstances elected to have the audits of the Plan performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information included in the accompanying financial statements and the ERISA-required supplemental schedule of assets (held at end of year) was obtained or derived from information obtained by the Plan administrator and certified as complete and accurate by Charles Schwab Trust Bank, a qualified institution, and in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- Cash and investments, at fair value, as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Dividend income and net appreciation in fair value of investments as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2025.
- The information for all investments listed in the schedule of assets (held at end of year) as of December 31, 2025, as shown in the ERISA-required supplemental schedule.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset'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 methodologies used for assets measured at fair value. There have been no changes in methodologies used as of December 31, 2025 and 2024.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective investment trust: Valued at the NAV of units of the collective investment trust held by the Plan at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the collective investment trust less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

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 Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine 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 Plan's fair value measurements as of December 31, 2025:

	Total	Level 1	Level 2	Level 3
Investments, at fair value:				
Mutual funds	$ 80,013,861	$ 80,013,861	$ -	$ -
Collective investment trust (*)	26,566,996	-	-	-
Total	$ 106,580,857	$ 80,013,861	$ -	$ -

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2024:

	Total	Level 1	Level 2	Level 3
Investments, at fair value:				
Mutual funds	$ 79,768,865	$ 79,768,865	$ -	$ -
Collective investment trust (*)	26,178,232	-	-	-
Total	$ 105,947,097	$ 79,768,865	$ -	$ -

*In accordance with fair value measurement guidance, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as investments in the statements of net assets available for benefits.

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2025 and 2024.

Investment Type	Fair Value December 31, 2025	Fair Value December 31, 2024	Unfunded Commitments	Redemption Frequency	Other Restrictions	Redemption Notice Period
Collective investment trust	$ 26,566,996	$ 26,178,232	$ -	Daily	See below.	Daily

The Plan is applying the practical expedient as of December 31, 2025 and 2024 to its investment in the Vanguard Long-Term Investment Grade Trust. The Vanguard Long-Term Investment Grade Trust is a collective investment trust that was established to provide a collective investment trust for eligible tax-exempt entities, including employee benefit plans. The objective of this collective investment trust is to provide a high and sustainable level of current income by investing in investment-grade bonds and maintain a dollar-weighted average maturity within a range that is five years shorter than or five years longer than that of its benchmark index. The investment option may invest in assets (principally investment-grade intermediate and long-term fixed-income securities and may

include derivative instruments such as future contracts and swap agreements), enter into "wrap" contracts issued by third parties, and invest in cash equivalents represented by shares in a money market fund. The trustee of the collective investment trust will use best efforts to distribute proceeds as soon as practicable; provided however, that (i) cash proceeds from the sale of securities liquidated to fund a withdrawal will not be paid until after the actual settlement date or dates of the sale of such securities; and (ii) may suspend redemptions and/or postpone the payment of redemption proceeds at times when the New York Stock Exchange is closed or during other emergency circumstances as determined at their discretion.

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries and, (2) beneficiaries of employees who have died. 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, or withdrawal) between the valuation date and the expected date of payment.

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

	2025	2024
Vested benefits		
Participants currently receiving benefits	$ 74,747,520	$ 75,329,873
Active and terminated vested participants	22,164,561	22,468,503
Total vested benefits	96,912,081	97,798,376
Nonvested benefits	42,978	45,603
Total actuarial present value of accumulated plan benefits	$ 96,955,059	$ 97,843,979

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2025 are as follows:

Actuarial present value of accumulated plan benefits, beginning of year	$ 97,843,979
Increase (decrease) during the year attributed to:	
Benefits paid	(8,766,505)
Decrease in the discount period	5,618,550
Actuarial (gains)/losses	513,880
Assumption changes	1,745,155
Net increase (decrease)	(888,920)
Actuarial present value of accumulated plan benefits, end of year	$ 96,955,059

The significant methods and assumptions used to determine the actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024 are as follows:

Mortality	As of December 31, 2025 and 2024: PRI-2012 tables with a base year of 2012 without collar or amount adjustments, with separate rates for annuitants and non-annuitants and separate rates for retirees/contingent annuitants and contingent survivors projected forward using Scale MP-2021 with generational projection.
Discount rate	5.75% as of December 31, 2025; 6.00% as of December 31, 2024.

Retirement age	Average retirement age of 62 as of December 31, 2025 and 2024.
Lump sum conversion rate	As of December 31, 2025: Based on the 3-segment rates for September 2025 reflecting funding relief.
	As of December 31, 2024: Based on the 3-segment rates for September 2024 reflecting funding relief.
Interest crediting rate	As of December 31, 2025: Graded future interest crediting rate starting from 4.70% and increasing to an ultimate value of 5.25%.
	As of December 31, 2024: Graded future interest crediting rate starting from 4.54% and increasing to an ultimate value of 5.25%.

The change in the actuarial assumption is primarily due to the changes in the lump sum conversion rate and the interest crediting rate assumptions described above.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

6. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated October 13, 2020, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan continues to be operated in compliance with the applicable sections of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

7. 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 value 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.

8. Related-Party and Party-In-Interest Transactions

Charles Schwab Trust Bank, as trustee to the Plan, provides certain custodial and trustee services to the Plan. Any administrative fees charged by Charles Schwab Trust Bank that are paid from Plan assets qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under ERISA regulations.

