Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/01/1990

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

WESTLAKE CHEMICAL CORPORATION

2801 POST OAK BLVD.
6TH FLOOR
HOUSTON, TX 77056-6136

2b Employer Identification Number (EIN)
76-0346924

2c Sponsor's telephone number
713-960-9111

2d Business code (see instructions)
325100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2014	DAVID R.HANSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2014	DAVID R. HANSEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	223
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	59
b	Retired or separated participants receiving benefits	**6b**	111
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	204
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	19
f	Total. Add lines **6d** and **6e**.	**6f**	223
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1D 3H

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)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WESTLAKE CHEMICAL CORPORATION

D Employer Identification Number (EIN)
76-0346924

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

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

Part I Basic Information

1	Enter the valuation date: Month _____ Day _____ Year _____			
2	Assets:			
	a Market value	**2a**		25651364
	b Actuarial value	**2b**		25135638
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	124	13446745
	b For terminated vested participants	**3b**	38	1208174
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		12856596
	(3) Total active	**3c(3)**	62	12856596
	d Total	**3d**	224	27511515
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	**4a**		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.28 %
6	Target normal cost	**6**		1308115

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

09/19/2014
Signature of actuary — Date

DAVID A. SAWYER, FSA — 14-06271
Type or print name of actuary — Most recent enrollment number

RETIREMENT HORIZONS INC. — 281-296-1100
Firm name — Telephone number (including area code)

2201 TIMBERLOCH PLACE, SUITE 150
THE WOODLANDS, TX 77380
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.39 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		125398
	b Interest on (a) using prior year's effective interest rate of 6.99 % except as otherwise provided (see instructions)		8765
	c Total available at beginning of current plan year to add to prefunding balance		134163
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	91.36 %
15	Adjusted funding target attainment percentage	15	91.36 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.50 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2013	388000				
07/09/2013	388000				
10/10/2013	388000				
01/10/2014	388000				
09/15/2014	904610				
			Totals ► 18(b)	2456610	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2307779

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	1308115
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2375877	998675
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2306790

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2306790
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2307779

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

a Total (excess, if any, of line 37 over line 36)	**38a**	989
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶	
WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
WESTLAKE CHEMICAL CORPORATION	76-0346924	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WELLS FARGO BANK, N.A.

75-0403318

(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?
26	NONE	80989	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RETIREMENT HORIZONS INC.

76-0551734

(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?
11	NONE	24513	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HAM, LANGSTON & BREZINA, L.L.P.

76-0448495

(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?
10	NONE	10131	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a	Name:	**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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WESTLAKE CHEMICAL CORPORATION

D Employer Identification Number (EIN)
76-0346924

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BOND INDEX FUND FOR EBT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3226244-001	C	6472232

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265229-001	C	4535561

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH INDEX FUND FOR EBT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265232-001	C	5198426

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE INDEX FUND FOR EBT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265227-001	C	5157864

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX FUND FOR EBT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265233-001	C	1873924

a Name of MTIA, CCT, PSA, or 103-12 IE: US AGGREGATE BOND INDEX FUND FOR EB

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5699010-001	C	6463517

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6292499-001	C	163752

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WESTLAKE CHEMICAL CORPORATION

D Employer Identification Number (EIN)
76-0346924

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		1292610
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	81	25
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	25651283	29865276
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25651364	31157911
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	24444	27088
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	24444	27088
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25626920	31130823

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)	2456610	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2456610
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	593	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		593
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2653810	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2653810	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4540908
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6998111
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1304093	
(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)		1304093
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	38825	
(2) Contract administrator fees	2i(2)	83603	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	67687	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		190115
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1494208
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5503903
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) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: HAM, LANGSTON & BREZINA L.L.P. **(2)** EIN: 76-0448495

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WESTLAKE CHEMICAL CORPORATION

D Employer Identification Number (EIN)
76-0346924

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): 41-6257133

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** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
WITH REPORT OF INDEPENDENT ACCOUNTANTS
as of and for the years ended December 31, 2013 and 2012

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Ham, Langston & Brezina LLP
Certified Public Accountants

REPORT OF INDEPENDENT ACCOUNTANTS

To the Participants and Plan Administrator of the
Westlake Salaried Employees' Defined Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Westlake Salaried Employees' Defined Benefit Plan (the "Plan") which comprise the Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the Statements of Accumulated Plan Benefits of as of December 31, 2012 and 2011 and the related Statements of Changes in Accumulated Plan Benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank Texas, N.A. ("Wells Fargo" or the "Trustee"), the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee, as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Ham, Langston & Brezina L.L.P. | 11550 Fuqua, Suite 475, Houston, TX 77034 | 281-481-1040 | www.hlb-cpa.com

