U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

| | | | | | | | | | | | | Expii | ation Dat | e: 11/30/ | 2026 |
|--|----------|---------------------------------|----------|------------------------------|---------|--|----------------------------------|-------------------|-----------|------------------------------|----------|--|----------------------------------|-------------------|------------|
| | | | SECT | TION A | – TYPI | E OF RI | EPORT | | | | | | | | |
| | | | C | ONSOL | IDATE | D REP | ORT | | | | | | | | |
| | | SECT | ION E | B – EMP | LOYE | R IDEN | TIFICA | TION | | | | | | | |
| OFS COMPANY ID | | | | | | | | OYER N | AME | | | | | | |
| 7358524 | | | | | | POT | LATCH | CORP | ORAT | ION | | | | | |
| ADDRESS | | | | | 1 | | | TY/TOV | | | | STATE | | ZIP CC | DE |
| | | FE 400 | | | | | | | | | | | | | |
| 601 WEST 1ST AVEN | NUE, SI | IE 1600 |) | | | | S | POKAN | 1E | | | WA | | 9920 |)1 |
| SECTION C - H | EADQU | JARTEI | RS OR | ESTAB | | | | | | | | able) | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | | | | | HEADQ | QUARTE | RS OR ES | STABLIS | SHMEN | Γ-LEVEL | NAME | | | | |
| | | | | | | | | | | | | | | | |
| HEADQUARTERS OR ESTABLISHM | ENT-LEV | VEL ADE | RESS | | | | Cl | TY/TOV | VN | | | STATE | | ZIP CC | DE |
| | | | | | | | | | | | | | | | |
| | CECTI | OND | EMDI | LOYER | IDENI | PIETCA | TION N | HIMDE | D (EIN | n | | | | | |
| | SECTI | ION D - | EMIP | | 320156 | | HON N | UMBE | K (EIIV | 1) | | | | | |
| | | SECTIO | NF- | - EMPL | | | FLIC | BII IT | v | | | | | | |
| X YES (Employer Is Eligible | | | | | | | | | | NO LO | MOED : | INI DI ICI | INTEGO | | |
| | | | | • | | | | | | | NGEK. | IN BUS | INESS | | |
| SE | CTION | | | L CONT | | | | | if applic | able) | | | | | |
| | | | _ | tity ID (| | | | | | | | | | | |
| ☐ YES (Single-Establishm | nent Emp | oloyer is | Federa | l Contra | ctor) 🔀 | YES (I | Multi-Es | tablishn | nent Em | ployer is | Federa | l Contra | ctor) | | |
| X YES (| Headaua | quarters is Federal Contractor) | | | | | | | | | | | | | |
| 1 (| 1 | uarters is Federal Contractor) | | | | | | | | | | | | | |
| | | | | | | | | | iments 1 | s Federa | ii Contr | actor) | | | |
| | | 551 <i>1</i> | ECTI(| ON G - N Offices c | NAICS | INFOR | MATIC |)N Danies | | | | | | | |
| | SE | | | VORKF | | | | | TA | | | | | | |
| | 1 | | , , | | ORCE | | Race/E | | | | | | | | |
| | Hisr | oanic | | | | | | Hispan | | atino | | | | | |
| | | atino | | | М | lale | | | | | Fer | nale | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | 卢 | ō | S | | _ | | ج کے اور | ō | S | |
| | | | | Black or African American | | Native Hawaiian or Other Pacific Islander | e i | Two or More Races | | Black or African American | | Native Hawaiian or Other Pacific Islander | e in | Two or More Races | Row |
| JOB CATEGORIES | | ø | | fric | _ | ig Isl | American Indian Alaska Native | ů. | | or eri | _ | iii a | American Indian Alaska Native | æ | Total |
| | Male | Ja | ite | Ę, Ą | Asian | ii 🦠 | Ξž | ore | White | غ بج | a. | ii 🦠 | Ξž | ore | I Otal |
| | Ĕ | Female | White | ck or Afric American | As | E H | ika | Š | Ĭ | Black or an Amer | Asian | Ha Sci | an ka | Š | |
| | | ш. | | Ar | _ | e ë | aric las | ō | | <u>е</u> | | e e | eric las | ō | |
| | | | | Bi | | ati | ≝ ⋖ | 8 | | 7 | | ati | μA | Ş | |
| | | | | | | Z 2 | ⋖ | ř | | | | 2 2 | ⋖ | É | |
| 5 1 10 1 10 10 11 | | | | | | | | | | | | | | | |
| Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers | 1 | 0 | 6 77 | 2 | 0 | 0 | 0 | 1 | 3 19 | 1 | 0 | 0 | 0 | 0 | 9 101 |
| Professionals | 2 | 1 | 100 | 2 | 1 | 0 | 2 | 1 | 54 | 3 | 0 | 0 | 0 | 1 | 167 |
| Technicians | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Sales Workers | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 7 |
| Administrative Support Workers | 7 | 0 | 9 266 | 1 | 0 | 0 | 0 | 0 | 39 7 | 1 | 0 | 0 | 0 | 0 | 50 |
| Craft Workers Operatives | 25 | 2 | 281 | 23 120 | 2 | 0 | 3 6 | 3 | 49 | 7 | 0 | 0 | 4 | 0 | 312 500 |
| Laborers and Helpers | 7 | 5 | 121 | 23 | 0 | 1 | 5 | 3 | 50 | 5 | 0 | 0 | 3 | 4 | 227 |
| Service Workers | 0 | 0 | | | | | | | | | | | | 16 | |
| CURRENT 2024 REPORTING YEAR TOTAL | 42 | 9 | 874 | 172 | 3 | 2 | 16 | 10 | 231 | 19 | 0 | 0 | 7 | 6 | 1391 |
| | | | • | • | | • | | | • | | | • | | | |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