SUPPLEMENTAL SCHEDULE

Wausau Paper Corp. Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2025 **EIN: 23-3061590 Plan #012**

(a)	(b) Identity of issue, borrower, lessor or similar party	Shares/ Units	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Collective investment trust:				
	Vanguard	1,374,392	Long-Term Investment Grade Trust	$ 27,381,244	$ 26,566,996
	Mutual funds:				
	Vanguard	887,749	Long-Term Treasury Index Fund	28,403,786	21,181,680
	Vanguard	3,588,140	Intermediate-Term Investment Grade Fund	30,527,967	32,042,094
	Vanguard	508,143	Short-Term Investment Grade Fund	5,167,585	5,345,661
	Vanguard	52,347	Total Stock Market Index Fund	6,234,332	16,028,049
	Vanguard	269,606	Developed Markets Index Fund	3,409,325	5,416,377
	Total mutual funds:			73,742,995	80,013,861
				$101,124,239	$ 106,580,857

*: Party-in-interest

The information in this schedule has been derived from information certified as to its completeness and accuracy by Charles Schwab Trust Bank, a qualified institution.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	1	0	0	0	0	0	0	0	0	1
35-39	0	8	0	1	0	0	0	0	0	0	9
40-44	0	11	9	2	0	0	0	0	0	0	22
45-49	0	7	7	8	2	0	0	0	0	0	24
50-54	0	7	9	14	13	3	0	0	0	0	46
55-59	1	7	12	10	14	5	0	0	0	0	49
60-64	0	11	4	14	11	5	1	1	1	0	48
65-69	0	5	6	5	1	1	0	2	2	2	24
70 & over	0	1	0	1	0	1	0	0	0	0	3
Total	1	58	47	55	41	15	1	3	3	2	226
	0	0	0	0	0	0	0	0	0	0	0

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

Plan Name: WAUSAU PAPER CORP. RETIREMENT PLAN
EIN / PN: 23-3061590/012
Plan Sponsor: ESSITY NORTH AMERICA INC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: Segment Rates from 4 months preceding valuation date

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

Annual rates of increase

- Compensation – Cash Balance: N/A – Plan Frozen December 31, 2010
- Compensation – Towel & Tissue Local 1-112 Employee: N/A – Plan Frozen December 31, 2016

Administrative expenses $230,000

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee is hired.

New or rehired employees

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

Mortality

- Healthy

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

- Disabled

Same as described above for Healthy Mortality

Termination

Rates varying by age and gender.

Representative Termination Rates

Rate leaving during the year		
Attained Age	Males	Females
15	0.24415	0.31172
20	0.14414	0.21171
25	0.07122	0.11183
30	0.04025	0.06287
35	0.02812	0.04768
40	0.01777	0.03515
45	0.01095	0.02392
50	0.00426	0.01139
55	0.00000	0.00000
60	0.00000	0.00000
65	0.00000	0.00000

SCHEDULE SB ATTACHMENTS

Disability

- Nonunion Employees — None.
- Union Employees — Rates varying by age and gender.

Representative Disability Rates

Rate leaving during the year		
Attained Age	Males	Females
15	0.00285	0.00428
20	0.00286	0.00429
25	0.00278	0.00417
30	0.00275	0.00413
35	0.00288	0.00432
40	0.00323	0.00485
45	0.00405	0.00608
50	0.00574	0.00861
55	0.00868	0.01302
60	0.01363	0.02045
65	0.00000	0.00000

Retirement

Wausau Paper Corp.
Retirement Plan
Component:

- For Active Employees:
  Nonunion

Age	Probability
55	0.07
56	0.07
57	0.07
58	0.07
59	0.07
60	0.15
61	0.15
62	0.15
63	0.15
64	0.10

65	0.15
66	0.50
67 +	1.00

Rates varying by age.

Representative Retirement Rates

- For Active Employees: Union

Rates varying by age.

Representative Retirement Rates

Age	Probability
55	0.02
56	0.02
57	0.02
58	0.02
59	0.02
60	0.02
61	0.02
62	0.30
63	0.05
64	0.15
65	0.20
66	0.15
67 +	1.00

- For Inactive Employees: Nonunion

Rates varying by age.

Representative Retirement Rates

Age	Probability
< 25	0.15
25-29	0.45
30-34	0.25
35-39	0.20
40-44	0.10
45-54	0.15
55-56	0.20
57-58	0.10
59	0.30
60	0.25
61-62	0.40

63	0.65
64	0.60
65 +	1.00

- For Inactive Employees: Union — Age 62.

- Wausau Papers of New Hampshire Plan Component:

Retirement — Rates varying by age.

Age	Probability
55	0.05
56	0.05
57	0.05
58	0.05
59	0.15
60	0.20
61	0.30
62	0.80
63	0.15
64+	1.00

- Rhinelander Paper Company, Inc. Pension Plan Component:

Retirement — Rates varying by age for Terminated Vesteds

Age	Probability
55	0.02
56	0.02
57	0.02
58	0.02
59	0.02
60	0.02
61	0.02
62	0.50
63	0.20
64	0.20
65	1.00

SCHEDULE SB ATTACHMENTS

Percent married	80% of males; 80% of females. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife three years younger than husband.
At-risk assumptions	Not applicable.
Timing of benefit payments	Annuity payments are assumed to be made uniformly throughout the year and lump sum payments are payable on date of decrement.
Future Increases in Maximum Benefits and Plan Compensation Limitations	Accrued benefits projected to be paid in future years are limited to be the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.
Calculation of Cash Balance Accounts	Future cash balance account balances are projected at the assumed interest crediting rate until decrement for valuation purposes. The future rates start at 4.54% gradually increase until reaching a 5.25% rate.
Annuity conversion rate for hybrid plans	The assumed annuity conversion rate for ASC 960 purposes is based on the 3-segment rates for September 2024 reflecting funding relief.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions and, based on that review, is not aware of any other significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Essity North America Inc., assumptions were made for missing or apparently inconsistent data elements.

