

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 A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN			STATE		ZIP CODE				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 820156045															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): ZNG6L9CAWLR5 <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	6	0	0	0	0	0	3	0	0	0	0	0	9
First/Mid-Level Officials and Managers	1	0	77	2	0	0	0	1	19	1	0	0	0	0	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	0	0	9	1	0	0	0	0	39	1	0	0	0	0	50
Craft Workers	7	1	266	23	0	0	3	2	7	2	0	0	0	1	312
Operatives	25	2	281	120	2	1	6	3	49	7	0	0	4	0	500
Laborers and Helpers	7	5	121	23	0	1	5	3	50	5	0	0	3	4	227
Service Workers	0	0	8	0	0	0	0	0	8	0	0	0	0	0	16
CURRENT 2024 REPORTING YEAR TOTAL	42	9	874	172	3	2	16	10	231	19	0	0	7	6	1391
PRIOR 2023 REPORTING YEAR TOTAL	33	6	866	185	2	2	13	8	213	20	1	0	5	4	1358
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/7/2024 - 10/20/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID 7358524		EMPLOYER NAME POTLATCH CORPORATION		
ADDRESS 601 WEST 1ST AVENUE, STE 1600		CITY/TOWN SPOKANE	STATE WA	ZIP CODE 99201
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT				
<i>"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."</i> 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				
Name of Employer's Certifying Official Courtney Stolp		Title of Certifying Official Director of Human Resources		
Email Address of Certifying Official Courtney.Stolp@PotlatchDeltic.com		Telephone Number of Certifying Official 509-835-1515		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Courtney Stolp		Title and Employer of Primary POC Director of Human Resources Potlatch Corporation		
Email Address of Primary POC Courtney.Stolp@PotlatchDeltic.com		Telephone Number of Primary POC 509-835-1515		

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 A – TYPE OF REPORT HEADQUARTERS REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID 7358524			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME POTLATCHDELTC CORPORATION												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 601 WEST 1ST AVE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 820156045															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): ZNG6L9CAWLR5															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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) No Comments Provided															

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SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
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ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW86930			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-ATLANTA POTLATCHDELTIC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 5 CONCOURSE PKWY, SUITE 1600						CITY/TOWN ATLANTA				STATE GA		ZIP CODE 30328			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
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) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW86948			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-CLEARWATER AREA												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 66 SCOFIELD ROAD						CITY/TOWN PIERCE				STATE ID		ZIP CODE 83546			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524				EMPLOYER NAME POTLATCH CORPORATION											
ADDRESS 601 WEST 1ST AVENUE, STE 1600								CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW86957				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-CLOQUET AND CLOQUET WOODLANDS											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 105 ARCH STREET								CITY/TOWN CLOQUET				STATE MN		ZIP CODE 55720	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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 - 10202024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW86966			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-EL DORADO POTLATCHDEL TIC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 210 EAST ELM STREET						CITY/TOWN EL DORADO				STATE AR		ZIP CODE 71730			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
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Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	1	1	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	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	5	0	0	0	0	0	5
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	1	13	1	0	0	0	0	17
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	1	13	1	0	0	0	0	20
SECTION I – WORKFORCE SNAPSHOT PERIOD 10072024 - 10202024															
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SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW86975			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-LEWISTON												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 301 D STREET						CITY/TOWN LEWISTON				STATE ID		ZIP CODE 83501			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW86984			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-OLA POTLATCHDELTIC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 729 ARKANSAS 10						CITY/TOWN OLA			STATE AR		ZIP CODE 72853				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	0	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	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	6	0	0	0	0	0	1	0	0	0	0	0	7
PRIOR 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7
SECTION I – WORKFORCE SNAPSHOT PERIOD 10072024 - 10202024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW86993			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-PALOUSE AREA												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 114 1ST AVENUE						CITY/TOWN DEARY				STATE ID		ZIP CODE 83823			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	0	1	0	3	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															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT																
SECTION B – EMPLOYER IDENTIFICATION																
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION													
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87002			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-POTLATCHDELTIC ALABAMA													
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 694 A COMMERCE COURT						CITY/TOWN PRATVILLE				STATE AL		ZIP CODE 36066				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816																
SECTION E – EMPLOYER FILING ELIGIBILITY																
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS																
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)																
Unique Entity ID (UEI): Not Applicable																
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)																
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)																
<input type="checkbox"/> 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																
JOB CATEGORIES	Race/Ethnicity															
	Hispanic or Latino		Not Hispanic or Latino													
			Male							Female						
	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																
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided																