6 866 185 2 2 13 8 213

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

Not Applicable

PRIOR 2023 REPORTING YEAR TOTAL

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

| | EMPLOYER | RIDENTIFICATION | | | | | | | | | |
|------------------------------|----------------|-----------------|-------|----------|--|--|--|--|--|--|--|
| OFS COMPANY ID | | EMPLOYER NAME | | | | | | | | | |
| 7358524 POTLATCH CORPORATION | | | | | | | | | | | |
| ADDRI | ESS | CITY/TOWN | STATE | ZIP CODE | | | | | | | |
| 601 WEST 1ST AV | ENUE, STE 1600 | SPOKANE | WA | 99201 | | | | | | | |

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION 6/17/2025 3:52 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Title of Certifying Official

| Courtney Stolp | Director of Human Resources |
|--------------------------------------|---|
| Email Address of Certifying Official | Telephone Number of Certifying Official |
| Courtney.Stolp@PotlatchDeltic.com | 509-835-1515 |
| DDIMADY DOINT OF CONTACT (DOC) I | FOR FEO 1 COMPONENT 1 DEPORTING |

Name of Employer's Certifying Official

| Email Address of Certifying Official | Telephone Number of Certifying Official |
|--------------------------------------|---|
| Courtney.Stolp@PotlatchDeltic.com | 509-835-1515 |
| PRIMARY POINT OF CONTACT (POC) I | FOR EEO-1 COMPONENT 1 REPORTING |
| Name of Primary POC | Title and Employer of Primary POC |
| Courtney Stolp | Director of Human Resources |
| , , | Potlatch Corporation |
| Email Address of Primary POC | Telephone Number of Primary POC |
| Courtney.Stolp@PotlatchDeltic.com | 509-835-1515 |

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT HEADQUARTERS REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 7358524 POTLATCHDELTIC CORPORATION HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 601 WEST 1ST AVE, STE 1600 **SPOKANE** WA 99201

${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

820156045

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): ZNG6L9CAWLR5

- ☐ YES (Single-Establishment Employer is Federal Contractor) 🗵 YES (Multi-Establishment Employer is Federal Contractor)
 - - ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

551112 - Offices of Other Holding Companies

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| SECTION H - WORKFORCE DEMOGRAPHIC DATA | | | | | | | | | | | | | | | |
|---|------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | Race/E | thnicity | y | | | | | | |
| | Hisp | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | | atino | | | М | ale | | | | | Fen | nale | | | |
| | | | | | | | | | | | | | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME POTLATCH CORPORATION 7358524 ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW86930 PFHI-ATLANTA POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE

 ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

5 CONCOURSE PKWY, SUITE 1600

203584816

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)

ATLANTA

GA

30328

SECTION G - NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | | 201101 | | OKIKI | | | Race/E | | | | | | | | |
|---|----------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|-------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | Hisn | anic | | | | | | Hispan | | atino | | | | | |
| | | atino | | | М | ale | 1101 | mopun | | uu | Fen | nale | | | |
| | <u> </u> | 1 | | | | I | | | | | | laio | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| First/Mid-Level Officials and Managers | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 5 |
| Professionals | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 6 | 1 | 0 | 0 | 0 | 0 | 11 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 7 | 1 | 0 | 0 | 0 | 0 | 9 | 2 | 0 | 0 | 0 | 0 | 19 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 7 | 1 | 0 | 0 | 0 | 0 | 8 | 3 | 0 | 0 | 0 | 0 | 19 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW86948 PFHI-CLEARWATER AREA HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE

 ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

66 SCOFIELD ROAD

203584816

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

PIERCE

ID

83546

SECTION G - NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | 01 | 201101 | 1 | , 011111 | ONCE | DEMO | | | | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | Race/E | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | M | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Professionals | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Craft Workers | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 11 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 11 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

105 ARCH STREET **CLOQUET** SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

203584816 SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

PFHI-CLOQUET AND CLOQUET WOODLANDS

CITY/TOWN

ZIP CODE

55720

STATE

MN

SECTION G - NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

| | SE | CTION | I H – V | VORKF | ORCE | DEMO | GRAPI | IIC DA | TA | | | | | | |
|---|------|--------|---------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | Race/E | thnicit | у | | | | | | |
| | Hisp | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | | atino | | | М | ale | | | | | Fen | nale | | | |
| | | | | | | | | | | | | | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 1020202