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

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
WAUSAU PAPER CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 012

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Essity North America Inc.

D Employer Identification Number (EIN)
23-3061590

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	105,947,097
b Actuarial value	**2b**	103,575,670

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	1,029	80,103,403	80,103,403
b For terminated vested participants	295	13,454,180	13,454,180
c For active participants	226	10,294,106	10,343,972
d Total	1,550	103,851,689	103,901,555

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**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	230,000
c Target normal cost	**6c**	230,000

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

J. Steven Pak — Signature of actuary

10/5/2026 — Date

J. Steven Pak — Type or print name of actuary

2605793 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

215-246-6000 — Telephone number (including area code)

PO Box 674401

Houston TX 77267 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	406,805
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	406,805
10	Interest on line 9 using prior year's actual return of 4.31 %	0	17,533
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 5.03 %		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	424,338

Part III Funding Percentages

14	Funding target attainment percentage	14	99.27 %
15	Adjusted funding target attainment percentage	15	99.27 %
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	102.26 %
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
03/30/2026	75,000				
			Totals ► 18(b)	75,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	70,297

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	230,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	750,223	69,951
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**	299,951

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	299,951	299,951

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**	70,297

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

a Total (excess, if any, of line 37 over line 36)	**38a**	70,297
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	70,297
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, line 2(h) – Formula Description

Plan Name: Wausau Paper Corp. Retirement Plan
Employer I.D. #:23-3061590
Plan Number: 002

(a) Name of Investment Fund (Source of Compensation)	(b) Name of Investment Adviser (Service Provider)	(c) Formula as Percentage of Assets	(d) Other Formula, if any

See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement for the Wausau Paper Corp. Retirement Plan component, and then computing the average retirement age for the table.

All Nonunion Employees					
Age	q_{x^r}	l_x	$x\text{-}55p_{55} = l_x / l_{55}$	$q_{x^r} * l_x / l_{55}$	$x * q_{x^r} * l_x / l_{55}$
55	0.0700	1,000,000	1.000	0.070	3.850
56	0.0700	930,000	0.930	0.065	3.646
57	0.0700	864,900	0.865	0.061	3.451
58	0.0700	804,357	0.804	0.056	3.266
59	0.0700	748,052	0.748	0.052	3.089
60	0.1500	695,688	0.696	0.104	6.261
61	0.1500	591,335	0.591	0.089	5.411
62	0.1500	502,635	0.503	0.075	4.675
63	0.1500	427,240	0.427	0.064	4.037
64	0.1000	363,154	0.363	0.036	2.324
65	0.1500	326,838	0.327	0.049	3.187
66	0.5000	277,813	0.278	0.139	9.168
67	1.0000	138,906	0.139	0.139	9.307
Average age at retirement					61.7

All Union Employees					
Age	q_{x^r}	l_x	$x\text{-}55p_{55} = l_x / l_{55}$	$q_{x^r} * l_x / l_{55}$	$x * q_{x^r} * l_x / l_{55}$
55	0.0200	1,000,000	1.000	0.020	1.100
56	0.0200	980,000	0.980	0.020	1.098
57	0.0200	960,400	0.960	0.019	1.095
58	0.0200	941,192	0.941	0.019	1.092
59	0.0200	922,368	0.922	0.018	1.088
60	0.0200	903,921	0.904	0.018	1.085
61	0.0200	885,842	0.886	0.018	1.081
62	0.3000	868,126	0.868	0.260	16.147
63	0.0500	607,688	0.608	0.030	1.914
64	0.1500	577,303	0.577	0.087	5.542
65	0.2000	490,708	0.491	0.098	6.379
66	0.1500	392,566	0.393	0.059	3.886
67	1.0000	333,681	0.334	0.334	22.357
Average age at retirement					63.9
	Active Nonunion Employees:			162	
	Active Union Employees:			63	
	Total Active Employees:			226	
Weighted Average Rounded for Schedule SB Line 22					62

