

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] 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: [X] 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: INTERNATIONAL BUILDING MATERIALS, LLC 401(K) RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan): INTERNATIONAL BUILDING MATERIALS, LLC
2b Employer Identification Number (EIN): 93-1195416
2c Plan Sponsor's telephone number: 800-875-9663
2d Business code (see instructions): 321900

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 rows for employer/plan sponsor and DFE.

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

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 460 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 368 |
| | 6a(2) | 389 |
| | 6b | 0 |
| | 6c | 97 |
| | 6d | 486 |
| | 6e | 3 |
| | 6f | 489 |
| | 6g(1) | 451 |
| | 6g(2) | 477 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2K 2S 2T 3D

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

| | |
|---|--|
| A Name of plan INTERNATIONAL BUILDING MATERIALS, LLC 401(K) RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL BUILDING MATERIALS, LLC | D Employer Identification Number (EIN) 93-1195416 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 93-0242990 | 69019 | 816529 | 2 | 01/01/2024 | 12/31/2024 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|--------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| Part II | Investment and Annuity Contract Information | |
|----------------------------|---|---|
| | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. | |
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 5 351580 |
| 6 | Contracts With Allocated Funds: | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | 6b |
| c | Premiums due but unpaid at the end of the year | 6c |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | |
| b | Balance at the end of the previous year | 7b 280328 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) 60443 |
| | (2) Dividends and credits..... | 7c(2) 0 |
| | (3) Interest credited during the year..... | 7c(3) |
| | (4) Transferred from separate account | 7c(4) |
| | (5) Other (specify below)..... ▶ OTHER INCOME; REALIZED GAINS, UNREALIZED APPREC/DEPREC | 7c(5) 15553 |
| | (6) Total additions | 7c(6) 75996 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 356324 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 533 |
| | (2) Administration charge made by carrier..... | 7e(2) 3227 |
| | (3) Transferred to separate account | 7e(3) 172 |
| | (4) Other (specify below)..... ▶ FORFEITURES | 7e(4) 812 |
| (5) Total deductions | 7e(5) 4744 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 351580 |

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) |
| b | Benefit charges (1) Claims paid | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--|
| a | Total premiums or subscription charges paid to carrier | 10a | |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | 10b | |

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

| | | |
|---|--|------------|
| A Name of plan INTERNATIONAL BUILDING MATERIALS, LLC 401(K) RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL BUILDING MATERIALS, LLC | D Employer Identification Number (EIN) 93-1195416 | |

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

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

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

| (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? |
|------------------------|---|--|--|--|---|--|
| 15 26 50 64 | NONE | 24576 | 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)

HALL, MACGREGOR

54-1723355

| (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 | NONE | 22977 | 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)

| (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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

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

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan INTERNATIONAL BUILDING MATERIALS, LLC 401(K) RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL BUILDING MATERIALS, LLC | D Employer Identification Number (EIN) 93-1195416 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 858124 | 882299 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 77385 | 122741 |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 13858576 | 17243831 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 280328 | 351580 |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 15074413 | 18600451 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | | |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 15074413 | 18600451 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 882299 | |
| (B) Participants..... | 2a(1)(B) | 2004646 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 197857 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 3084802 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 7840 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 7840 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 418775 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 418775 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1425941 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 4937358 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1363767 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1363767 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 23580 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 23973 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 47553 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 1411320 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 3526038 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

(1) 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: VAN BEEK & CO

(2) EIN: 93-1328920

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

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

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

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

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

| | | |
|---|--|------------|
| A Name of plan <u>INTERNATIONAL BUILDING MATERIALS, LLC 401(K) RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL BUILDING MATERIALS, LLC</u> | D Employer Identification Number (EIN) <u>93-1195416</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 82-3967259

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|--|
| 3 | |
|---|--|

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A.