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

NW86957

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** 99201 WA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW86966 PFHI-EL DORADO POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 210 EAST ELM STREET **EL DORADO** AR 71730 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 113110 - Timber Tract Operations SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American ō Š Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 0 0 0 3 Professionals 0 0 1 0 0 0 0 0 7 1 0 0 0 0 9 Technicians 0 0

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

13

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

n

0

0

5

0

0

0

0

17

20

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

2

0

0

0

0

0

0

0

10072024 - 1020202

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

Administrative Support Workers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Sales Workers

Craft Workers

Service Workers

Operatives Laborers and Helpers

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME POTLATCH CORPORATION 7358524 ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW86975 **PFHI-LEWISTON** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 301 D STREET **LEWISTON** ID 83501 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable

SECTION G – NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | | | | | | | Race/E | thnicit | у | | | | | | |
|---|------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | Hisp | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | | atino | | | M | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Professionals | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 5 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 8 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 8 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW86984 PFHI-OLA POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE **729 ARKANSAS 10 OLA** AR SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 113110 - Timber Tract Operations SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2024 REPORTING YEAR TOTAL PRIOR 2023 REPORTING YEAR TOTAL** SECTION I - WORKFORCE SNAPSHOT PERIOD 10072024 - 1020202

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW86993 PFHI-PALOUSE AREA

 ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

114 1ST AVENUE

203584816

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

🗵 YES (Headquarters is Federal Contractor) 🔲 YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

CITY/TOWN

DEARY

STATE

ID

ZIP CODE

83823

SECTION G - NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | SE | CHON | 111 - V | OKKI | OKCE | DEMO | | | | | | | | | |
|---|------|--------|---------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | Race/E | thnicit | / | | | | | | |
| | Hisp | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | | atino | | | М | ale | | | | | Fen | nale | | | |
| | | | | | | | | | | | | | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Professionals | 0 | 0 | 5 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 9 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 7 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 11 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 6 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 10 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87002 PFHI-POTLATCHDELTIC ALABAMA

CITY/TOWN

PRATVILLE

STATE

AL

ZIP CODE

36066

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
203584816

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

694 A COMMERCE COURT

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)
Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

🗵 YES (Headquarters is Federal Contractor) 🔲 YES (Non-Headquarters Establishment is Federal Contractor)

☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | Race/Ethnicity | | | | | | | | | | | | | | |
|---|----------------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | М | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Professionals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

EEOC Standard Form 100 (SF 100)

| 2024 EMPLOYER IN | | | | | | | | | | | | | Revised ontrol Nur ation Dat | mber: 304 | |
|---|---|--|----------|------------------------------|-------|-------------|---------------------------------|----------|-----------|------------------------------|----------|----------|---------------------------------|-----------|-------|
| | | | | TON A | | | | | | | I. | | | | |
| | | | | BLISHN | | | | | | | | | | | |
| | | SECT | TON B | - EMP | LOYE | R IDEN | | | | | | | | | |
| OFS COMPANY ID | | | | | | БОТ | | OYER N | | | | | | | |
| 7358524 | | | | | | POT | LATCH | CORP | ORAII | ON | | | | | |
| ADDRESS | | | | | | | Cl | TY/TOW | /N | | | STATE | | ZIP CO | DE |
| 601 WEST 1ST AVE | NUE, ST | E 1600 |) | | | | S | POKAN | ΙE | | | WA | | 9920 |)1 |
| SECTION C - H | EADQU | ARTE | RS OR | | | | | | | | | ıble) | ı | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | | | | | HEADQ | UARTE | RS OR ES | STABLIS | HMENT | -LEVEL | NAME | | | | |
| NW87011 | | | | | PFH | I-POTL | ATCHE | ELTIC | CORP | ORATIO | ON | | | | |
| HEADQUARTERS OR ESTABLISHM | ENT-LEV | EL ADE | RESS | | | | Cl | TY/TOW | /N | | | STATE | | ZIP CC | DE |
| 601 WEST 1ST AV | E, STE | E 1600 SPOKANE WA 99201 ION D – EMPLOYER IDENTIFICATION NUMBER (EIN) | | | | | | | | | | | | |)1 |
| | SECTI | ON D - | EMPI | LOYER | IDENT | TIFICA' | TION N | UMBE | R (EIN |) | | | | | |
| | 203584816 SECTION E – EMPLOYER FILING ELIGIBILITY | | | | | | | | | | | | | | |
| <u>_</u> | | | | | | | | | | | | | | | |
| X YES (Employer Is Eligible | gible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) | | | | | | | | | | | | | | |
| SE | SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) | | | | | | | | | | | | | | |
| | <u>Unique Entity ID (UEI)</u> : Not Applicable | | | | | | | | | | | | | | |
| ☐ YES (Single-Establishn | Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor) | | | | | | | | | | | | | | |
| X YES (| Headana | rters is I | Federal | Contrac | tor) | YES (N | Ion-Head | danarter | s Establi | ishment | is Feder | al Contr | actor) | | |
| _ 125 (| roudqua | | | | | | | | | s Federa | | | uctor) | | |
| | | | | | | | | | ments is | s redera | i Contra | ictor) | | | |
| | | | | ON G - N Offices o | | | | | | | | | | | |
| | SE | | | VORKF | | | | | TA | | | | | | |
| | | | | | | | Race/E | | | | | | | | |
| | Hisp | anic | | | | | | Hispan | • | atino | | | | | |
| | or La | atino | | | М | ale | | | | | Fen | nale | | | |
| | | | | | | _ | | | | | | _ | | | |
| | | | | _ | | o Ge | ō | es | | _ | | ē ē | ō | es | |
| JOB CATEGORIES | | | | Black or African American | | an | nerican Indian Alaska Native | Sac | | Black or African American | | an | nerican Indian Alaska Native | Зас | Row |
| JOB CATEGORIES | o o | <u>e</u> | g. | ck or Afric American | _ | /aii | ndi | ė | ė | Black or can Ameri | _ | aii / | ndi lat | ė | Total |
| | Male | Female | White | or / eri | Asian | iji a | a P | Į. | White | A K | Asian | ii a | lu l | ē | |
| | _ | Fe | S | ke Am | ⋖ | e F | ica | Į. | > | Bla | ⋖ | e H | ica Isk | _ | |
| | | | | ilac | | tiv er I | Ala | 0 | | fric | | er I | Ala | Ö | |
| | | White White Black or African American Asian Asian Native Hawaiian or Alaska Native Black or Alaska Nerican Asian | | | | | | | | | | | | | |
| | | | | | | | | - | | | | 0 | | | |
| Executive/Senior Level Officials and Managers | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 5 |
| First/Mid-Level Officials and Managers | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 8 |
| Professionals | 1 | 0 | 15 | 0 | 1 | 0 | 0 | 1 | 10 | 0 | 0 | 0 | 0 | 1 | 29 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 9 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SECTION I - WORKFORCE SNAPSHOT PERIOD 10072024 - 10202024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Operatives

