

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: INVESTMENT ACCOUNT, 1b Three-digit plan number (PN): 001, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan): SAINT-GOBAIN CORPORATION, 20 MOORES ROAD, MALVERN, PA 19355, 2b Employer Identification Number (EIN): 23-2615166, 2c Plan Sponsor's telephone number: 610-893-6000, 2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
---	---

---

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

---

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

---

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>INVESTMENT ACCOUNT</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SAINT-GOBAIN CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2615166</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

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

**METROPOLITAN LIFE INSURANCE COMPANY**

**13-5581829**

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	103557	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JPMORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	36352	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE PRUDENTIAL INSURANCE COMPANY

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	33980	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	26069	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN GENERAL LIFE INSURANCE CO

25-0598210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	24480	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONWIDE LIFE INSURANCE COMPANY

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	23285	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	20419	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MASSACHUSETTS MUTUAL LIFE INS CO

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	19759	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PACIFIC LIFE INSURANCE COMPANY

95-1079000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	17623	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LINCOLN NATIONAL LIFE INSURANCE COM

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	2852	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>INVESTMENT ACCOUNT</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SAINT-GOBAIN CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2615166</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	SAINT-GOBAIN CORPORATION 401(K) PLAN FOR SALARIED EMPLOYEES	
<b>b</b> Name of plan sponsor	SAINT-GOBAIN CORPORATION	<b>c</b> EIN-PN 23-2615166-002

<b>a</b> Plan name	SAINT-GOBAIN CORPORATION 401(K) PLAN FOR HOURLY EMPLOYEES	
<b>b</b> Name of plan sponsor	SAINT-GOBAIN CORPORATION	<b>c</b> EIN-PN 23-2615166-003

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>INVESTMENT ACCOUNT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SAINT-GOBAIN CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2615166</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	22193	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	107945	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	69356147	84608993
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	69122132	66802460
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	314766	292830
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1928524287	2291791017
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	105589515	88045958

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	2173036985	2531541258
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	27135	24321
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	177339	34820
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	204474	59141
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2172832511	2531482117

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	<b>2a(1)(A)</b>		
(B) Participants.....	<b>2a(1)(B)</b>		
(C) Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	3899541	
(B) U.S. Government securities.....	<b>2b(1)(B)</b>		
(C) Corporate debt instruments.....	<b>2b(1)(C)</b>		
(D) Loans (other than to participants).....	<b>2b(1)(D)</b>		
(E) Participant loans.....	<b>2b(1)(E)</b>		
(F) Other.....	<b>2b(1)(F)</b>	667368	
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		4566909
<b>(2) Dividends:</b>			
(A) Preferred stock.....	<b>2b(2)(A)</b>		
(B) Common stock.....	<b>2b(2)(B)</b>	923	
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	58641792	
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		58642715
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
(A) Aggregate proceeds.....	<b>2b(4)(A)</b>	875189	
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	657932	
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		217257
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
(A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other.....	<b>2b(5)(B)</b>	267666	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		291401268
<b>c</b> Other income .....	<b>2c</b>		2609158
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		357704973

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	305376	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		305376
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		305376

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		357399597
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		307989408
(2) From this plan .....	<b>2l(2)</b>		306739399

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**Saint-Gobain Corporation Investment Account****Schedule of Assets Held at End of Year****Form 5500, Schedule H, Line 4i****EIN: 23-2615166, Plan No: 001****December 31, 2024****Assets**