Plan Name:	WAUSAU PAPER CORP. RETIREMENT PLAN
EIN / PN:	23-3061590/012
Plan Sponsor:	ESSITY NORTH AMERICA INC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,454,201	2,817,705	8,053,040	12,324,946
2026	766,855	1,201,310	7,835,300	9,803,465
2027	862,915	873,786	7,610,318	9,347,019
2028	830,467	819,296	7,380,879	9,030,642
2029	765,373	792,209	7,144,725	8,702,307
2030	785,439	739,907	6,901,269	8,426,615
2031	710,730	737,067	6,649,641	8,097,438
2032	739,923	715,767	6,389,059	7,844,749
2033	677,289	737,397	6,118,973	7,533,659
2034	613,615	709,550	5,839,423	7,162,588
2035	639,258	733,544	5,550,823	6,923,625
2036	597,609	706,378	5,253,530	6,557,517
2037	602,060	701,048	4,948,475	6,251,583
2038	633,234	678,652	4,636,975	5,948,861
2039	625,598	668,830	4,320,703	5,615,131
2040	501,042	655,233	4,001,652	5,157,927
2041	489,834	645,751	3,682,101	4,817,686
2042	445,471	630,897	3,364,551	4,440,919
2043	432,470	633,638	3,051,667	4,117,775
2044	457,220	720,899	2,746,209	3,924,328
2045	433,839	593,656	2,450,936	3,478,431
2046	384,284	577,598	2,168,508	3,130,390
2047	347,022	559,779	1,901,341	2,808,142
2048	343,399	539,322	1,651,531	2,534,252
2049	348,849	518,067	1,420,775	2,287,691
2050	337,238	495,409	1,210,290	2,042,937
2051	286,259	472,336	1,020,794	1,779,389
2052	252,436	449,544	852,467	1,554,447
2053	237,838	424,475	704,984	1,367,297
2054	222,990	397,326	577,543	1,197,859
2055	209,389	369,278	468,926	1,047,593
2056	188,854	340,447	377,616	906,917
2057	171,239	311,677	301,874	784,790
2058	156,641	283,155	239,854	679,650
2059	142,646	255,401	189,688	587,735
2060	129,248	228,722	149,567	507,537
2061	116,436	203,416	117,805	437,657
2062	104,342	179,690	92,885	376,917
2063	93,013	157,738	73,471	324,222
2064	82,487	137,674	58,423	278,584
2065	72,785	119,551	46,785	239,121
2066	63,911	103,370	37,779	205,060
2067	55,858	89,067	30,785	175,710
2068	48,601	76,532	25,319	150,452
2069	42,100	65,623	21,007	128,730
2070	36,306	56,177	17,563	110,046
2071	31,162	48,023	14,779	93,964
2072	26,610	40,994	12,497	80,101
2073	22,597	34,938	10,604	68,139
2074	19,075	29,716	9,015	57,806

Plan Name: WAUSAU PAPER CORP. RETIREMENT PLAN
EIN / PN: 23-3061590/012
Plan Sponsor: ESSITY NORTH AMERICA INC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Wausau Paper Corp. Retirement Plan Component

Plan – Cash Balance Plan

Plan Provisions

Effective date	January 1, 1999. Amended and Restated January 1, 2015. Last amended effective October 1, 2019.
Covered employees	All salaried employees of Wausau Paper and all nonunion hourly employees at Appleton Specialty Paper, Bay West Converting and Mosinee Converted Products.
Participation	Covered employees commence participation in the plan immediately. After December 31, 2010, there will be no new participants entering the plan.

Definitions

Vesting Service	For each 1,000 or more hours of work in a plan year, one year of vesting service is acquired.
Normal retirement date (NRD)	Age 65.
Account Balance	The initial Account Balance as of January 1, 1999 is equal to the sum of (a) and (b), if eligible: (a) For participants of the former Wausau Paper Retirement Plan and the former Mosinee Retirement Plan as of December 31, 1998, the lump sum Actuarial Equivalent of the December 31, 1998 accrued benefit under the formula in force under the corresponding plan on that date. (b) For participants as of January 1, 1999, who are at least age 35 as of that date, the product of (i) and (ii): (i) A percentage, based on the following table, of applicable earnings during 1998.

Age as of 1/1/1999	Pay Under SSWB	Pay Over SSWB
35 – 39	1.0%	2.0%
40 – 44	2.0%	4.0%
45+	2.5%	5.0%

(iii) Years of service as of December 31, 1998, up to a maximum of ten.

The Account Balance at any time thereafter is equal to the initial Account Balance (if any) and the sum of (a) and (b) below:

(a) As of the last day of each calendar year up through 2010 of active participation, 4.25% of annual earnings up to the Social Security wage base plus 8.50% of annual earnings over the Social Security wage base is credited to the Account Balance. No pay credits will be given after December 31, 2010.

(b) As of the last day of each calendar year, a participant's Account Balance is credited with an amount equal to the product of the Interest Crediting Rate and the Account Balance on the first day of such calendar year.

Interest Crediting Rate

The Interest Crediting Rate for a plan year is the average yield in November of the preceding plan year on 30-year Treasury Constant Maturity.

Actuarial Equivalent Definition

A benefit of equivalent actuarial value based on the applicable interest rate and the applicable mortality.

The applicable mortality is the mortality prescribed by the Internal Revenue Service that is based on the prevailing commissioner's standard table used to determine reserves for group annuity contracts.

The applicable interest rate for a plan year is the segmented corporate bond yield curve in November of the preceding plan year, with a 5 year phase-in from 30-year Treasury Securities starting in 2008.

For purposes of determining the initial Account Balance, Actuarial Equivalence shall be determined according to the actuarial assumptions used to calculate lump sum distributions in effect on January 1, 1999.

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Cost-of-Living Increase	Not applicable.
Compensation	Base salary, overtime pay, annual cash bonuses, and commissions paid including any salary reductions under a qualified cash or deferred arrangement and contributions or deferrals under Section 125. No pay credits are granted after December 31, 2010.
Social Security	Not applicable.
Grandfathered Benefit	Participants of the former Wausau Paper Retirement Plan (WPM) and the former Mosinee Retirement Plan (MPC) as of December 31, 1998, receive the greater of (a) and (b): a) The cash balance plan benefit described above; and b) The benefit under the formula of the corresponding prior plan (MPC or WPM), crediting pay and service through the earlier of retirement date and December 31, 2006.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Postponed retirement	Cash balance “account” increased with Interest Credits through the participant’s date of retirement.
Deferred vested termination	Termination for reasons other than death or retirement after completing three years of vesting service.
Disability Retirement	Permanent and total disability and three years of vesting service.
Preretirement death benefit	A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date.