Laborers and Helpers

Service Workers

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87020 PFHI-POTLATCHDELTIC MISSISSIPPI

 ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

3900 LAKELAND DRIVE

203584816

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

CITY/TOWN

FLOWOOD

ZIP CODE

39232

STATE

MS

SECTION G - NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | Race/Ethnicity | | | | | | | | | | | | | | |
|---|----------------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | M | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Professionals | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

| 2024 EMPLOYER INI | ORM | ATIO | N REF | ORT (| EEO-1 | I COM | PONE | NT 1) | | | | | ation Dat | | |
|---|---|----------------|--------|------------------------------|---------------|--|-------------------------------------|-------------------|----------|------------------------------|--------|--|-------------------------------------|-------------------|--------------|
| | | | - | TON A | | - | - | | | | I. | | | | |
| | | SECT | ION B | - ЕМР | LOYE | R IDEN | TIFICA | TION | | | | | | | |
| OFS COMPANY ID | | | | | | | | OYER N | AME | | | | | | |
| 7358524 | | | | | | POT | LATCH | CORP | ORATI | ION | | | | | |
| ADDRESS | | | | | | | Cl | TY/TOW | /N | | | STATE | | ZIP CO | DE |
| 601 WEST 1ST AVEN | UE ST | F 1600 |) | | | | | POKAN | | | | WA | | 9920 | |
| | | | | ECT A D | T TOTTA | AENT I | | | | TION (: | £ 1' | | | | - |
| SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID | ADQU | AKILI | KS UK | ESTAB | HEADO | HARTEI | RS OR ES | TABLIS | HMENT | Γ-LEVEL | NAME | abie) | | | |
| NW87031 | | | | | | | PRESC | | | | | | | | |
| | NE LEV | EV 100 | DEGG | | - | | | | | TIVE | | OTT A TEXT | 1 | 7TD 00 | DE. |
| HEADQUARTERS OR ESTABLISHME | | | RESS | | | | | TY/TOW | | | | STATE | | ZIP CO | |
| 407 WHITESIDE | SIKE | = 1 | | | | | PF | RESCO | | | | AR | | 7185 | 07 |
| X YES (Employer Is Eligible | | SECTIO |)N E – | EMPL | 03584 OYER | 816 FILING | ELIGI | BILITY | Y | - | NGER I | IN BUSI | INESS | | |
| | | | | L CONT | | | | | | | | | - 1 | | |
| SEC | TION | | | tity ID (| | | | HON (I | п аррис | able) | | | | | |
| VEC (Cinala Establishm) | ant Eman | | _ | - | | | | to bliobas | ont Em | | Fadama | 1 Contro | atom) | | |
| _ · · • | hment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) | | | | | | | | | | | | | | |
| X YES (H | YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) | | | | | | | | | | | | | | |
| ▼ YES (Headquarters is Federal Contractor) ▼ YES (Non-Headquarters Establishment is Federal Contractor) ▼ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION | | | | | | | | | | | | | | | |
| | 55111. | SI 4 - Corr | ECTIO |)N G − N Subsid | NAICS | INFOR | MATIC |)N anaging | n Office | ne. | | | | | |
| | | | | VORKF | | | | | | | | | | | |
| | | 01101 | | . 011111 | OHOL | | Race/E | | | | | | | | |
| | Hisp | anic | | | | | | Hispan | | atino | | | | | |
| | or La | | | | М | ale | | | | | Fen | nale | | | |
| | | | | | | | | | | | | | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers Professionals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87042 PFHI-SOUTHERN WOOD PRODUCTS WARREN HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 810 W PINE, PO BOX 390 **WARREN** AR 71671 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816 SECTION E - EMPLOYER FILING ELIGIBILITY 🛮 YES (Employer Is Eligible to File) 🗌 NO (Employer Is Not Eligible to File) 🔲 EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