WASATCH SM CAP GR IS	\$58,058,977.88
VAN REAL EST IDX IS	\$16,617,652.21
TRP INST LGCP CORE	\$29,226,644.80
VANG FTSE AW IDX IS	\$42,006,640.79
VANG INST INDEX PLUS	\$312,082,999.08
DODGE & COX INT SK X	\$51,883,220.56
VANG TOT BD MKT INST	\$90,402,595.54
VANG WINDSOR II ADM	\$115,746,189.18
VANG INFL PROT INST	\$11,216,915.30
ACADIAN EMRG MKT INV	\$29,705,710.47
FID EXTD MKT IDX	\$81,431,739.95
FIMM GOVT INST	\$69,027,417.02
FID FDM IDX INC IPR	\$9,402,783.88
FID FDM IDX 2005 IPR	\$0.00
FID FDM IDX 2010 IPR	\$5,334,235.42
FID FDM IDX 2015 IPR	\$9,748,274.76
FID FDM IDX 2020 IPR	\$48,008,788.25
FID FDM IDX 2025 IPR	\$99,371,281.73
FID FDM IDX 2030 IPR	\$174,619,671.20
FID FDM IDX 2035 IPR	\$138,238,084.29
FID FDM IDX 2040 IPR	\$127,363,559.10
FID FDM IDX 2045 IPR	\$99,207,101.25
FID FDM IDX 2050 IPR	\$108,820,055.45
FID FDM IDX 2055 IPR	\$62,454,809.24
FID FDM IDX 2060 IPR	\$34,498,522.18
FID CONTRAFUND K6	\$477,852,766.34
FID FDM IDX 2065 IPR	\$9,830,095.91
FID FDM IDX 2070 IPR	\$31,642.93
(CASH)	\$251,508.16
COREBRIDGE GLOBAL FUNDING 4.65% 08/20/2027 144A	\$119,533.61
ALLY AUTO RECEIVABLES TRUST 2024-1 5.08% 12/15/202	\$68,633.32
AMERICAN EXPRESS CO 2.55% 03/04/2027	\$326,391.67
AMERICAN EXPRESS CR ACC MST TR 4.87% 05/15/2028	\$211,561.65
AMERICAN EXPRESS CR ACC MST TR 5.23% 09/15/2028	\$427,336.07
AMERICAN EXPRESS CR ACC MST TR 5.23% 04/15/2029	\$407,007.30
AMGEN INC 5.15% 03/02/2028	\$95,259.76
AMPHENOL CORPORATION NEW 5.05% 04/05/2027	\$62,266.07
AMPHENOL CORPORATION NEW 5.05% 04/05/2029	\$89,584.47
ATHENE GLOBAL FUNDING 1.73% 10/02/2026 144A	\$454,772.02
ATHENE GLOBAL FUNDING 4.721% 10/08/2029 144A	\$266,260.93
BA CR CARD TR 4.79% 05/15/2028	\$153,994.97
BA CR CARD TR 4.98% 11/15/2028	\$203,380.63
BAE SYSTEMS PLC 5% 03/26/2027 144A	\$203,489.78
BAE SYSTEMS PLC 5.125% 03/26/2029 144A	\$203,148.41
BPCE SA 2.045%/VAR 10/19/2027 144A	\$323,043.72
BMW VEHICLE OWNER TRUST 2023-A 5.47% 02/25/2028	\$56,565.41
BX COMMERCIAL MORTGAGE TRUST 2021-PAC TSFR1M+80.35	\$223,430.11
BX TR 2021-ACNT TSFR1M+96.448 11/15/2026 144A	\$189,055.53
BX 2021-BXMF TSFR1M+75.041 10/15/2026 144A	\$164,516.81
BX COMMERCIAL MORTGAGE TRUST 22-LP2 A TSFR1M+96.27	\$199,919.22

**Saint-Gobain Corporation Investment Account****Schedule of Assets Held at End of Year****Form 5500, Schedule H, Line 4i****EIN: 23-2615166, Plan No: 001****December 31, 2024****Assets**