**INTERNATIONAL BUILDING MATERIALS, LLC
401(k) RETIREMENT PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

December 31, 2024 and 2023

(See Independent Auditor's Report)

INTERNATIONAL BUILDING MATERIALS, LLC
401(k) RETIREMENT PLAN

INDEPENDENT AUDITOR'S REPORT

To the Plan Trustees
International Building Materials, LLC 401(k) Retirement Plan
Clackamas, Oregon

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of International Building Materials, LLC 401(K) Retirement Plan (“the Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and for the year then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

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

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

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

Auditor's Report on the 2023 Financial Statements

The 2023 financial statements of International Building Materials, LLC 401(K) Retirement Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. In their report dated September 11, 2024, the opinion stated:

- the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Van Beek & Co., LLC

Tigard, Oregon
November 12, 2025

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023
(See Independent Auditor's Report)

| | <u>2024</u> | <u>2023</u> |
|--|-----------------------------|----------------------|
| Assets: | | |
| Investments at fair value (note 7) | \$ 17,243,831 | \$ 13,858,576 |
| Investments at contract value (note 8) | 351,580 | 280,328 |
| Employer contributions receivable | 882,299 | 858,124 |
| Notes receivable from participants | <u>122,741</u> | <u>77,385</u> |
| Total assets | 18,600,451 | 15,074,413 |
| Liabilities: | | |
| Benefits payable | <u> </u> | <u>12,413</u> |
| Net assets available for benefits | <u>\$ 18,600,451</u> | <u>\$ 15,062,000</u> |

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

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the years ended December 31, 2024 and 2023
(See Independent Auditor's Report)

| | <u>2024</u> | <u>2023</u> |
|---|---------------------|---------------------|
| Increase in assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | \$ 1,402,089 | \$ 1,720,328 |
| Dividend and interest income | <u>442,627</u> | <u>298,832</u> |
| Total investment income | <u>1,844,716</u> | <u>2,019,160</u> |
| Interest income on notes receivable from participants | <u>7,840</u> | <u>3,759</u> |
| Contributions: | | |
| Participant elective contributions | 2,004,646 | 1,937,731 |
| Participant rollover contributions | 197,857 | 216,087 |
| Employer safe harbor matching contributions | <u>882,299</u> | <u>858,124</u> |
| Total contributions | <u>3,084,802</u> | <u>3,011,942</u> |
| Total increase in assets | <u>4,937,358</u> | <u>5,034,861</u> |
| Deductions from assets attributed to: | | |
| Benefits paid to participants | 1,351,354 | 2,585,426 |
| Administrative expenses | <u>47,553</u> | <u>46,978</u> |
| Total deductions | <u>1,398,907</u> | <u>2,632,404</u> |
| Net increase in assets | 3,538,451 | 2,402,457 |
| Net assets available for benefits, beginning of year | <u>15,062,000</u> | <u>12,659,543</u> |
| Net assets available for benefits, end of year | <u>\$18,600,451</u> | <u>\$15,062,000</u> |

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

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
(See Independent Auditor's Report)

1. **DESCRIPTION OF THE PLAN:**

The following description of International Building Materials, LLC 401(k) Retirement Plan ("the Plan") provides only general information. Participants should refer to the Summary Plan Description for a more comprehensive description of the Plan's provisions.

General:

The Plan is a defined contribution retirement plan covering all employees of International Building Materials, LLC aka International Wood Products, LLC (collectively, the "employer" and "plan sponsor") who have completed three months of service, are age eighteen or older, are not covered by a collective bargaining agreement and are not a non-resident alien or an independent contractor. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* ("ERISA") and is administered by a Board of Trustees (the "plan trustees") appointed by the plan sponsor.

Contributions:

Participants:

Elective contributions – Participants may elect to contribute pre-tax or after-tax compensation (up to the lesser of 100% of compensation or the annual limit specified by the Internal Revenue Service) which the employer contributes to the Plan for the participant's account.

The annual limit for employee pre-tax or Roth contributions specified by the Internal Revenue Service was \$23,000 and \$22,500 (\$30,500 and \$30,000 for participants age 50 or older) for the years ended December 31, 2024 and 2023, respectively.

After-tax contributions – Effective January 1, 2024, participants may elect to contribute after-tax contributions as long as the total additions to the participant's account including employee contributions, employer contributions and allocation of forfeitures do not exceed the annual overall limit on contributions, which is \$69,000 and \$66,000 (\$76,500 and \$73,500 for participants age 50 or older) specified by the Internal Revenue Service for the years ended December 31, 2024 and 2023, respectively.

Rollover contributions - Participants may also contribute distributions from individual retirement accounts and other qualified retirement plans.