321113 - Sawmills SECTION H – WORKFORCE DEMOGRAPHIC DATA

SECTION G - NAICS INFORMATION

YES (One or More Non-Headquarters Establishments is Federal Contractor)

| | | | | | | | Race/E | thnicity | у | | | | | | |
|---|------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | Hisp | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or L | atino | | | М | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Professionals | 0 | 0 | 4 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 4 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 6 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 4 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 6 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87053 **PFHI-ST JOE AREA** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1100 RAILROAD AVENUE ST MARIES ID 83861 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816 SECTION E – EMPLOYER FILING ELIGIBILITY 🛮 YES (Employer Is Eligible to File) 🗌 NO (Employer Is Not Eligible to File) 🔲 EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

SECTION G - NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| 1 | Race/Ethnicity | | | | | | | | | | | | | | |
|---|----------------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | , | | | | | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | М | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| Professionals | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 9 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| Craft Workers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 15 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 10 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87064 PFHI-TEXAS POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE

 ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

98 SAN JACINTO BLVD

203584816

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) 🗵 YES (Multi-Establishment Employer is Federal Contractor)

☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)

AUSTIN

78701

TX

SECTION G - NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | DI. | | 1 1 1 | OIGH | ONCE | | | thnicity | | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | • | , | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | М | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| First/Mid-Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME POTLATCH CORPORATION 7358524 ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87075 PFHI-WALDO POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1720 U.S.82 **WALDO** AR 71770 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable

SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | | | | | | | Race/E | thnicity | у | | | | | | |
|---|------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | Hisp | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | | atino | | | М | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 6 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 7 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 9 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87086 PLL-ATLANTA POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 5 CONCOURSE PKWY, SUITE 1600 **ATLANTA** GA SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers n Service Workers **CURRENT 2024 REPORTING YEAR TOTAL PRIOR 2023 REPORTING YEAR TOTAL**

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-0049 Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** 99201 WA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87097 **PLL-CHENAL** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 10 CHENAL CLUB BOULEVARD LITTLE ROCK AR 72223 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 010908 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 113110 - Timber Tract Operations SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 2 0 0 0 0 Professionals 0 0 4 0 0 0 0 0 0 0 0 0 0 0 4 Technicians 0 0 0 Sales Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 1 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 0 Craft Workers 0 Operatives Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0 **CURRENT 2024 REPORTING YEAR TOTAL** 0 0 0 0 0 0 3 0 0 0 0 **PRIOR 2023 REPORTING YEAR TOTAL** 0 0 0 0 0 0 10 SECTION I - WORKFORCE SNAPSHOT PERIOD 10/7/2024 - 10/20/2024 SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87112 PLL-EL DORADO POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 210 EAST ELM STREET **EL DORADO** AR SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 113110 - Timber Tract Operations SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American ō Š Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2024 REPORTING YEAR TOTAL PRIOR 2023 REPORTING YEAR TOTAL**

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT-LEVEL\,\,COMMENTS\,\,(optional)}$

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87121 **PLL-LEWISTON** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 301 D STREET **LEWISTON** ID 83501 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 01090896 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | - DI | 201101 | 1 | VOKKI | ORCE | | | | | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | Race/E | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | M | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Professionals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME POTLATCH CORPORATION 7358524 ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87130 PLL-MN WOOD PRODUCTS HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE **50518 COUNTY ROAD 45 BEMIDJI** MN 56601 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 01090896 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 321113 - Sawmills SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | | | | | | | Race/E | thnicity | у | | | | | | |
|---|------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | Hisp | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | | atino | | | М | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 10 |
| Professionals | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 10 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Craft Workers | 0 | 0 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19 |
| Operatives | 1 | 0 | 36 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 41 |
| Laborers and Helpers | 0 | 0 | 19 | 1 | 0 | 0 | 2 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 28 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 1 | 0 | 91 | 1 | 0 | 0 | 3 | 2 | 12 | 0 | 0 | 0 | 0 | 0 | 110 |
| PRIOR 2023 REPORTING YEAR TOTAL | 1 | 0 | 89 | 1 | 0 | 0 | 3 | 1 | 13 | 0 | 0 | 0 | 0 | 0 | 108 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT-LEVEL\,\,COMMENTS\,\,(optional)}$