BAKER HUGHES A GE CO LLC / CO-OBLIGOR INC 2.061% 1	\$84,854.98
BANCO SANTANDER SA 1.722%/VAR 09/14/2027	\$190,107.25
BANK OF AMERICA CORPORATION 1.197%/VAR 10/24/2026	\$685,530.73
BANK OF AMERICA CORPORATION 1.734%/VAR 07/22/2027	\$345,001.38
BANK OF AMERICA CORPORATION 2.551%/VAR 02/04/2028	\$674,647.86
BANK OF AMERICA CORPORATION 4.948%/VAR 07/22/2028	\$716,813.74
BANK OF MONTREAL QUE 0.949%/VAR 01/22/2027	\$289,398.06
BANK OF MONTREAL QUE 5.37% 06/04/2027	\$336,191.54
BANK OF NOVA SCOTIA 5.4% 06/04/2027	\$275,339.70
BANK OF NOVA SCOTIA 4.404%/VAR 09/08/2028	\$401,432.40
BANQUE FED CRED MUTUEL PARIS 5.194% 02/16/2028 144	\$308,528.53
BARCLAYS PLC 2.279%/VAR 11/24/2027	\$667,495.88
BENCHMARK MTG TR 2018-B2 A2 3.6623% 02/15/2051	\$6,595.34
BENCHMARK MORTGAGE TRUST 2018-B7 A2 4.377% 05/15/2	\$195,491.35
BENCHMARK MTG TR 2018-B8 A2 4.149% 01/15/2052	\$70,803.65
BNP PARIBAS 1.323%/VAR 01/13/2027 144A	\$376,842.94
BRISTOL-MYERS SQUIBB CO 4.9% 02/22/2027	\$239,047.52
BRISTOL-MYERS SQUIBB CO 4.9% 02/22/2029	\$173,811.88
BX COML MTG TR 2024-GPA3 A TSFR1M+149.25 12/15/202	\$32,082.01
CA ST 2.40% 10/1/2025	\$327,191.67
CANADIAN IMPERIAL BK OF COMM 3.45% 04/07/2027	\$588,305.12
CANADIAN IMPERIAL BK OF COMM 5.237% 06/28/2027	\$303,344.09
CAPITAL ONE FINANCIAL CORP 1.878%/VAR 11/02/2027	\$568,822.59
CAPITAL ONE FINANCIAL CORP 4.985%/VAR 07/24/2026	\$170,510.46
CAPITAL ONE PRIME AUTO RECEIVABLES TR 2024-1 4.62%	\$240,766.21
CAPITAL ONE PRIME AUTO RECEIVABLES TRUST 2023-2 5.	\$340,831.23
CARMAX AUTO OWNER TR 2023-2 5.05% 01/18/2028	\$406,726.13
CARMAX AUTO OWNER TRUST 2024-1 4.92% 10/16/2028	\$154,167.98
CARMAX AUTO OWNER TR 2023-4 6% 07/17/2028	\$68,380.52
CARMX 2023-3 A3 5.28% 05/15/2028	\$261,797.79
CARMAX AUTO OWNER TR 2024-2 5.5% 01/16/2029	\$47,863.91
CHASE AUTO OWNER TRUST 2024-1 5.13% 05/25/2029 144	\$63,531.62
CHASE AUTO OWNER TRUST 5.22% 07/25/2029 144A	\$241,747.33
CHASE ISSUANCE TR 5.16% 09/15/2028	\$498,890.18
CHASE ISSUANCE TR 5.08% 09/15/2030	\$454,288.01
CITIGROUP INC 3.106%/VAR 04/08/2026	\$501,216.98
CITIBANK CR CARD ISSUANCE TR 5.23% 12/08/2027	\$156,523.08
CITIGROUP COML MTG TR 2016-GC36 AAB 3.368% 02/10/2	\$38,347.03
CITIZENS AUTO RECEIVABLES TRUST 2024-1 5.11% 04/17	\$154,373.07
CITIZENS AUTO RECEIVABLES TRUST 2024-2 5.33% 08/15	\$78,018.13
UBS GROUP AG 1.305%/VAR 02/02/2027 144A	\$415,516.28
DLLAA 2023-1A 5.64% 02/22/2028 144A	\$30,500.45
DNB BANK ASA 1.535%/VAR 05/25/2027 144A	\$233,291.17
DLLAD 2024-1 LLC 5.3% 07/20/2029 144A	\$20,295.97
DLLMT 2024-1 LLC 4.84% 08/21/2028 144A	\$121,474.99
MERCEDES-BENZ FINANCE NORTH AMERICA LLC 1.45% 03/0	\$349,290.96
DAIMLER TRUCKS FINANCE NORTH AMERICA LLC 5.125% 09	\$152,926.79
DAIMLER TRUCKS RETAIL TRUST 2024-1 5.49% 12/15/202	\$225,352.93
DEERE JOHN CAPITAL CORP 4.75% 06/08/2026	\$170,222.65
DELL EQUIPMENT FINANCE TRUST 2023-3 A3 5.93% 04/23	\$174,511.97
DELL EQUIPMENT FINANCE TRUST 24-1 5.39% 03/22/2030	\$105,296.03

**Saint-Gobain Corporation Investment Account****Schedule of Assets Held at End of Year****Form 5500, Schedule H, Line 4i****EIN: 23-2615166, Plan No: 001****December 31, 2024****Assets**