The Plan includes an auto-enrollment provision such that all newly eligible employees are automatically enrolled in the Plan. Unless they affirmatively elect not to make contributions to the Plan, automatically enrolled participants have their deferral rates set at 3% of eligible compensation and their contributions are invested in a designated balanced fund until changed by the participant. The automatic deferral rate will increase each year by 1% up to a maximum of 6% unless the participant designates otherwise.

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

1. **DESCRIPTION OF THE PLAN**, Continued:

Contributions, Continued:

Employer:

Safe harbor match contributions - the employer must make safe harbor matching contributions based on participant elective contributions. The employer matched 100% of each participant's elective contributions up to 1% of their eligible compensation plus 50% of each participant's elective contributions on the next 5% of eligible compensation (i.e., a maximum contribution of 3.5% of each participant's eligible compensation). The employer made safe harbor matching contributions totaling \$882,299 and \$858,124 for the years ended December 31, 2024 and 2023, respectively.

Safe harbor discretionary matching contributions – the employer may also make safe harbor discretionary matching contributions up to 4% of the participant's eligible compensation. There were no safe harbor discretionary matching contributions for either of the years ended December 31, 2024 and 2023.

Profit sharing contributions – the employer may also make discretionary profit sharing contributions. There were no profit sharing contributions for either of the years ended December 31, 2024 and 2023.

Funding Policy:

Participant elective contributions are generally funded within 15 days of each pay period. Employer safe harbor matching contributions, safe harbor discretionary matching contributions and discretionary profit sharing contributions, if any, are funded by the extended due date of the sponsor company's tax return.

Vesting:

Participants are 100% vested in their elective contributions, rollovers, and earnings thereon. Participants become 100% vested in their share of employer contributions (and earnings thereon) after one year of service. Participants also become 100% vested at normal retirement age (i.e. age 65) and upon death or permanent disability.

Participant Accounts:

Participant accounts are credited with elective contributions, rollover contributions, employer contributions, and allocations of investment income. Participant accounts are charged with allocations of investment losses and administrative expenses paid by the Plan (note 9).

Participants direct their account balances into various investment options offered by the Plan. The Plan currently offers 25 mutual funds and a stable asset fund (Standard Stable Asset Fund, note 8).

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

1. **DESCRIPTION OF THE PLAN**, Continued:

Payment of Benefits:

Normal retirement age under the Plan is 65. Upon termination, participants (or their designated beneficiary) will receive a lump-sum distribution if their vested account balance is less than \$1,000. If the participant's vested account balance is more than \$1,000 but less than \$5,000 and the participant fails to elect a distribution or rollover option for their vested account balance, the plan sponsor will distribute the vested balance as a direct rollover to an individual retirement account designated by the plan sponsor. Participants with vested account balances over \$5,000 can elect to receive a lump-sum distribution of their vested account balance, or remain in the Plan until they reach age 73, at which time they must take "required minimum distributions" over their life expectancy.

Participants can elect to take in-service distributions from their accounts upon reaching age 59½.

If a participant has a "financial hardship" (as that term is defined by the Internal Revenue Service guidelines), the participant can withdraw from their participant and vested employer contributions account, including earnings thereon, up to the amount needed to satisfy the hardship, regardless of age.

Notes Receivable from Participants:

Participants may borrow up to 50% of their vested account balance (minimum of \$1,000 and a maximum of \$50,000). Loans are secured by the participant's account balance and are repaid through payroll deductions. Principal and interest are amortized up to 60 months (up to a longer period for loans used to purchase a principal residence). Loans bear interest at the prime rate plus 1% (8.5% at December 31, 2024).

Participant Forfeitures:

Forfeitures from terminated participants' non-vested accounts can be used to reduce employer contributions, make an additional employer contribution or to reallocate among participants. Approximately \$3,650 and \$450 of forfeitures were used to reduce employer safe harbor matching contributions at December 31, 2024 and 2023, respectively. There were unallocated forfeitures of approximately \$8,600 and \$3,650 at December 31, 2024 and 2023, respectively.

Tax Status:

The Plan has adopted a non-standardized form of a pre-approved plan. The pre-approved plan provider, Schwab Retirement Plan Services, has received a favorable opinion letter from the Internal Revenue Service dated September 21, 2020, which stated the plan agreement, as then designed, was in compliance with the applicable requirements of Internal Revenue Code ("IRC"). The Plan has subsequently been amended; however, the plan trustees and the plan service provider believe the Plan is operating in compliance with applicable IRC requirements.