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87011			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-POTLATCHDELTIC CORPORATION												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 601 WEST 1ST AVE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	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	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	7	0	0	0	0	0	9
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	1	0	27	0	1	0	0	1	20	0	0	0	0	1	51
PRIOR 2023 REPORTING YEAR TOTAL	2	0	31	0	1	0	0	1	20	0	1	0	0	1	57
SECTION I – WORKFORCE SNAPSHOT PERIOD 10072024 - 10202024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87020			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-POTLATCHDELTIC MISSISSIPPI												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 3900 LAKELAND DRIVE						CITY/TOWN FLOWOOD			STATE MS		ZIP CODE 39232				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87031			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-PRESCOTT WOODLANDS												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 407 WHITESIDE STREET						CITY/TOWN PRESCOTT			STATE AR		ZIP CODE 71857				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	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	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 10072024 - 10202024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87042			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-SOUTHERN WOOD PRODUCTS WARREN												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 810 W PINE, PO BOX 390						CITY/TOWN WARREN				STATE AR		ZIP CODE 71671			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 321113 - Sawmills															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	
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) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87053			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-ST JOE AREA												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1100 RAILROAD AVENUE						CITY/TOWN ST MARIES				STATE ID		ZIP CODE 83861			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT																
SECTION B – EMPLOYER IDENTIFICATION																
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION													
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87064			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-TEXAS POTLATCHDELTIC													
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 98 SAN JACINTO BLVD						CITY/TOWN AUSTIN				STATE TX		ZIP CODE 78701				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816																
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS																
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> 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																
JOB CATEGORIES	Race/Ethnicity															
	Hispanic or Latino		Not Hispanic or Latino													
			Male							Female						
	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																
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided																

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87075			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-WALDO POTLATCHDELTIC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1720 U.S.82						CITY/TOWN WALDO			STATE AR		ZIP CODE 71770				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT																
SECTION B – EMPLOYER IDENTIFICATION																
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION													
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87086			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-ATLANTA POTLATCHDELTIC													
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 5 CONCOURSE PKWY, SUITE 1600						CITY/TOWN ATLANTA				STATE GA		ZIP CODE 30328				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967																
SECTION E – EMPLOYER FILING ELIGIBILITY																
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS																
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)																
Unique Entity ID (UEI): Not Applicable																
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)																
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)																
<input type="checkbox"/> 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																
JOB CATEGORIES	Race/Ethnicity															
	Hispanic or Latino		Not Hispanic or Latino													
			Male							Female						
	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	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	3	0	0	0	0	0	0	0	0	0	0	0	3	
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																
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided																