Other Matter

The supplemental schedules (1) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013, and (2) Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2013 are required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

Hein, Langston & Bergin, LLP

Houston, Texas
July 14, 2014

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2013 and 2011

	2013	2012
Assets:		
Investments at fair value:		
Bank collective trust funds (See Notes 2 and 4)	$ 29,865,276	$ 25,651,283
Employer contribution receivable	1,292,610	-
Accrued income	25	81
Total assets	31,157,911	25,651,364
Liabilities:		
Administrative fees payable	27,088	24,444
Net assets available for benefits	$ 31,130,823	$ 25,626,920

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

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

for the years ended December 31, 2013 and 2012

	2013	2012
Additions to net assets attributed to:		
Investment income:		
Interest income	$ 593	$ 907
Net appreciation in fair value of investments in bank collective trust funds	4,540,908	2,750,924
Total investment income	4,541,501	2,751,831
Employer contributions	2,456,610	1,737,000
Total additions	6,998,111	4,488,831
Deductions from net assets attributable to:		
Benefits paid to participants	1,304,093	1,172,628
Administrative expenses	190,115	205,780
Total deductions	1,494,208	1,378,408
Net increase in net assets available for benefits	5,503,903	3,110,423
Net assets available for benefits, beginning of year	25,626,920	22,516,497
Net assets available for benefits, end of year	$ 31,130,823	$ 25,626,920

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

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

December 31, 2012 and 2011*

	2012	2011
Actuarial present value of vested benefits:		
Participants currently receiving payments	$ 12,579,192	$ 11,212,739
Other participants	12,987,289	13,010,803
Total vested benefits	25,566,481	24,223,542
Actuarial present value of nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	$ 25,566,481	$ 24,223,542

* The Plan presents accumulated plan benefits using beginning of year actuarial data.

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

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

for the years ended December 31, 2012 and 2011*

	2012	2011
Actuarial present value of accumulated plan benefits at beginning of period	$ 24,223,542	$ 23,411,759
Increase (decrease) during the year attributable to:		
Benefits accumulated	813,408	533,230
Benefits paid	(1,172,628)	(1,067,167)
Increase for interest due to decrease in discount period	1,654,606	1,601,472
Increase (decrease) for actuarial assumption	47,553	(255,752)
Net increase	1,342,939	811,783
Actuarial present value of accumulated plan benefits at end of period	$ 25,566,481	$ 24,223,542

* The Plan presents changes in accumulated plan benefits using beginning of year actuarial data.

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

1. Description of Plan

The Westlake Salaried Employees' Defined Benefit Plan (the "Plan") is a noncontributory defined benefit plan and is subject to the provisions of the Internal Revenue Code of 1986 (the "Code") and ERISA.

The Plan was established effective March 1, 1990. It covers all employees of Westlake Vinyls Corporation and Westlake Management Services, Inc. (collectively, the "Companies") who were previously employed by corporations known as Westlake Monomers Corporation and Westlake PVC Corporation hired on or before December 31, 1996, who are not covered by a collective bargaining agreement. Additionally, due to an acquisition in 1997, the Plan covers salaried employees hired after December 31, 1996, by BF Goodrich, and who were still employed as of August 15, 1997. The Plan generally recognizes the employees' years of service with a previous employer for purposes of eligibility and vesting. Prior years' service is recognized for purposes of accruing benefits under the Plan with respect to certain employees as defined in the Plan agreement. The Plan was amended and restated effective January 1, 2009, and has since been further amended, to reflect the most recent regulatory changes applicable to plans maintained under Code Section 401(a). A favorable determination on the qualified status of the Plan was issued by the Internal Revenue Service on November 10, 2011.

Following is a brief description of the Plan's provisions. Participants should refer to the Plan document for more complete information.

Retirement Benefits

Effective January 1, 1997, participation under the Plan was frozen.

Effective December 31, 2013, the Plan was amended to cease all future benefit accruals. Additionally, the Plan was amended to add a lump sum payment option for eligible participants who commenced receipt of benefits on or after January 1, 2014.