DELL EQUIP FIN TR 2023-2 5.65% 01/22/2029 144A	\$121,896.95
DNB BANK ASA 1.605%/VAR 03/30/2028 144A	\$440,559.52
ELP COMMERCIAL MORTGAGE TRUST 2021-ELP TSFR1M+81.5	\$304,204.33
ENBRIDGE INC 5.9% 11/15/2026	\$149,949.65
ENBRIDGE INC 5.25% 04/05/2027	\$178,252.87
ENBRIDGE INC 5.3% 04/05/2029	\$149,332.93
EQUINOR ASA 1.75% 01/22/2026	\$78,285.78
EQUITABLE FINANCIAL LIFE GLOBAL FUNDING 1.7% 11/12	\$290,918.50
FHLG 5.50% 3/34 #G01665	\$10,446.95
FHLG 25YR 5.50% 7/35 #G05815	\$6,612.91
FHLG 15YR 3% 05/01/2033#G16550	\$120,485.81
FHLG 20YR 3.5% 06/01/2032#C91456	\$89,423.04
FHLG 15YR 2.5% 01/01/2028#SB0799	\$20,438.38
FHLG 15YR 2.5% 12/01/2031#SB0093	\$183,426.78
FHLG 15YR 3% 03/01/2033#SB0181	\$311,895.04
FHLG 5.50% 5/34 #Z40042	\$75,307.38
FHLG 20YR 3% 11/01/2033#G30872	\$115,360.29
FHLG 20YR 3.5% 07/01/2032#G31067	\$48,494.37
FHR 2365 C 6 9/31	\$9,223.89
FNR 2013-16 GP 3% 1/1/33	\$18,212.16
FEDERAL NAT MTG ASN GTD REM PA 1.85% 05/25/2033	\$92,695.16
FNR 2015-49 LE 3% 07/45	\$81,740.06
FEDERAL NAT MTG ASN GTD REM PA 3.0% 04/25/2044	\$44,207.52
FEDERAL NAT MTG ASN GTD REM PA 2.5% 05/25/2045	\$177,461.35
FNR 2015-42 LE 3.0% 06/25/45	\$99,272.73
FNR 2015-54 GA 2.5% 07/25/2045	\$56,440.44
FNR 2016-26 CG 3% 05/46	\$212,895.83
FNR 2016-19 AH 3% 04/46	\$81,387.86
FNR 2016-37 BK 3% 06/25/46	\$227,839.81
FNR 2016-34 GH 3% 06/46	\$196,797.44
FEDERAL NATL MTG AS GTD RE PTT 2016-105 PA 3.5% 04	\$63,610.87
FNR 2017-20 AP 3.5% 03/25/2045	\$157,102.31
FEDERAL NAT MTG ASN GTD REM PA 2017-11 HA 3.5% 12/	\$133,270.97
FEDERAL NAT MTG ASN GTD REM 2017-97 P 3% 01/25/204	\$145,914.90
FEDERAL NAT MTG ASN GTD REM PA 2018-3 LP 3% 02/25/	\$228,668.58
FNR 2018-16 NB 3.25% 12/25/2044	\$9,436.81
FEDERAL NATL MTG AS GTD RE PTT 2018-11 LA 3.5% 07/	\$89,075.29
FEDERAL NAT MTG ASN GTD REM PA 3.5% 02/25/2046	\$72,471.72
FNMA GTD MTG PASS THRU CTF 3.5% 10/25/2044	\$102,764.96
FEDERAL NAT MTG ASN GTD REM PA 3% 03/25/2048	\$332,281.13
FEDERAL NAT MTG ASN GTD REM PA 2019-14 DA 4% 03/25	\$71,943.53
FEDERAL NAT MTG ASN GTD REM PA 4% 11/25/2048	\$86,710.82
FEDERAL NAT MTG ASN GTD REM PA 2019-38 AB 3% 07/25	\$195,229.98
FEDERAL NAT MTG ASN GTD REM PA 2.5% 10/25/2039	\$107,159.35
FEDERAL NAT MTG ASN GTD REM PA 2% 06/25/2035	\$209,648.73
FNMA 5.50% 11/34 #310105	\$53,634.88
FEDERAL HOME LN MTG MLT CTF GT 3.0% 05/15/2045	\$72,441.52
FREDDIE MAC REMICS 2018-4766 MA 3.5% 02/15/2046	\$152,101.41
FEDERAL HOME LN MTGE CORP 4765 QA 3% 02/15/2046	\$160,531.64
FEDERAL HOME LN MTG MLT CTF GT 4847 CA 3.5% 11/15/	\$51,992.49
FEDERAL HOME LN MTG MLT CTF GT 4% 07/15/2047	\$102,359.02