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87141 PLL-MONTANA POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 101 HEAVENS PEAK DRIVE **KALISPELL** 59901 MT SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 01090896 SECTION E - EMPLOYER FILING ELIGIBILITY 🛮 YES (Employer Is Eligible to File) 🗌 NO (Employer Is Not Eligible to File) 🔲 EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

SECTION G - NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices

X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| 1 | 51 | | 1 1 1 | , CICICI | ONCE | DEMO | | thnicity | | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | • | , | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | М | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME POTLATCH CORPORATION 7358524 ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87152 PLL-OLA POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE **729 ARKANSAS 10 OLA** AR 72853 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 010908 SECTION E - EMPLOYER FILING ELIGIBILITY 🛮 YES (Employer Is Eligible to File) 🗌 NO (Employer Is Not Eligible to File) 🔲 EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 113110 - Timber Tract Operations SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic

| | or La | atino | | | M | ale | | | | | Fen | nale | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|-------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 7 |
| Professionals | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Technicians | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 4 |
| Craft Workers | 2 | 1 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 38 |
| Operatives | 15 | 1 | 53 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 75 |
| Laborers and Helpers | 4 | 3 | 10 | 1 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 23 |
| Service Workers | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 6 |
| CURRENT 2024 REPORTING YEAR TOTAL | 21 | 5 | 114 | 1 | 0 | 0 | 0 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 158 |
| PRIOR 2023 REPORTING YEAR TOTAL | 15 | 2 | 121 | 0 | 0 | 0 | 0 | 0 | 15 | 0 | 0 | 0 | 0 | 0 | 153 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87163 PLL-POTLATCHDELTIC ALABAMA HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS STATE ZIP CODE CITY/TOWN 694 A COMMERCE COURT **PRATVILLE** 36066 AL SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 01090896 SECTION E - EMPLOYER FILING ELIGIBILITY 🛮 YES (Employer Is Eligible to File) 🗌 NO (Employer Is Not Eligible to File) 🔲 EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

■ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION

X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

<u>Unique Entity ID (UEI)</u>: Not Applicable

■ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)

551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | Race/Ethnicity | | | | | | | | | | | | | | |
|---|----------------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | M | ale | | | | | Fen | nale | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Professionals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

| U.S. EQUAL EMPLO 2024 EMPLOYER IN | | | | | | | | | | | | OMB Co | andard F Revised ontrol Nu ation Dat | 08/2023 mber: 304 | 46-0049 |
|---|---|------------|---------|------------------------------|--------|--|-------------------------------------|-------------------|-----------|------------------------------|----------|--|---|----------------------|---------|
| | | | SECT | TON A | - TYPI | E OF RI | EPORT | | | | | | | | |
| | | | ESTA | BLISHN | /ENT-L | EVEL | REPOR | RT. | | | | | | | |
| | | SECT | ION B | – EMP | LOYE | R IDEN | | | | | | | | | |
| OFS COMPANY ID | | | | | | БОТ | | OYER N | | | | | | | |
| 7358524 | | | | | | POT | LATCH | CORP | ORATI | ON | | | | | |
| ADDRESS | | | | | | | CI | TY/TOW | /N | | | STATE | | ZIP CO | DE |
| 601 WEST 1ST AVEN | IUE, ST | ΓE 1600 |) | | | | SI | POKAN | ΙE | | | WA | | 9920 |)1 |
| SECTION C - H | EADQU | JARTE | RS OR | | | | | | | | | ıble) | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID NW87174 | | | | | - | • | | | | C-LEVEL ORATIO | | | | | |
| HEADQUARTERS OR ESTABLISHMI | NT I EV | /EL ADD | DECC | | 1 | .1012 | | TY/TOW | | OTATIC | | STATE | | ZIP CO | DE |
| 601 WEST 1ST AV | | | KLSS | | | | | POKAN | | | | WA | | 9920 | |
| | | | EMDI | LOYER | IDENT | TIEIC A' | | | | ` | | | | | |
| | SECTI | ON D - | LEWILL | | 10908 | | HONN | UNIDE | K (LII) | , | | | | | |
| | SECTION E – EMPLOYER FILING ELIGIBILITY ible to File) NO (Employer Is Not Fligible to File) T EMPLOYER NO LONGER IN RUSINESS | | | | | | | | | | | | | | |
| X YES (Employer Is Eligible | tible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS | | | | | | | | | | | | | | |
| SE | CTION | | | LCONT | | | | TION (i | if applic | able) | | | | | |
| | | | - | tity ID (| | | | | | | | | | | |
| ☐ YES (Single-Establishm | - | • | | | | | | | | • | | | | | |
| X YES (I | Ieadqua | rters is I | Federal | Contrac | tor) | YES (N | on-Head | lquarter | s Establ | ishment | is Feder | al Contr | ractor) | | |
| | | | | | | _ | | | ments i | s Federa | l Contra | actor) | | | |
| | EE111 | S. | ECTIC | NG-1 | NAICS | INFOR | MATIO | N | - Office | _ | | | | | |
| | | | | Subsic VORKF | | | | | | 5 | | | | | |
| | | | | | | | Race/E | thnicit | у | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | , | |
| | or L | atino | | | М | ale | | | | | Fen | nale | ı | | |
| | | | | | | - a | _ | s | | | | - a | _ | S | |
| | | | | an | | n o | ın o | асе | | can | | o u | n o | ace | Row |
| JOB CATEGORIES | | <u>e</u> | as a | fric | _ | aiia Isk | ndia ati\ | e R | as a | or | u | aiia Isk | Indian or Native | e R | Total |
| | Male | Female | White | ck or Afric American | Asian | law | ın İr | Mor | White | Black or an Amer | Asian | law | a l | ٩٥ | |
| | _ | F | > | Black or African American | ⋖ | /e F Pac | nerican Indian Alaska Native | or I | > | Black or African American | ⋖ | e F Pac | nerican Indian Alaska Native | o. | |
| | | | | Bla | | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | | Afri | | Native Hawaiian or Other Pacific Islander | American Alaska | Two or More Races | |
| | | | | | | Zõ | ٩ | <u> </u> | | | | Žδ | ٩ | ⊢ | |
| Executive/Senior Level Officials and Managers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| First/Mid-Level Officials and Managers | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |

SECTION I - WORKFORCE SNAPSHOT PERIOD 10/7/2024 - 10/20/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

Administrative Support Workers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87185 PLL-POTLATCHDELTIC GWINN LUMBER HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 650 A AVENUE **GWINN** MI 49841

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

01090896

SECTION E - EMPLOYER FILING ELIGIBILITY

🛮 YES (Employer Is Eligible to File) 🗌 NO (Employer Is Not Eligible to File) 🔲 EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

321113 - Sawmills

SECTION H – WORKFORCE DEMOGRAPHIC DATA

| SECTION H - WORKFORCE DEMOGRAPHIC DATA | | | | | | | | | | | | | | | |
|---|-----------|--------|------------------------|------------------------------|-------|--|-------------------------------------|-------------------|-------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | Race/E | thnicity | / | | | | | | |
| | Hisp | anic | Not Hispanic or Latino | | | | | | | | | | | | |
| | or Latino | | Male Female | | | | | | | | | | | | |
| | | | | Tomaio | | | | | | | | | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 10 |
| Professionals | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 6 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 4 |
| Craft Workers | 0 | 0 | 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 39 |
| Operatives | 0 | 0 | 52 | 1 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 59 |
| Laborers and Helpers | 1 | 0 | 26 | 0 | 0 | 0 | 0 | 1 | 5 | 0 | 0 | 0 | 0 | 1 | 34 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 1 | 0 | 128 | 1 | 1 | 0 | 2 | 1 | 15 | 0 | 0 | 0 | 2 | 1 | 152 |
| PRIOR 2023 REPORTING YEAR TOTAL | 1 | 0 | 117 | 2 | 1 | 0 | 1 | 1 | 14 | 0 | 0 | 0 | 2 | 0 | 139 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** 99201 WA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87196 PLL-SOUTHERN WOOD PRODUCTS WARREN HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 810 W PINE, PO BOX 390 WARREN AR 71671 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 321113 - Sawmills SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity

or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 8 0 0 0 0 Professionals 0 0 1 0 0 0 0 0 2 0 0 0 0 0 3 Technicians 0 0 0 Sales Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 4 Craft Workers 2 0 20 0 0 0 90

Not Hispanic or Latino

Hispanic

4

0

0

6

1

0

2

19

0

0

91

50

10

0

81

SECTION I – WORKFORCE SNAPSHOT PERIOD 10/7/2024 - 10/20/2024

0

0

0

0

0

0

0

0

0

0

0

0

0

0

3

0

12

4

0

9

10

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

n

0

82

15

0

202

213

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT-LEVEL\,\,COMMENTS\,\,(optional)}$

No Comments Provided

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Operatives

Laborers and Helpers

Service Workers

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87204 PLL-WALDO POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967

Unique Entity ID (UEI): Not Applicable

010900907

1720 U.S.82

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (One or More Non-Headquarters Establishments is Federal Contractor)

WALDO

AR

71770

X YES (Employer Is Eligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

 $\fbox{\textbf{X} \textbf{YES}} \ (\text{Headquarters is Federal Contractor}) \ \fbox{\textbf{D}} \ \textbf{YES} \ (\text{Non-Headquarters Establishment is Federal Contractor})$

SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| Race/Ethnicity | | | | | | | | | | | | | | | |
|---|-------|--------|-------------------------------------|------------------------------|-------|--|-------------------------------------|-------------------|-------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | | | | | | | | |
| | | anic | Not Hispanic or Latino Male Female | | | | | | | | | | | | |
| | or La | atino | | | M | ale | | | | | | | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 6 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| Professionals | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 9 |
| Technicians | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 3 |
| Craft Workers | 3 | 0 | 32 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 39 |
| Operatives | 3 | 0 | 21 | 69 | 0 | 1 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 98 |
| Laborers and Helpers | 0 | 0 | 1 | 10 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 14 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 6 | 0 | 64 | 85 | 0 | 1 | 1 | 1 | 7 | 6 | 0 | 0 | 0 | 0 | 171 |
| PRIOR 2023 REPORTING YEAR TOTAL | 4 | 0 | 64 | 94 | 0 | 1 | 0 | 0 | 6 | 5 | 0 | 0 | 0 | 0 | 174 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87213 PLL-WESTERN WOOD PRODUCTS ST MARIES HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 2200 RAILROAD AVE ST MARIES ID 83861 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 01090896 SECTION E - EMPLOYER FILING ELIGIBILITY 🛮 YES (Employer Is Eligible to File) 🗌 NO (Employer Is Not Eligible to File) 🔲 EMPLOYER NO LONGER IN BUSINESS