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Deferred vested termination	An annual benefit equal to a participant's cash balance "account", increased with Interest Credits to the commencement date, and converted to an actuarial equivalent annuity or paid as a lump sum equal to the cash balance account balance.
Disability Retirement	The lifetime annuity which is the actuarial equivalent of the account balance is payable upon permanent and total disability.
Preretirement death benefit	If a participant dies after having vested in his account balance, the beneficiary shall be paid the lifetime annuity which is the actuarial equivalent of the account balance as of the date of death.

Other Plan Provisions

Normal forms of payment

- Single Life annuity, if single; and
- 50% Joint and survivor annuity actuarially equivalent to the lifetime annuity, if married.

Optional forms of payment

- 50% Joint and Survivor annuity;
- 66.67% Joint and Survivor annuity;
- 75% Joint and Survivor annuity;
- 100% Joint and Survivor annuity;
- 10-year Certain and Life annuity; and
- Single sum payment.

Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

Plan Name:	WAUSAU PAPER CORP. RETIREMENT PLAN
EIN / PN:	23-3061590/012
Plan Sponsor:	ESSITY NORTH AMERICA INC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

None.

Substantive Commitment

None.

SCHEDULE SB ATTACHMENTS

Plan - Former Wausau Paper Corp. Retirement Plan (WPM) – grandfathered provisions

Plan Provisions

Effective date	September 1, 1963. Amended and restated September 1, 1984. Last amended effective October 1, 2019.
Covered employees	All salaried employees of Wausau Paper Mills Company, Rhinelander Paper Company, Wausau Papers of New Hampshire, and Wausau Papers Otis Mill as of December 31, 1998.

Definitions

Vesting Service	For each 1,000 or more hours of work in a plan year, one year of vesting service is acquired.
Benefit Service	Prior to September 1, 1976, benefit service for determination of benefit amounts will equal credited service. After August 31, 1976, one year of benefit service is given for each plan year in which the employee has completed 2,076 hours of work. Those who do not complete 2,076 hours of work in a plan year are credited with 1/12 of a year of benefit service for each 173 hours of work.
Normal retirement date (NRD)	Age 65 or age 62 with 10 years of service.
Monthly pension benefit	A monthly benefit equal to the product of: (a) 50% of 1/12 of the participant's final average earnings, less 50% of the participant's primary social security benefit; and (b) The fraction (not greater than one) of the number of full months of benefit service to 360. Benefit service is limited to service after: (a) September 1, 1979 for Rhinelander salaried employees; (b) March 31, 1993 for Groveton salaried employees; and (c) May 12, 1997 for Otis salaried employees. Benefits accrued as of December 31, 2006 are frozen.
Minimum Benefit	Benefit accrued under the:

SCHEDULE SB ATTACHMENTS

a) Wausau-Mosinee Paper Pension Plan for Wausau salaried employees;

b) Rhinelander Paper Company, Inc. Pension Plan for Rhinelander salaried employees;

c) Wausau Papers of New Hampshire, Inc. Pension Plan for Groveton salaried employees and;

d) Wausau Papers Otis Mill, Inc. Pension Plan for Otis salaried employees.

Actuarial Equivalent Definition

A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.

Cost-of-Living Increase

The plan has provided ad hoc cost-of-living increases for retirees (and beneficiaries of retirees). The most recent increase provides for those who terminated employment and began receiving benefits before August 31, 1997. The cost-of-living increase was 0.17% times the number of months which elapsed after the later of the date the participant terminated employment or January 1, 1992.

Compensation

Final average annual earnings of a participant shall mean the average annual rate of basic compensation (excluding bonuses and overtime pay) for the highest five consecutive years during the ten years immediately preceding retirement date or the date of most recent termination of employment.

Social Security

- Normal Retirement Benefit

Primary social security benefit means the benefit which a participant would be entitled to receive at age 65 as a primary insurance amount under the federal Social Security Act.

- Early Retirement Benefit

To determine the primary social security benefit, the participant's employment is continued to age 65 at the same annual rate as his annual earnings during the last year of employment.

- Disability Retirement Benefit

In computing the retirement benefit under the plan, the participant's actual disability benefit under the Social Security Act is substituted for the primary social security benefit. The disability retirement benefit is based on benefit service at the date of disability.

Transfers In

Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined

	as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).
Transfers Out	If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early Retirement	Age 55 and 10 years of vesting service.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability Retirement	Permanent and total disability as defined under the provisions of the Social Security Act and 15 years of vesting service.
Preretirement death benefit	A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early Retirement	A monthly benefit equal to the normal retirement benefit earned to the date of early retirement reduced by 5/12 of 1% for each month by which early retirement precedes age 62. There is no reduction if termination as a result of a job elimination occurs after age 60.
Deferred vested termination	A monthly benefit equal to the accrued normal retirement benefit earned to date of termination computed as a normal retirement benefit at age 65. A participant may elect to have his benefit commence after attaining his earliest retirement age (the benefit is subject to the reduction for early retirement benefits).

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Disability Retirement	A monthly benefit equal to the accrued normal retirement benefit earned to date of disability. The benefit is payable only to the extent it exceeds any other benefit (other than social security) payable under another company-paid program.
Preretirement death benefit	If a married participant dies after attaining his earliest retirement age, the monthly benefit is 50% of the reduced benefit he would have received had he retired on the day immediately preceding his date of death and elected a 50% joint and survivor annuity. If a married participant dies on or before his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he separated from service on his date of death, survived to and retired at the earliest retirement age and elected a 50% joint and survivor annuity.