**Saint-Gobain Corporation Investment Account****Schedule of Assets Held at End of Year****Form 5500, Schedule H, Line 4i****EIN: 23-2615166, Plan No: 001****December 31, 2024****Assets**

FEDERAL HOME LN MTG MLT CTF GT 2019-4872 AB 4% 08/	\$104,141.44
FEDERAL HOME LN MTG MLT CTF GT 3% 07/25/2039	\$150,924.02
FREDDIE MAC REMICS 3% 10/25/2048	\$161,231.49
FNMA 6.50% 7/32 #545759	\$3,327.16
FNMA 6.50% 7/32 #545762	\$2,265.24
FNMA 20YR 2.5% 01/01/2033#AL2982	\$24,459.21
FNMA 20YR 2.5% 01/01/2033#AL2974	\$29,999.37
FNMA 20YR 2.5% 01/01/2033#AL2975	\$37,656.98
FNMA 20YR 2.5% 01/01/2033#AL2976	\$21,324.21
FNMA 15YR 3.5% 09/01/2029#AL5878	\$31,288.82
FNMA 15YR 3.5% 11/01/2030#AL7688	\$28,661.13
FNMA 15YR 4.5% 11/01/2025#AL8242	\$184.56
FNMA 15YR 2.5% 10/01/2031#AS8010	\$79,431.41
FNMA 15YR 3.5% 12/01/2028#AV1907	\$3,472.34
FEDERAL NAT MTG ASN GTD REM 2011-26 PA 4.5% 04/25/	\$43,881.96
FNMA 6.50% 12/32 #735415	\$2,293.26
FNMA 6.50% 7/35 #745092	\$2,520.36
FNMA 15YR 3% 02/01/2033#BM5108	\$398,596.00
FNMA 15YR 3% 12/01/2032#BM5109	\$406,799.68
FNMA 20YR 4.5% 03/01/2039#FM1774	\$23,396.77
FNMA 20YR 4.5% 06/01/2039#FM1045	\$11,953.30
FNMA 20YR 4.5% 08/01/2039#FM1353	\$32,853.40
FNMA 15YR 4% 03/01/2034#FM2867	\$439,815.22
FNMA 15YR 4% 02/01/2034#FM3001	\$198,244.31
FNMA 15YR 3.5% 02/01/2033#FM9794	\$55,315.71
FNMA 15YR 2% 02/01/2028#FS3865	\$24,363.01
FNMA 15YR 2.5% 01/01/2028#FS3867	\$28,068.15
FNMA 15YR 2.5% 01/01/2029#	\$56,565.48
FNMA 6.50% 8/36 #888034	\$2,560.54
FNMA 6.50% 8/36 #888544	\$4,935.68
FNMA 20YR 3.00% 11/32 #MA1237	\$306,689.72
FNMA 6.50% 12/35 #AD0723	\$10,263.69
FNMA 6.50% 8/36 #AE0746	\$4,730.77
FORD CREDIT AUTO OWNER TRUST 2023-B 5.23% 05/15/20	\$235,563.69
FORD CR FLOORPLN MAST OWN TR A 4.92% 05/15/2028 14	\$255,765.29
FORD CR FLOORPLN MAST OWN TR A 5.29% 04/15/2029 14	\$320,022.46
FORD CREDIT AUTO OWNER TRUST 2024-D 4.84% 08/15/20	\$135,357.91
GMF FLOORPLAN OWNER REVOLVING TR 5.34% 06/15/2028	\$348,681.75
GMF FLOORPLAN OWNER REVOLVING TR 5.13% 03/15/2029	\$404,867.00
GMF FLOORPLAN OWNER REVOLVING TR 4.73% 11/15/2029	\$100,256.97
GS MTG SECS TR 2015-GC32 AAB 3.513% 07/10/2048	\$10,053.26
GM FINL CONSUMER AUTOMOBILE RECEIVABLES TR 2023-2	\$103,188.24
GM FINL CONSUMER AUTOMOBILE RECEIVABLES TR 2023-3	\$64,835.99
GEORGIA POWER CO 4.65% 05/16/2028	\$217,346.31
GM FINANCIAL LEASING TRUST 2023-3 5.38% 11/20/2026	\$30,206.36
GM FINANCIAL SECURITIZED TERM AUTO RECEIVABLES TR	\$279,290.95
GOLDMAN SACHS GROUP INC (THE) 2.64%/VAR 02/24/2028	\$377,529.41
GOLDMAN SACHS GROUP INC (THE) 4.482%/VAR 08/23/202	\$401,753.29
GUARDIAN LIFE GLOBAL FUNDING 1.4% 07/06/2027 144A	\$464,397.22
HSBC HOLDINGS PLC 5.21%/VAR 08/11/2028	\$281,703.09
HSBC HOLDINGS PLC 5.597%/VAR 05/17/2028	\$305,302.71