CENTON E EEDERAL CONTRACTOR DESIGNATION (15 11 11)

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)
Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) 🗶 YES (Multi-Establishment Employer is Federal Contractor)

🔀 YES (Headquarters is Federal Contractor) 🔲 YES (Non-Headquarters Establishment is Federal Contractor)

 $\hfill \hfill

SECTION G - NAICS INFORMATION 321113 - Sawmills

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| SECTION H - WORKFORCE DEMOGRAPHIC DATA | | | | | | | | | | | | | | | |
|---|-----------|--------|------------------------|------------------------------|-------|--|-------------------------------------|-------------------|-------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | Race/E | thnicity | y | | | | | | |
| | Hisp | anic | Not Hispanic or Latino | | | | | | | | | | | | |
| | or Latino | | Male Female | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 11 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 13 |
| Professionals | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 10 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 4 |
| Craft Workers | 0 | 0 | 73 | 1 | 0 | 0 | 2 | 1 | 6 | 0 | 0 | 0 | 0 | 1 | 84 |
| Operatives | 2 | 0 | 100 | 0 | 0 | 0 | 3 | 3 | 35 | 0 | 0 | 0 | 2 | 0 | 145 |
| Laborers and Helpers | 2 | 1 | 65 | 1 | 0 | 1 | 3 | 0 | 34 | 0 | 0 | 0 | 3 | 3 | 113 |
| Service Workers | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 10 |
| CURRENT 2024 REPORTING YEAR TOTAL | 4 | 1 | 260 | 2 | 0 | 1 | 8 | 4 | 90 | 0 | 0 | 0 | 5 | 4 | 379 |
| PRIOR 2023 REPORTING YEAR TOTAL | 3 | 2 | 253 | 1 | 0 | 1 E CNIA D | 7 | 4 | 76 | 0 | 0 | 0 | 3 | 3 | 353 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NW87222 PLL-WISCONSIN WOODLANDS HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

010908967

No physical location

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| SECTION H - WORKFORCE DEMOGRAPHIC DATA | | | | | | | | | | | | | | | |
|---|-----------|--------|------------------------|------------------------------|-------|--|-------------------------------------|-------------------|-------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | Race/E | thnicity | / | | | | | | |
| | Hisp | anic | Not Hispanic or Latino | | | | | | | | | | | | |
| | or Latino | | Male Female | | | | | | | | | | | | |
| İ | | | | | | | | | | | | | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/7/2024 - 10/20/2024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-0049 Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** 99201 WA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PV82082 PFHI-LANCASTER POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1084 CAMP CREEK ROAD, STE 300 **LANCASTER** SC 29720 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 113110 - Timber Tract Operations SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American ō Š Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 0 0 0 0 Professionals 0 0 1 0 0 0 0 0 1 0 0 0 0 0 2 Technicians 0 0 Sales Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 0 Craft Workers 0 Operatives Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0 **CURRENT 2024 REPORTING YEAR TOTAL** 0 2 0 0 0 0 0 0 3 0 0 0 0 0

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

10/7/2024 - 10/20/2024

0

0

0

0

0

5

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-0049 Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PV82091 PLL-LANCASTER POTLATCHDELTIC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1084 CAMP CREEK ROAD, STE 300 **LANCASTER** SC SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 113110 - Timber Tract Operations SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American ō Š Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2024 REPORTING YEAR TOTAL PRIOR 2023 REPORTING YEAR TOTAL** SECTION I - WORKFORCE SNAPSHOT PERIOD 10/7/2024 - 10/20/2024 SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7358524 POTLATCH CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 601 WEST 1ST AVENUE, STE 1600 **SPOKANE** WA 99201 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

 ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

203584816

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

- ☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)
 - - ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)

PLL-ST JOE AREA

CITY/TOWN

ST MARIES

STATE

ID

ZIP CODE

83861

SECTION G - NAICS INFORMATION

551114 - Corporate, Subsidiary, and Regional Managing Offices

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| Race/Ethnicity | | | | | | | | | | | | | | | |
|---|-------|--------|------------------------|------------------------------|-------|--|-------------------------------------|-------------------|--------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | | | | | | | | |
| | | anic | Not Hispanic or Latino | | | | | | | | | | | | |
| | or La | atino | | | M | ale | | | Female | | | | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total |
| Executive/Senior Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2024 REPORTING YEAR TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| PRIOR 2023 REPORTING YEAR TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10072024 - 10202024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

QZ14442

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

1100 RAILROAD AVE