Normal monthly retirement benefits are generally calculated under a formula based upon the participant's highest average monthly earnings in any consecutive four year period (limited by a maximum compensation level) and number of years of credited participation multiplied by a retirement income factor as defined in the Plan. Effective April 1, 2008, the retirement income factor used in the formula to calculate a participant's normal monthly retirement benefit was changed for all periods of service on or after April 1, 2008. The Plan is responsible for payment of this monthly benefit, less the fixed portion of benefits to be paid by a previous employer, where applicable, which is based on previous service with that employer. Benefits payable in the event of death, disability or early retirement are computed in a similar manner as defined in the Plan.

Certain general and temporary limitations exist on the benefits described above and are more fully explained in the Plan document.

Payment of Retirement Benefits

Payment of benefits to which a participant is entitled and has elected to receive shall begin at:

a. Normal retirement - the participant attains age 65 and has completed 5 years of service;

b. Early retirement - the participant attains age 55 and has completed 10 years of service; or

c. Late retirement - the participant terminates employment with the Companies after attaining normal retirement age.

Continued

1. **Description of Plan, continued**

Payment of Retirement Benefits, continued

Unless a participant elects in writing to receive an alternate form of payment, benefits are payable in the form of a qualified joint and survivor annuity for married participants and a five year certain and life annuity for unmarried participants.

Vesting Provisions

An employee becomes 100 percent vested after five years of vesting service.

Funding Policy

The Companies' funding policy is to contribute such amounts as are necessary, on an actuarial basis, to provide the Plan with assets sufficient to meet the benefits to be paid to participants and their beneficiaries. The contributions to the Plan are based on the limitations of maximum and minimum tax-deductible deposits certified by the actuary. Any gains resulting from forfeitures of nonvested benefits will be used to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. The Companies recorded contributions to the Plan of $2,456,610 and $1,737,000 for the years ended 2013 and 2012, respectively. The Plan met the minimum funding requirements of the Code and ERISA.

Termination of the Plan

Although it has not expressed any intent to do so, the Companies have the right to discontinue contributions and to terminate the Plan at any time subject to the provisions of the Code and ERISA and the provisions of the Plan. In the event of Plan termination, the net assets of the Plan will be allocated in accordance with the Plan as provided by ERISA.

Should the Plan terminate at some future time, and should the Plan not be sufficiently funded to provide all accrued benefits, whether a particular participant's accumulated plan benefits will be paid would depend on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("the PBGC") at that time. In such a case, some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. Should the Plan be sufficiently funded at the time of termination, PBGC coverage does not become an issue.

Administration

The Plan is administered by Westlake Chemical Corporation ("WCC"), parent of the Companies. Wells Fargo Bank Texas, N.A. serves as trustee of the Plan.

WCC provides certain administrative services without charge to the Plan. In accordance with the Plan document, administrative expenses incurred on behalf of the Plan that are not paid by the Companies are paid from Plan assets. During 2013 and 2012, the Companies paid administrative expenses of $3,500 and $9,743, respectively. All other administrative expenses were paid by the Plan.

Continued

2. **Summary of Significant Accounting Policies**

Basis of Accounting

The financial statements and supplemental schedules of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Bank collective trust funds are valued based on information reported in the audited financial statements of the bank collective trusts at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Accordingly, actual results could differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries. The accumulated plan benefits for active employees are based upon current benefit levels and actual service.

Benefits payable under all circumstances (retirement, death and termination of employment) are included to the extent they are deemed attributable to employee services rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits was calculated as of January 1, 2013 and January 1, 2012 and accordingly, the Plan presents the statements of accumulated plan benefits and the statements of changes in accumulated plan benefits using the beginning of year actuarial data. Had the actuarial valuations been performed as of December 31, 2012 and December 31, 2011, there would be no material differences. The significant actuarial assumptions underlying the actuarial valuations for January 1, 2013 and 2012 are as follows:

Discount rate	7.0%

Continued

2. **Summary of Significant Accounting Policies, continued**

Actuarial Present Value of Accumulated Plan Benefits, continued

Turnover

Percentage of employees withdrawing from employment during the year of age shown.

Age	Rate
20	16.20%
25	13.20%
30	8.70%
35	5.10%
40	3.33%
45	2.00%
50	0.89%
55	0.00%
60	0.00%

Disability Rates

2013: None assumed
2012: None assumed

Retirement Age

Actives

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	5.00%
62	25.00%
63	15.00%
64	15.00%
65	100.00%

Vested Terminations

Age 65

Marriage Assumptions

80% of participants are assumed to be married. Males are assumed to be three years older than their spouses.