**Saint-Gobain Corporation Investment Account****Schedule of Assets Held at End of Year****Form 5500, Schedule H, Line 4i****EIN: 23-2615166, Plan No: 001****December 31, 2024****Assets**

HOME DEPOT INC 2.875% 04/15/2027	\$171,209.00
HAROT 2023-4 5.67% 06/21/2028	\$247,239.84
HUNTINGTON AUTO TR 2024-1 5.23% 01/16/2029 144A	\$394,887.34
HUNTINGTON BANCSHARES INC/OH 4.443%/VAR 08/04/2028	\$221,731.07
HYUNDAI CAP AMER 4.3% 09/24/2027 144A	\$338,306.93
HYUNDAI AUTO RECEIVABLES TR 2024-A 4.99% 02/15/202	\$70,671.02
HYUNDAI AUTO RECEIVABLES TRUST 2023-C 5.54% 10/16/	\$204,450.39
HYUNDAI AUTO RECEIVABLES TRUST 2023-B 5.48% 04/17/	\$65,868.57
ING GROEP NV 1.726%/VAR 04/01/2027	\$214,354.46
ING GROEP NV 5.335%/VAR 03/19/2030	\$221,190.26
INTERCONTINENTAL EXCHANGE INC 4% 09/15/2027	\$410,860.19
JPMBB COML MTG SECUTITIES TR 2015-C29 A4 3.6108% 0	\$163,720.68
JPMCC COML MTG SECS TR 2016-JP4 A2 2.984% 12/15/20	\$20,652.20
JPMORGAN CHASE & CO 2.083%/VAR 04/22/2026	\$497,736.68
JPMORGAN CHASE & CO 1.47%/VAR 09/22/2027	\$475,030.81
JPMORGAN CHASE & CO 2.947%/VAR 02/24/2028	\$413,246.62
JPMORGAN CHASE & CO 4.323%/VAR 04/26/2028	\$398,398.65
JPMORGAN CHASE & CO 4.851%/VAR 07/25/2028	\$408,305.82
JPMORGAN CHASE & CO 5.7%/VAR 04/22/2028	\$243,600.89
JACKSON NATL LIFE GLOBAL FDG 4.6% 10/01/2029 144A	\$464,338.54
KENVUE INC 5.35% 03/22/2026	\$145,402.21
KENVUE INC 5.05% 03/22/2028	\$307,627.57
KEYCORP SOFRINDX+125 05/23/2025	\$153,041.53
KEYBANK NATL ASSN 4.15% 08/08/2025	\$252,837.02
LIFE FINANCIAL SERVICES TRUST 2022 TSFR1M+129.524	\$314,640.36
LLOYDS BANKING GROUP PLC 4.375% 03/22/2028	\$296,625.40
LLOYDS BANKING GROUP PLC 5.985%/VAR 08/07/2027	\$207,756.11
MASSMUTUAL GLOBAL FDG II 4.85% 01/17/2029 144A	\$409,026.86
MERCEDES-BENZ AUTO RECEIVABLES TR 2023-2 5.95% 11/	\$161,330.52
MERCEDES-BENZ FINANCE NORTH AMERICA LLC 4.8% 08/01	\$331,840.50
MERCEDES-BENZ AUTO LEASE TRUST 2024-A 5.32% 01/18/	\$70,993.74
MET TOWER GLOBAL FUNDING 4% 10/01/2027 144A	\$148,970.95
MITSUBISHI UFJ FIN GRP INC 1.64%/VAR 10/13/2027	\$583,983.53
MITSUBISHI UFJ FIN GRP INC 5.541%/VAR 04/17/2026	\$303,917.93
MIZUHO FINL GROUP INC 2.651%/VAR 05/22/2026	\$390,803.78
MORGAN STANLEY 2.188%/VAR 04/28/2026	\$397,995.34
MORGAN STANLEY 1.512%/VAR 07/20/2027	\$191,424.78
MORGAN STANLEY 4.679%/VAR 07/17/2026	\$290,782.69
MORGAN STANLEY 5.042%/VAR 07/19/2030	\$356,751.76
MSBAM 2016-C28 3.272% 01/15/49	\$91,270.25
NTT FINANCE CORP 1.162% 04/03/2026 144A	\$447,541.54
NATIONAL BANK OF CANADA 4.5% 10/10/2029	\$245,681.35
NEW YORK LIFE GLOBAL FDG 0.85% 01/15/2026 144A	\$773,081.47
NEW YORK LIFE GLOBAL FDG 5.45% 09/18/2026 144A	\$515,272.62
NISSAN MASTER OWNER TR RECEIVABLE 5.05% 02/15/2029	\$124,067.48
NISSAN AUTO RECEIVABLES 2023-B OWNER TR 5.93% 03/1	\$190,489.02
NORDEA BANK ABP 4.375% 09/10/2029 144A	\$396,700.60
OPG TR 2021-PORT TSFR1M+59.848 8 10/15/2036 144A	\$288,029.64
PNC FINANCIAL SERVICES GRP INC 5.354%/VAR 12/02/20	\$295,395.59
PNC FINANCIAL SERVICES GRP INC 5.102%/VAR 07/23/20	\$308,187.45
PARKER-HANNIFIN CORP 4.25% 09/15/2027	\$183,362.04