Other Plan Provisions

Normal forms of payment	• Single Life annuity, if single; and • 50% Joint and survivor annuity, if married, reduced to 85% of the benefit otherwise payable if participant and spouse have same calendar year of birth.
Optional forms of payment	• 50% Joint and Survivor annuity; • 66.67% Joint and Survivor annuity; • 75% Joint and Survivor annuity; • 100% Joint and Survivor annuity; • 10-year Certain and Life annuity; • Social security option, and • Single sum payment, in certain circumstances.
Plan participants' contributions	None.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

Plan Name:	WAUSAU PAPER CORP. RETIREMENT PLAN
EIN / PN:	23-3061590/012
Plan Sponsor:	ESSITY NORTH AMERICA INC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

None.

Substantive Commitment

None.

SCHEDULE SB ATTACHMENTS

Plan - Former Mosinee Retirement Plan (MPC)

Plan Provisions

Effective date	June 1, 1969. Amended and restated January 1, 1989. Last amended effective October 1, 2019.
Covered employees	All salaried employees of Mosinee Paper Corporation, except former salaried employees of B&J Supply, as of December 31, 1998.

Definitions

Vesting Service	For each 1,000 or more hours of work in a plan year, one year of vesting service is acquired.
Benefit Service	One month of benefit service is given for each 150 hours of service completed during the plan year. Based on the data provided by the plan sponsor, the plan is frozen and there are no participants earning credited service under this formula.
Normal retirement date (NRD)	Age 65 with 5 years of service.
Monthly pension benefit	A monthly benefit equal to the sum of: a) 0.6% of 1/12 of the participant's final average earnings times benefit service up to 30 years, and b) 0.4% of 1/12 of the participant's final average earnings in excess of $400 times benefit service up to 30 years. Benefits accrued as of December 31, 2006 are frozen.
Minimum Benefit	None.
Actuarial Equivalent Definition	A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.
Cost-of-Living Increase	Not Applicable.
Compensation	Final average annual earnings of a participant shall mean the average of the highest five consecutive calendar years of pay during

	the period ending on the earlier of the participant's termination date or retirement date.
Social Security	Not Applicable.
Transfers In	Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).
Transfers Out	If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early Retirement	Age 55 and 10 years of vesting service.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability Retirement	Permanent and total disability and 5 years of vesting service.
Preretirement death benefit	A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting.
Dependent Child Death Benefit	A participant (active or terminated) is eligible for a dependent child benefit after meeting the service requirements for vesting.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early Retirement	A monthly benefit equal to the normal retirement benefit earned to the date of early retirement reduced by 5/9 of 1% for each month by

	which early retirement precedes age 65 up to 5 years plus 5/18 of 1% for each month by which early retirement precedes age 60.
Deferred vested termination	A monthly benefit equal to the accrued normal retirement benefit earned to date of termination computed as a normal retirement benefit at age 65. A participant may elect to have his benefit commence after attaining his earliest retirement age (the benefit is subject to the reduction for early retirement benefits).
Disability Retirement	A monthly benefit commencing at age 65 equal to the normal retirement benefit calculated by using compensation at the time of disability and service the participant would have had at normal retirement date.
Preretirement death benefit	If a married participant dies after attaining his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he retired on the day immediately preceding his date of death and elected a 50% joint and survivor annuity. If a married participant dies on or before his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he separated from service on his date of death, survived to and retired at the earliest retirement age and elected a 50% joint and survivor annuity. In either case, the benefit is not reduced for early retirement.
Dependent Child Death Benefit	Same as the surviving spouse benefit, but payable only if there is no surviving spouse or if the surviving spouse should die. The benefit terminates once each child marries or, if a full-time student, attains age 23 or, if not a full-time student, attains age 19.

Other Plan Provisions

Normal forms of payment	• Single Life annuity, if single; and • 50% Joint and Survivor annuity, if married.
Optional forms of payment	• 50% Joint and Survivor annuity; • 66.67% Joint and Survivor annuity; • 75% Joint and Survivor annuity; • 100% Joint and Survivor annuity; • 10-year Certain and Life annuity; and

- Single sum payment.

Plan participants' contributions	None.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

None.

Substantive Commitment

None.

SCHEDULE SB ATTACHMENTS

Plan - Middletown Hourly Group

Plan Provisions

Effective date	May 1, 1990. Last amended effective October 1, 2019.
Covered employees	All hourly employees who are represented for purposes of collective bargaining with the company by the United Paperworkers International Union, AFL-CIO and its Affiliate, Local No. 112, and who are regularly employed at the company's Middletown, Ohio Facility.
Participation	After December 31, 2016, there will be no new participants entering the plan.

Definitions

Vesting Service	The number of whole years of service as a covered employee.
Benefit Service	The number of fractional years of service as covered employee. After December 31, 2016, there is no more benefit service accruals.
Normal retirement date (NRD)	Age 62 with 5 years of service.
Monthly pension benefit	A monthly benefit of $29.00 for each year of benefit service. $30.00 effective May 1, 2004 $32.00 effective May 1, 2005 $33.00 effective May 1, 2006 $35.00 effective May 1, 2007 $36.50 effective May 1, 2008 $38.00 effective May 1, 2009 $40.00 effective May 1, 2010 $41.00 effective May 1, 2011 $42.00 effective May 1, 2012 $43.00 effective May 1, 2013 $44.00 effective May 1, 2014 $45.00 effective May 1, 2015 $46.00 effective May 1, 2016

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	After May 1, 2016, there will be no new increases in Monthly pension benefit and no future benefit service will be earned after December 31, 2016.
Minimum Benefit	None.
Actuarial Equivalent Definition	A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.
Cost-of-Living Increase	Not Applicable.
Social Security	Not Applicable.
Compensation	Not Applicable.
Transfers In	Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).
Transfers Out	If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early Retirement	Age 55 and 10 years of vesting service.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.