Mortality rates

Static Mortality described in IRS 1.430(h)(3)-1

Asset valuation

Fair market value

Continued

2. **Summary of Significant Accounting Policies, continued**

Risks and Uncertainties

The Plan has various investments in bank collective trust funds. Such investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term could materially affect investment balances reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

3. **Information Certified by Trustee (Unaudited)**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

a. Information in the Statements of Net Assets Available for Benefits at December 31, 2013 and 2012:

	2013	2012
Bank collective trust funds	$ 29,865,276	$ 25,651,283

b. Information in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2013 and 2012:

	2013	2012
Interest income	$ 593	$ 907
Net appreciation in fair value of investments	$ 4,540,908	$ 2,750,924

c. All information included in Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013 and Schedule H, Line 4j – Reportable Transactions for the year ended December 31, 2013, as shown in the supplemental schedules.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

4. Investments

The following individual investments each represent five percent or more of the Plan's net assets available for benefits at December 31, 2013 and 2012:

	2013	2012
Wells Fargo Bank Collective Trust Funds:		
Wells Fargo Bond Index Fund F	$ 6,472,232	$ 4,293,651
Wells Fargo US Aggregate Bond Index Fund F	6,463,517	4,269,979
Wells Fargo Large Cap Growth Index Fund F	5,198,426	6,262,592
Wells Fargo Large Cap Value Index Fund F	5,157,864	6,346,436
Wells Fargo International Equity Index Fund F	4,535,561	2,471,069
Wells Fargo Russell 2000 Index Fund F	1,873,924	1,664,153
Investments less than 5% of the Plan's net assets	163,752	343,403
Total investments	$ 29,865,276	$ 25,651,283

5. Fair Value Measurements

FASB Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures* ("ASC 820"), 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 under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

5. **Fair Value Measurements, continued**

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

In determining fair value, the Plan uses the income approach, which uses valuation techniques to convert future amounts such as cash flows or earnings to a single present amount, with the measurement based on the value indicated by current market expectations about those future amounts.

Following is a description of the valuation methodologies used for assets measured at fair value.

Bank collective trust funds: Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Bank collective trust funds:				
Equity funds	$ -	$ 16,765,775	$ -	$ 16,765,775
Fixed income funds	-	12,935,749	-	12,935,749
Short term investment funds	-	163,752	-	163,752
Total bank collective trust funds	$ -	$ 29,865,276	$ -	$ 29,865,276

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Bank collective trust funds:				
Equity funds	$ -	$ 16,744,250	$ -	$ 16,744,250
Fixed income funds	-	8,563,630	-	8,563,630
Short term investment funds	-	343,403	-	343,403
Total bank collective trust funds	$ -	$ 25,651,283	$ -	$ 25,651,283

6. Income Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated November 10, 2011, that the Plan is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for federal income tax has been recorded.

7. Related Party Transaction

Westlake Chemical Corporation has a revolving credit facility with a syndicate of banks, of which an affiliate of Wells Fargo Bank is a participant. In addition, the Plan investments include funds managed by affiliates of Wells Fargo, the Plan trustee.

8. Subsequent Events

Plan management has evaluated subsequent events through July 14, 2014, which is the date the financial statements were issued, and has concluded that there are no significant events to be reported.

SUPPLEMENTARY SCHEDULES

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2013

EIN: 76-0346924
PN: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Units or Shares Owned	(d) Cost	(e) Current Market Value
*	Wells Fargo	Bond Index Fund G - Bank Collective Trust Fund EIN 94-3226244	660,526	$ 5,679,281	$ 6,472,232**
*	Wells Fargo	US Aggregate Bond Index Fund F – Bank Collective Trust Fund EIN 20-5699010	658,340	5,882,296	6,463,517**
*	Wells Fargo	Large Cap Growth Index Fund F – Bank Collective Trust Fund EIN 52-2265232	394,918	2,890,194	5,198,426**
*	Wells Fargo	Large Cap Value Index Fund F – Bank Collective Trust Fund EIN 52-2265227	383,884	3,212,515	5,157,864**
*	Wells Fargo	International Equity Index Fund F – Bank Collective Trust Fund EIN 52-2265229	346,350	3,511,424	4,535,561**
*	Wells Fargo	Russell 2000 Index Fund F - Bank Collective Trust Fund EIN 52-2265233	132,436	1,025,736	1,873,924**
*	Wells Fargo	Short-term Investment Fund G – Bank Collective Trust Fund EIN 41-6292499	163,752	163,752	163,752
	Total assets held for investment purposes			$ 22,365,198	$ 29,865,276

* Represents party-in-interest.
** Represents 5% or more of net assets available for benefits.