**Saint-Gobain Corporation Investment Account****Schedule of Assets Held at End of Year****Form 5500, Schedule H, Line 4i****EIN: 23-2615166, Plan No: 001****December 31, 2024****Assets**

PHILIP MORRIS INTL INC 0.875% 05/01/2026	\$236,346.95
PHILIP MORRIS INTL INC 4.75% 02/12/2027	\$512,321.02
PORSCHE FINL AUTO SECURITIZATION TR 2023 5.79% 01/	\$148,461.82
PRICOA GLOBAL FDG I 4.4% 08/27/2027 144A	\$404,764.38
COOPERATIEVE RABOBANK UA 1.98%/VAR 12/15/2027 144A	\$454,986.06
RTX CORP 5.75% 11/08/2026	\$161,125.43
RTX CORP 5.75% 01/15/2029	\$78,353.80
RGA GLOBAL FUNDING 2% 11/30/2026 144A	\$175,337.52
RGA GLOBAL FUNDING 5.448% 05/24/2029 144A	\$202,819.38
ROGERS COMMUNICATIONS INC 3.2% 03/15/2027	\$116,084.78
ROSS STORES INC 0.875% 04/15/2026	\$387,338.37
S&P GLOBAL INC 2.45% 03/01/2027	\$247,816.86
SFS AUTO RECEIVABLES SECURITIZATION TR 2024-1 4.95	\$117,618.46
SREIT TR 2021-MFP TSFR1M+84.528 08 11/15/2038 144A	\$192,625.25
SAMMONS FINANCIAL GROUP GLOBAL FUNDING 5.1% 12/10/	\$227,992.11
SANTANDER HLDGS USA INC 2.49%/VAR 01/06/2028	\$135,427.73
SANTANDER HLDGS USA INC 6.124%/VAR 05/31/2027	\$113,223.34
STATE STREET CORP 2.901%/VAR 03/30/2026	\$23,055.20
STATE STREET CORP 4.53%/VAR 02/20/2029	\$195,979.96
SUMITOMO MITSUI FINL GRP INC 1.402% 09/17/2026	\$474,817.79
TAUBMAN CENTERS COMMERCIAL MORTGAGE TRUST 24-DPM A	\$107,171.98
TESLA 2024-A A3 5.3% 06/21/2027 144A	\$157,160.80
TESLA ELEC VEH TR 2023-1 5.38% 06/20/2028 144A	\$160,830.14
TORONTO DOMINION BANK 2.8% 03/10/2027	\$389,069.87
TORONTO DOMINION BANK 4.783% 12/17/2029	\$281,688.11
TOYOTA MOTOR CREDIT CORP 4.55% 08/09/2029	\$45,257.16
TOYOTA AUTO RECEIVABLES 2023-D OWNER TR 5.54% 08/1	\$202,407.18
TRUIST FINANCIAL CORP 4.26%/VAR 07/28/2026	\$395,572.23
USAA AUTO OWNER TRUST 2023-A 5.58% 05/15/2028 144A	\$359,258.54
UST NOTES 1.25% 12/31/2026	\$2,453,167.92
UST NOTES 3.625% 05/31/2028	\$8,690,635.23
UST NOTES 4% 06/30/2028	\$11,420,965.81
UST NOTES 4.125% 07/31/2028	\$13,193,191.18