The Plan does not enter into transactions or take uncertain positions that would require adjustment to or disclosure in the financial statements under FASB ASC 740, *Income Taxes*.

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

Basis of Accounting:

The Plan's financial statements are prepared on the accrual basis of accounting, except as follows:

- Notes receivable from participants are stated at their unpaid principal balance (i.e., excluding accrued but unpaid interest). Accrued but unpaid interest on notes receivable from participants was not significant at either December 31, 2024 or 2023. There are no allowances for credit losses as delinquent participant notes are reclassified as distributions based upon the terms of the Plan document and the Code.
- Interest and dividend income are recorded when received. Unrecorded interest and dividend were not significant at either December 31, 2024 or 2023.
- Refunds of excess contributions are recorded when paid. Excess contributions incurred but not yet paid were not significant at either December 31, 2024 or 2023.

Investments are reported at fair value, except for the fully benefit-responsive investment contract (Standard Stable Asset Fund, note 8) which is reported at contract value. Fair value is the price that would be received in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on their trade date. The net appreciation (depreciation) in the fair value of plan investments includes gains and losses on investments sold during the year as well as those held at the end of the year.

Subsequent Events:

Subsequent events that could affect the Plan's financial statements and related disclosures have been evaluated through November 12, 2025, the date the financial statements were available for distribution.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan trustees, plan custodians and plan service provider to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

3. **PLAN TERMINATION:**

Although it has not expressed the intent to do so, the plan sponsor has the right to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their account balances.

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

4. **ADMINISTRATION OF PLAN ASSETS:**

The Plan's investments are held by Charles Schwab Trust Bank ("Charles Schwab", the plan custodian) and are managed by the plan trustees. Administrative functions are performed by Charles Schwab as well as certain officers of the plan sponsor (who are also plan trustees). While these officers receive no compensation from the Plan, they participate in the Plan and are entitled to plan benefits.

Certain administrative expenses (e.g., investment advisory and plan documentation fees) are paid by the Plan, whereas other expenses (e.g., audited financial statements) are paid directly by the plan sponsor. Administrative expenses paid by the Plan are generally allocated proportionately based on each participant's account balance at the end of each quarter; however, certain expenses (e.g., participant loan and distribution fees) are charged directly to the participant's account.

All administrative expenses paid by the Plan are reported as administrative expenses on the accompanying statement of changes in assets available for benefits. Certain investment expenses (e.g., investment advisory and administrative fees) paid indirectly through revenue sharing and similar arrangements are included in net appreciation (depreciation) in fair value of investments.

5. **RISKS AND UNCERTAINTIES:**

The Plan's investments are exposed to interest rate, market and credit risks. Due to the risk level associated with certain investment securities, it is at least reasonably possible that valuation changes will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statement of assets available for benefits.

The Plan is designed to comply with Section 404(c) of ERISA with respect to investment account balances directed by the participants. If the Plan complies with those requirements, the plan sponsor and plan trustees are relieved of legal liability for losses resulting from participant investment decisions.

6. **INFORMATION PREPARED AND CERTIFIED BY THE PLAN CUSTODIAN:**

The plan trustees have elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 in the Department of Labor's *Rules and Regulations for Reporting and Disclosure under ERISA*. As such, the information with respect to investments held by Charles Schwab at December 31, 2024 and 2023 and related investment income during the years then ended, has not been audited. Information contained in the accompanying financial statements and supplemental schedule which has been certified by Charles Schwab includes investments, investment income and notes receivable from participants, but excludes contributions receivable.

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

7. **FAIR VALUE MEASUREMENTS:**

FASB ASC 820, *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1:

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

Level 2:

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

Level 3:

Inputs to the valuation methodology are unobservable but are significant to the fair value measurement.

An asset's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques must maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual Funds: Valued by Charles Schwab based on unadjusted quoted market prices in active markets at the end of the year (Level 1). The Plan's investments in mutual funds totaled \$17,243,831 and \$13,858,576 at December 31, 2024 and 2023, respectively.

The methods described above could produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan custodians and plan trustees believe the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement.