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

for the year ended December 31, 2013

EIN: 76-0346924
PN: 002

(a) Identity of Party Involved	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Wells Fargo	Short-term Investment Fund G	4	$ 1,569,041	$ -	$ -	$ 1,569,041	$ -
Wells Fargo	Short-term Investment Fund G	29	$ -	$ 1,912,444	$ 1,912,444	$ -	$ -
Wells Fargo	Short-term Investment Fund F	5	$ 905,118	$ -	$ -	$ 905,118	$ -
Wells Fargo	Short-term Investment Fund F	15	$ -	$ 741,367	$ 741,367	$ -	$ -
Wells Fargo	Bond Index Fund F	8	$ 2,278,505	$ -	$ -	$ 2,278,505	$ -
Wells Fargo	Bond Index Fund F	1	$ -	$ 10,899	$ 8,700	$ -	$ 2,199
Wells Fargo	US Aggregate Bond Index Fund F	8	$ 2,271,223	$ -	$ -	$ 2,271,223	$ -
Wells Fargo	US Aggregate Bond Index Fund F	1	$ -	$ 4,645	$ 3,942	$ -	$ 703
Wells Fargo	Large Cap Value Index Fund F	2	$ 139,098	$ -	$ -	$ 139,098	$ -
Wells Fargo	Large Cap Value Index Fund F	7	$ -	$ 3,071,026	$ 2,099,999	$ -	$ 971,027
Wells Fargo	Large Cap Growth Index Fund F	2	$ 149,386	$ -	$ -	$ 149,386	$ -
Wells Fargo	Large Cap Growth Index Fund F	6	$ -	$ 2,985,732	$ 1,835,744	$ -	$ 1,149,988
Wells Fargo	International Equity Index Fund F	4	$ 1,757,485	$ -	$ -	$ 1,757,485	$ -
Wells Fargo	International Equity Index Fund F	2	$ -	$ 286,027	$ 202,692	$ -	$ 83,335

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, LINE 19 – DISCOUNTED EMPLOYER CONTRIBUTIONS

Date Paid	Days After Valuation	Contributions	Effective Interest Rate	Interest Adjustment	Interest Adjusted Contributions
9-Apr-2013	98	$388,000	6.28%	($6,293)	$381,707
9-Jul-2013	189	$388,000	6.28%	($12,046)	$375,954
10-Oct-2013	282	$388,000	6.28%	($17,835)	$370,165
10-Jan-2014	374	$388,000	6.28%	($23,474)	$364,526
15-Sep-2014	622	$904,610	6.28%	($89,183)	$815,427
2013 Plan Year Contributions		$2,456,610		($148,831)	$2,307,779

2013 Plan Year Contributions	$2,456,610
Interest Adjustment for Contributions made after the Beginning of the Plan Year	($148,831)
2013 Plan Year Discounted Contributions	$2,307,779

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Economic Assumptions

Interest:

- PPA Funding Target

  4.94% - 1st Segment Rate
  6.15% - 2nd Segment Rate
  6.76% - 3rd Segment Rate
  6.28% - Effective Rate

- ASC 960 Discount Rate — 7.00% per annum

Salary Scale — 4.00% per annum.

Demographic Assumptions

Mortality: Separate static Mortality tables for males and females as prescribed in §1.430(h)(3)-1.

Turnover — Percentage of employees withdrawing from employment during the year of age shown.

Age	Rate
20	16.20%
25	13.20%
30	8.70%
35	5.10%
40	3.33%
45	2.00%
50	0.89%
55	0.00%
60	0.00%

Disability — none assumed.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Retirement Age:

- Actives

Age	Rate
55	2%
56	2%
57	2%
58	2%
59	2%
60	5%
61	5%
62	25%
63	15%
64	15%
65	100%

- Vested Terminations — Age 65.