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87097			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-CHENAL												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 10 CHENAL CLUB BOULEVARD						CITY/TOWN LITTLE ROCK				STATE AR		ZIP CODE 72223			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	
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	1	0	0	0	0	0	0	0	0	1	0	0	0	0	2
Professionals	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
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	1	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	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	1	0	4	0	0	0	0	0	3	1	0	0	0	0	9
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	4	1	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															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87112			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-EL DORADO POTLATCHDELTIC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 210 EAST ELM STREET						CITY/TOWN EL DORADO				STATE AR		ZIP CODE 71730			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	1	0	0	0	0	0	4
Professionals	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
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	1	0	0	0	0	0	1
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	4	0	0	0	0	0	9
PRIOR 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	3	0	0	0	0	0	7
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/7/2024 - 10/20/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87121			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-LEWISTON												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 301 D STREET						CITY/TOWN LEWISTON			STATE ID		ZIP CODE 83501				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	
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) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87130			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-MN WOOD PRODUCTS												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 50518 COUNTY ROAD 45						CITY/TOWN BEMIDJI			STATE MN		ZIP CODE 56601				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 321113 - Sawmills															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
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															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87141			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-MONTANA POTLATCHDELTIC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 101 HEAVENS PEAK DRIVE						CITY/TOWN KALISPELL			STATE MT		ZIP CODE 59901				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87152			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-OLA POTLATCHDELTIC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 729 ARKANSAS 10						CITY/TOWN OLA				STATE AR		ZIP CODE 72853			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	
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) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87163			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-POTLATCHDELTIC ALABAMA												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 694 A COMMERCE COURT						CITY/TOWN PRATVILLE			STATE AL		ZIP CODE 36066				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87174			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-POTLATCHDELTIC CORPORATION												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 601 WEST 1ST AVE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	
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
Professionals	1	1	2	0	0	0	0	0	4	0	0	0	0	0	8
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
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	1	1	11	0	0	0	0	0	6	0	0	0	0	0	19
PRIOR 2023 REPORTING YEAR TOTAL	1	0	12	0	0	0	0	0	5	0	0	0	0	0	18
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/7/2024 - 10/20/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE			STATE WA		ZIP CODE 99201				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87185			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-POTLATCHDELTC GWINN LUMBER												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 650 A AVENUE						CITY/TOWN GWINN			STATE MI		ZIP CODE 49841				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 321113 - Sawmills															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
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) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87196			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-SOUTHERN WOOD PRODUCTS WARREN												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 810 W PINE, PO BOX 390						CITY/TOWN WARREN				STATE AR		ZIP CODE 71671			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 321113 - Sawmills															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	
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	1	0	0	0	0	2	0	0	0	0	0	8
Professionals	0	0	1	0	0	0	0	0	2	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	1	0	0	0	0	0	3	0	0	0	0	0	4
Craft Workers	2	0	65	20	0	0	0	0	1	2	0	0	0	0	90
Operatives	4	1	19	50	1	0	0	0	3	4	0	0	0	0	82
Laborers and Helpers	0	1	0	10	0	0	0	0	1	3	0	0	0	0	15
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	6	2	91	81	1	0	0	0	12	9	0	0	0	0	202
PRIOR 2023 REPORTING YEAR TOTAL	6	2	95	86	0	0	0	0	14	10	0	0	0	0	213
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/7/2024 - 10/20/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87204			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-WALDO POTLATCHDELTIC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1720 U.S.82						CITY/TOWN WALDO				STATE AR		ZIP CODE 71770			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87213			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-WESTERN WOOD PRODUCTS ST MARIES												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 2200 RAILROAD AVE						CITY/TOWN ST MARIES				STATE ID		ZIP CODE 83861			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 321113 - Sawmills															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
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	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) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524				EMPLOYER NAME POTLATCH CORPORATION											
ADDRESS 601 WEST 1ST AVENUE, STE 1600								CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID NW87222				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-WISCONSIN WOODLANDS											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS No physical location								CITY/TOWN				STATE		ZIP CODE	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID PV82082			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PFHI-LANCASTER POTLATCHDELTIC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1084 CAMP CREEK ROAD, STE 300						CITY/TOWN LANCASTER				STATE SC		ZIP CODE 29720			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	1	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	2	0	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	2	0	0	0	0	0	3	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/7/2024 - 10/20/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524				EMPLOYER NAME POTLATCH CORPORATION											
ADDRESS 601 WEST 1ST AVENUE, STE 1600								CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID PV82091				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-LANCASTER POTLATCHDELTIC											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1084 CAMP CREEK ROAD, STE 300								CITY/TOWN LANCASTER				STATE SC		ZIP CODE 29720	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 113110 - Timber Tract Operations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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)															
No Comments Provided															

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 A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 7358524			EMPLOYER NAME POTLATCH CORPORATION												
ADDRESS 601 WEST 1ST AVENUE, STE 1600						CITY/TOWN SPOKANE				STATE WA		ZIP CODE 99201			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID QZ14442			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PLL-ST JOE AREA												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1100 RAILROAD AVE						CITY/TOWN ST MARIES				STATE ID		ZIP CODE 83861			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203584816															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	1	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															