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

8. **STANDARD STABLE ASSET FUND:**

The Standard Stable Asset Fund (the "Standard Fund") is a group annuity contract issued by The Standard Insurance Company ("Standard"). The Standard Fund is a fully benefit-responsive investment contract and is presented in the accompanying statement of assets available for benefits at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. The contract value provided by Standard reflects contributions, plus earnings on the underlying investments, less participant withdrawals and administrative expenses. The Plan's investment in the fund totaled \$351,580 and \$280,328 at December 31, 2024 and 2023, respectively.

Standard maintains the Plan's contributions in its general account. Standard currently has an "A1" insurance financial strength rating (which is defined as "good financial security") from Moody's Investors Service. Consequently, the plan trustee does not believe a valuation reserve for credit risk is necessary.

Participants direct withdrawals or transfers (of all or a portion of their investments) at contract value; however, certain events can limit the Plan's ability to transact with the Fund at contract value. Such events may include (but are not limited to): termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total plan termination, retirement incentive programs, and the liberalization of plan withdrawal or transfer rules. In addition, Standard may terminate the contract with 30 days' notice to the contract owner for reasonable cause. Upon occurrence of any of these events, a market value adjustment or other withdrawal restrictions may apply. The Plan Sponsor may choose to pay the market value adjustment directly so that the participants' contract values are not affected.

The plan trustee does not believe that any events which would limit the Plan's ability to transact at contract value are probable of occurring.

9. **"PARTY-IN-INTEREST" TRANSACTIONS:**

Various third parties provide administrative, investment advisory and custodial services to the Plan. Transactions with these entities are considered "party-in-interest" transactions under the provisions of ERISA. Amounts charged to participant accounts for these services totaled \$47,553 and \$46,978 during the years ended December 31, 2024 and 2023, respectively.

Certain expenses incurred by the Plan are included in net appreciation (depreciation) in fair value of investments, as they are paid indirectly through revenue sharing and other similar agreements, rather than a direct payment.

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

10. **RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:**

The following summary reconciles assets available for benefits reported in the accompanying financial statements to amounts reported on the Plan's Form 5500:

| | <u>2024</u> | <u>2023</u> |
|--|-----------------------------|----------------------|
| Assets available for benefits reported in the accompanying financial statements | \$ 18,600,451 | \$ 15,062,000 |
| Benefits payable | <u> </u> | <u>12,413</u> |
| Assets available for benefits reported on Form 5500; Schedule H, Part I, Line 1L | <u>\$ 18,600,451</u> | <u>\$ 15,074,413</u> |

The following summary reconciles net increase in assets reported in the accompanying financial statements to amounts reported on the Plan's Form 5500:

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| Net increase in assets reported in the accompanying financial statements | \$ 3,538,451 | \$ 2,402,457 |
| Benefits paid to participants | <u>(12,413)</u> | <u>12,413</u> |
| Net income reported on Form 5500; Schedule H, Part II, Line 2k | <u>\$ 3,526,038</u> | <u>\$ 2,414,870</u> |

SUPPLEMENTAL SCHEDULE

INTERNATIONAL BUILDING MATERIALS, LLC 401(k) RETIREMENT PLAN

EIN: 93-1195416 PLAN: 001

December 31, 2024

(See Independent Auditor's Report)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year):