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Disability Retirement	Permanent and total disability as defined under the provisions of the Social Security Act and 5 years of participation.
Preretirement death benefit	A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting. The employee's monthly accrued benefit is reduced to pay for the cost-of-the preretirement death benefit coverage.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early Retirement	A monthly benefit equal to the normal retirement benefit earned to the date of termination reduced by 4% for each year by which early retirement precedes age 62.
Deferred vested termination	A monthly benefit equal to the accrued normal retirement benefit earned to date of termination computed as a normal retirement benefit payable at 65. A participant may elect to have his vested benefit commence at age 55 (the benefit is subject to the reduction for early retirement benefits).
Disability Retirement	A monthly benefit equal to the accrued normal retirement benefit earned to date of disability, unreduced for early commencement.
Preretirement death benefit	If a married participant dies after attaining his earliest retirement age, the monthly benefit is 50% of the reduced benefit he would have received had he retired on the day immediately preceding his date of death and elected a 50% joint and survivor annuity. If a married participant dies on or before his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he separated from service on his date of death, survived to and retired at the earliest retirement age, and elected a 50% joint and survivor annuity. This coverage may be waived only with the written consent of the spouse.

Other Plan Provisions

Normal forms of payment	• Single Life annuity, if single; and

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	• 50% Joint and Survivor, if married.
Optional forms of payment	• 50% Joint and Survivor annuity; • 66.67% Joint and Survivor annuity; • 75% Joint and Survivor annuity; and • 100% Joint and Survivor annuity.
Plan participants' contributions	None.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

None.

Substantive Commitment

None.

SCHEDULE SB ATTACHMENTS

Wausau Papers of New Hampshire, Inc. Pension Plan Component

Plan

Wausau Papers of New Hampshire, Inc. Pension Plan, Groveton Hourly

Plan Provisions

Effective date	April 1, 1993. Amended and Restated as of January 1, 2015. Last amended effective October 1, 2019.
Covered employees	All employees of Wausau Papers of New Hampshire who are covered by a Joint Labor Agreement between the Union and Company. As of December 31, 2007, no new participants in the Plan.

Definitions

Vesting service	Prior to September 1, 1993, an employee will be credited with one year of vesting service for each year of vesting service earned as of January 1, 1993 as a participant of the James River Pension Plan as in effect on March 31, 1993. After January 1, 1993 and before September 1, 1993, an employee will be credited with one year of vesting service for 666 hours of work. From January 1, 1993 an employee will be credited with one year of vesting service for each 1,000 or more hours of work.
Benefit service	Prior to January 1, 1993, benefit service for determination of benefit amounts will equal credited service accrued as a participant under the provisions of the James River Pension Plan as in effect on March 31, 1993. After January 1, 1993 and before September 1, 1993, a participant accrues one year of benefit service for 666 hours of work. Any participant who did not complete 666 hours of work in such period shall be credited with 1/12 of a year of benefit service for each 56 hours of work completed. After September 1, 1993, a participant accrues 1/12 of a year of benefit for each 83 hours of work up to a maximum of one year of benefit service in any 12-month plan year.
Normal retirement date (NRD)	Age 65 or age 62 with 25 years of service.

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Monthly pension benefit	A monthly benefit of $30.50 for each year of benefit service $31.50 effective April 1, 2004 $33.00 effective April 1, 2005 $34.50 effective April 1, 2006 $35.50 effective April 1, 2007 $36.50 effective April 1, 2008 $38.00 effective April 1, 2009
Actuarial equivalent definition	A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.
Cost-of-living increase	Not applicable.
Transfers in	Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).
Transfers out	If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Age 55 and 10 years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of eligibility service.

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Disability retirement	Permanent and total disability under the provision of the Social Security Act, and 10 years of vesting service.
Preretirement death benefit	A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting.
Dependent child death benefit	A participant with 10 or more years of vesting service who does not have a spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	A monthly benefit equal to the normal retirement benefit earned to the date of termination reduced by ½ of 1% for each month by which early retirement precedes age 65. The benefit is unreduced at age 62 with 20 years of vesting service.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date.
Deferred vested termination	A monthly benefit equal to the accrued normal retirement benefit earned to date of termination computed as a normal retirement benefit payable at 65. If a participant has at least 10 years of service, he may elect to have his vested benefit commence between ages 55 and 65 (the benefit is subject to the reduction for early retirement benefits).
Disability retirement	A monthly benefit equal to the accrued normal retirement benefit earned to date of disability.
Surviving spouse death benefit	If a married participant dies, the monthly benefit is 50% of the accrued benefit, reduced for the joint and survivor optional form but not for early retirement, payable immediately. This coverage may be waived only with the written consent of the spouse.
Dependent child death benefit	Dependent child receives 50% of the unreduced retirement benefit payable until the earlier of 10 years or the dependent child's age 21.