UST NOTES 3.75% 12/31/2028	\$5,279,336.84
UST NOTES 4% 01/31/2029	\$9,533,905.27
UST NOTES 3.75% 08/31/2026	\$3,392,154.90
UST NOTES 3.625% 08/31/2029	\$1,959,457.43
UST NOTES 4.125% 10/31/2029	\$5,230,612.11
UST NOTES 4.375% 12/31/2029	\$1,876,856.67
VERIZON MASTER TRUST 4.62% 11/20/2030	\$320,112.79
VIRGINIA ELECTRIC AND POWER CO 3.75% 05/15/2027	\$596,373.89
VOLKSWAGEN GROUP AMER FIN LLC 4.35% 06/08/2027 144	\$393,000.14
VOLKSWAGEN GROUP AMER FIN LLC 5.7% 09/12/2026 144A	\$512,957.03
VOLKSWAGEN AUTO LOAN ENHANCED TRUST 2023-1 5.02% 0	\$174,262.22
VOLKSWAGEN AUTO LOAN ENHANCED TRUST 2023-2 5.48% 1	\$237,182.20
VOLKSWAGEN AUTO LOAN ENHANCED TRUST 2024-1 4.63% 0	\$321,089.67
VOLVO FINANCIAL EQUIPMENT LLC SERIES 2024-1 4.29%	\$25,863.09
WELLS FARGO CARD ISSUANCE TRUST 4.94% 02/15/2029	\$350,022.86
WELLS FARGO BK NATL ASSN 5.254% 12/11/2026	\$406,001.09
WFCM 2016-C34 A2 2.603% 06/49	\$21,559.48
WELLS FARGO & CO NEW 2.164%/VAR 02/11/2026	\$327,746.96

**Saint-Gobain Corporation Investment Account**  
**Schedule of Assets Held at End of Year**  
**Form 5500, Schedule H, Line 4i**  
**EIN: 23-2615166, Plan No: 001**  
**December 31, 2024**

**Assets**

WELLS FARGO & CO NEW 2.188%/VAR 04/30/2026	\$298,419.90
WELLS FARGO & CO NEW 3.526%/VAR 03/24/2028	\$232,158.42
WELLS FARGO & CO NEW 4.808%/VAR 07/25/2028	\$406,942.93
WORLD OMNI AUTO RECEIVABLES TR 2023-D 5.79% 02/15/	\$226,466.36
WORLD OMNI AUTO RECEIVABLES TRUST 2023-C 5.15% 11/	\$37,347.87
WORLD OMNI AUTO RECEIVABLES TR 2024-B 5.27% 09/17/	\$165,432.60
WORLD OMNI AUTO RECEIVABLES TR 2024-A 4.86% 03/15/	\$398,610.39
WORLD OMNI AUTOMOBILE LEASE SECURITIZATION TR 2024	\$157,133.06
STRU JP-1634 AG 2% 06/01/2043	\$0.00
BROKERAGE LINK	\$61,796,363.27
Metropolitan Life Traditional GIC	\$24,424,628.12
Total Wrap Rebid Value	\$235,044.19
Fidelity STIF	\$2,708,014.32
Interest income fund reconciliation adjustment	\$7,870,029.11
<b>Grand Total All Assets</b>	<b>\$2,531,482,117</b>