| (a) | (b) | (c) | (d) | (e) |
|-----|--|--|---------------|----------------------|
| | <u>Identity of issuer, borrower, lessor or similar party</u> | <u>Description of investment, including maturity date, rate of interest, collateral, par or maturity value</u> | <u>Cost**</u> | <u>Current value</u> |
| | Fidelity Emerging Markets Idx | Mutual Fund | \$ | 27,551 |
| | Fidelity Real Estate Index | Mutual Fund | | 15,542 |
| | PIMCO Income Instl | Mutual Fund | | 56,380 |
| * | Schwab S&P 500 Index | Mutual Fund | | 384,552 |
| * | Schwab Target 2015 Index | Mutual Fund | | 48,178 |
| * | Schwab Target 2020 Index | Mutual Fund | | 647,452 |
| * | Schwab Target 2025 Index | Mutual Fund | | 2,647,346 |
| * | Schwab Target 2030 Index | Mutual Fund | | 2,447,845 |
| * | Schwab Target 2035 Index | Mutual Fund | | 3,155,890 |
| * | Schwab Target 2040 Index | Mutual Fund | | 2,324,643 |
| * | Schwab Target 2045 Index | Mutual Fund | | 1,353,598 |
| * | Schwab Target 2050 Index | Mutual Fund | | 1,124,948 |
| * | Schwab Target 2055 Index | Mutual Fund | | 951,354 |
| * | Schwab Target 2060 Index | Mutual Fund | | 1,138,716 |
| * | Schwab Target 2065 Index | Mutual Fund | | 285,145 |
| | TCW MetWest Total Return Bd | Mutual Fund | | 57,675 |
| | Vanguard Developed Markets | Mutual Fund | | 84,062 |
| | Vanguard Equity-Income Adm | Mutual Fund | | 85,718 |
| | Vanguard Growth Index Admiral | Mutual Fund | | 248,495 |
| | Vanguard Interm-Term Bond Index | Mutual Fund | | 16,020 |
| | Vanguard Mid Cap Index Admiral | Mutual Fund | | 18,100 |
| | Vanguard Small Cap Index | Mutual Fund | | 76,307 |
| | Vanguard Small Cap Value Index | Mutual Fund | | 48,314 |
| | | | | <u>17,243,831</u> |
| | Standard Stable Asset Fund II | Fully benefit-responsive investment contract; approximately 3.05% interest during 2024 | | 351,580 |
| * | Notes receivable from participants | Notes receivable at rates 4.25% to 9.5% maturing through January 2030 | | <u>122,741</u> |
| | | | | <u>\$ 17,718,152</u> |
| * | Party-in-interest | | | |
| ** | Cost information has been omitted under ERISA regulations as all investments are participant directed. | | | |

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

| | |
|-----------------------|--|
| NAME OF PLAN SPONSOR: | International Building Materials, LLC dba International Wood Products, LLC |
| NAME OF PLAN: | International Building Materials, LLC 401(k) Retirement Plan |
| EIN: | 93-1195416 |
| PLAN NUMBER: | 001 |

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|-----|---|---|----------|-------------------|
| * | PARTICIPANT LOANS | Loans (4.25% - 9.50%) | | 122,741 |
| | FIDELITY EMERG MARKETS IDX | Registered Investment Company | | 27,551 |
| | FIDELITY REAL ESTATE INDEX | Registered Investment Company | | 15,542 |
| | METROPOLITAN WEST TTL RTN BD P | Registered Investment Company | | 57,675 |
| | PIMCO INCOME INSTITUTIONAL | Registered Investment Company | | 56,380 |
| * | SCHWAB S&P 500 INDEX FUND | Registered Investment Company | | 384,552 |
| * | SCHWAB TARGET 2015 INDEX | Registered Investment Company | | 48,178 |
| * | SCHWAB TARGET 2020 INDEX | Registered Investment Company | | 647,452 |
| * | SCHWAB TARGET 2025 INDEX | Registered Investment Company | | 2,647,346 |
| * | SCHWAB TARGET 2030 INDEX | Registered Investment Company | | 2,447,845 |
| * | SCHWAB TARGET 2035 INDEX | Registered Investment Company | | 3,155,890 |
| * | SCHWAB TARGET 2040 INDEX | Registered Investment Company | | 2,324,643 |
| * | SCHWAB TARGET 2045 INDEX | Registered Investment Company | | 1,353,598 |
| * | SCHWAB TARGET 2050 INDEX | Registered Investment Company | | 1,124,948 |
| * | SCHWAB TARGET 2055 INDEX | Registered Investment Company | | 951,354 |
| * | SCHWAB TARGET 2060 INDEX | Registered Investment Company | | 1,138,716 |
| * | SCHWAB TARGET 2065 INDEX | Registered Investment Company | | 285,145 |
| | STANDARD STABLE ASSET FUND 2 | Insurance | | 351,580 |
| | VANGUARD DEVELOPED MKT IDX ADM | Registered Investment Company | | 84,062 |
| | VANGUARD EQUITY INCOME ADMIRAL | Registered Investment Company | | 85,718 |
| | VANGUARD GROWTH INDEX ADMIRAL | Registered Investment Company | | 248,495 |
| | VANGUARD INTERM TERM BD IDX A | Registered Investment Company | | 16,020 |
| | VANGUARD MID CAP INDEX ADMIRAL | Registered Investment Company | | 18,100 |
| | VANGUARD SM CAP VAL INDEX ADM | Registered Investment Company | | 48,314 |
| | VANGUARD SMALL CAP INDEX ADMRL | Registered Investment Company | | 76,307 |

* Party-in-interest