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Other Plan Provisions

Normal forms of payment	• If single, life annuity. • If married, joint and survivor annuity reduced to 89% of the benefit otherwise payable if participant and spouse have same calendar year of birth, payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional forms of payment	• 50% Joint and Survivor annuity. • 66.67% Joint and Survivor annuity. • 75% Joint and Survivor annuity.
Plan participants' contributions	None.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None.

SCHEDULE SB ATTACHMENTS

Rhinelander Paper Company, Inc. Pension Plan Component

Plan

Rhinelander Paper Company, Inc. Pension Plan, Hourly

Plan Provisions

Effective date	January 1, 1979. Last amended and restated effective January 1, 2015. Last amended effective October 1, 2019.
Covered employees	All employees of the Rhinelander Paper Company, provided the employee is covered by a Joint Labor Agreement between the Union and Company. Participation commences on September 1 or February 1 following 12 months of employment with at least 1,000 hours.
Participation date	September 1 or February 1 following 12 months of employment with at least 1,000 hours.

Definitions

Vesting service	For each 1,000 hours or more of work in a plan year, one year of vesting service is acquired.
Benefit service	Prior to September 1, 1978, benefit service for determination of benefit amounts will equal one year for each 1,200 hours worked during a plan year. After September 1, 1978, benefit service is ¼ of a year for each 440 hours worked during a plan year with a maximum credited of one year accrued during any plan year.
Normal retirement date (NRD)	Age 65.
Monthly pension benefit	A monthly benefit of $31.00 ($30.00 for Local 1778) for each year of benefit service. There is a maximum of 36 years of benefit service. $32.00 ($31.00 for Local 1778) and 37 year maximum on benefit service, effective January 1, 2005. $33.00 ($32.00 for Local 1778) for all service, effective January 1, 2006. $34.00 ($33.00 for Local 1778) for all service, effective January 1, 2007. $35.00 ($34.00 for Local 1778) for all service, effective January 1, 2008.

	$36.00 ($35.00 for Local 1778) for all service, effective January 1, 2009. $37.00 ($36.00 for Local 1778) for all service, effective January 1, 2010. $38.00 ($37.00 for Local 1778) for all service, effective January 1, 2011. $39.00 ($38.00 for Local 1778) for all service, effective January 1, 2012. $40.00 ($39.00 for Local 1778) for all service, effective January 1, 2013. $41.00 ($40.00 for Local 1778) for all service, effective January 1, 2014. $42.00 ($41.00 for Local 1778) for all service, effective January 1, 2015. $43.00 ($42.00 for Local 1778) for all service, effective January 1, 2016. A participant who retires during a bargaining cycle will continue to receive the corresponding annual multiplier increases until the end of that bargaining cycle.
Actuarial equivalent definition	A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.
Cost-of-living increase	Not applicable.
Social security	Not applicable
Transfers in	Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).
Transfers out	If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Age 55 and 10 years of benefit service.

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Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability retirement	Permanent and total disability under the provision of the Social Security Act, and 10 years of benefit service.
Preretirement death benefit	A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	A monthly benefit equal to the normal retirement benefit earned to the date of early retirement reduced by 5/10 of 1% for each month by which early retirement precedes age 62.
Deferred vested termination	A monthly benefit equal to the accrued normal retirement benefit earned to date of termination computed as a normal retirement benefit payable at 65. A participant with at least 10 years of benefit service may choose to begin receiving his benefit any time after age 55. The benefit is subject to a reduction of 5/10 of 1% for each month by which the benefit commencement date precedes normal retirement.
Disability retirement	A monthly benefit equal to the accrued normal retirement benefit earned to date of disability.

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Surviving spouse death benefit

If a married participant dies after reaching age 55, his spouse receives 50% of the benefit he would have received had he retired on the day immediately preceding his day of death. This benefit is paid by the employer.

If a married participant dies on or before age 55, and if he has elected coverage, his spouse receives 50% of the benefit he would have received had he separated from service on his date of death and survived to and retired at age 55; reduced for the coverage. The employee pays for this coverage through a charge applied to his vested benefit as follows:

Ages of Death Coverage	Reduction Charge per Month of Coverage Applies to Vested Benefit Otherwise Payable
55 to 64	No charge
45 to 54	0.02%
Less than 45	0.01%

Coverage for this benefit may be waived only with written consent of the spouse.

Other Plan Provisions

Normal forms of payment

- If single, life annuity with 60 months certain (life annuity for disability retirements).
- If married, joint and survivor annuity reduced to 89% of the benefit otherwise payable if participant and spouse have same calendar year of birth, payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional forms of payment

- 50% Joint and Survivor Annuity.
- 75% Joint and Survivor Annuity.
- 100% Joint and Survivor Annuity.
- Social security adjustment option.

Plan participants' contributions

None.

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

None.

Substantive Commitment

None.

Schedule H, line 4i – Schedule of Assets (Held At End of Year)

Plan Name: Wausau Paper Corp. Retirement Plan
Employer I.D. #: 23-3061590
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value

Schedule of Assets (Held At End of Year) is contained in the attached audit report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	750,223	15.00000	750,223	69,951
Total				750,223	69,951

Plan Name: WAUSAU PAPER CORP. RETIREMENT PLAN
EIN / PN: 23-3061590/012
Plan Sponsor: ESSITY NORTH AMERICA INC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The future interest crediting rate assumption was updated from a graded interest crediting rate starting from 4.66% and increasing to an ultimate value of 5.25% to a graded interest crediting rate starting from 4.54% and increasing to an ultimate value of 5.25%.

The administrative expense assumption was updated from $240,000 to $230,000.