Marriage Assumptions — 80% of participants are assumed to be married. Males are assumed to be three years older than their spouses.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Other Assumptions

Administrative Expenses	Administrative Expenses paid from the trust are assumed to equal $210,000 for the current plan year.
Form of Payment	The normal form is a five year certain and life annuity. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis that differs from the basis used in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.
Maximum Benefit Limitations Under IRC Sec. 415	$205,000 effective for 2013.
Valuation Compensation	Compensation is the prior year's pension eligible earnings as reported by the plan sponsor, adjusted by the salary scale appropriate to the employee's age, limited to $255,000 for 2013.
Changes in Assumptions	The mortality and interest rate assumptions were changed as prescribed by the IRS. The administrative expense assumption was changed from $200,000 to $210,000 to reflect expectations for the current year. There have been no other changes in funding valuation assumptions since the prior valuation.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Methods

Asset Valuation Method	For ERISA funding purposes, the actuarial value of assets on the valuation date is equal to a smoothed fair value of assets. The smoothed value is equal to the actual fair value of assets (including discounted receivable contributions) plus two-thirds of the investment gain or loss from the prior year plus one-third of the investment gain or loss from two years ago. The investment gains and losses are determined by comparing the actual fair value of assets to the expected fair value. Additionally, the resulting asset value is limited to be no less than 90% and no more than 110% of the fair market value of assets.
Unit Credit Actuarial Cost Method	The Unit Credit Actuarial Cost Method is used to determine the Funding Target for funding purposes, and the accrued liability for ASC 960 purposes. The Normal Cost for each employee is the present value of the benefit which accrues during that current year. The total Normal Cost is the sum of the Normal Costs for all active participants plus the administrative expenses expected to be paid from the Trust during the year.
Changes in Methods	There have been no changes in actuarial methods since the prior year.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date	Effective March 1, 1990; last amended effective December 22, 2009.
Eligibility	Employees of Westlake Monomers Corporation not covered by the Wage Employees' Defined Benefit Pension Plan. Employees hired on or after January 1, 1997 are not eligible (August 15, 1997 for CAO acquisition employees).
Contributions	The employer pays the entire cost of the retirement plan.
Actuarial Equivalence	Based on the 1971 Group Annuity Mortality Table for males, setback 3 years for males and females and 7% interest.
Vesting Service	Calculated on an elapsed time basis, rounded to completed months, from original hire date, including service with predecessor employer.
Benefit Service	Calculated on an elapsed time basis, rounded to completed months. Service with predecessor employer is excluded for the PVC group.
Retirement Dates:	
➢ Normal	The first day of the month coincident with or next following the participant's 65th birthday, provided he has completed 5 years of Vesting Service.
➢ Early	A participant may elect to retire early on the first day of any month after he has attained age 55 and completed 10 years of Vesting Service.
➢ Late	The first day of the month coincident with or next following the date the participant terminates employment, if such termination occurs after his Normal Retirement Date.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Accrued Benefit	Upon termination of employment at any time, a participant's Accrued Benefit equals the monthly retirement income commencing on his Normal Retirement Date calculated using the Normal Pension Formula, with Benefit Service, Final Average Earnings and Covered Compensation as of his termination date. The monthly retirement income is equal to one twelfth of the following: (1) 1.15% of his Final Average Compensation as of his date of retirement multiplied by his Benefit Service as of April 1, 2008, plus (2) 1.00% of his Final Average Compensation as of his date of retirement multiplied by his Benefit Service after as of April 1, 2008, plus (3) .45% of his Final Average Annual Compensation in excess of the Participant's Covered Compensation as of his date of retirement multiplied by his Service (limited to 35 years), less (4) Frozen accrued benefit payable from the BF Goodrich Plan.
Final Average Compensation	A participant's average Compensation during the highest four consecutive calendar years of his earnings.
Compensation	W-2 compensation, plus amounts contributed under a salary reduction agreement. Effective January 1, 1997 compensation excludes year end profit sharing bonus, expatriate pay, relocation allowances and auto allowances.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Covered Compensation	The average of the taxable wage bases for the 35 year period ending with the calendar year in which the individual attains "social security retirement age" within the meaning of the Social Security Act, (and in determining an individual's Covered Compensation for any particular Plan Year, it is assumed that the taxable wage base in effect at the beginning of the Plan Year will remain the same for all future years).
Early Retirement Benefit	A monthly retirement income equal to the participant's Accrued Benefit as of his Early Retirement Date, reduced by 6.0% for each year by which the early commencement date precedes his 62nd birthday.
Late Retirement Benefit	The accrued benefit earned as of Late Retirement Date.
Disability Retirement Benefit	A participant who terminates employment prior to age 65 due to disability and who is eligible for the Westlake Monomers Long Term Disability plan is entitled to a monthly benefit using the Normal Pension Formula based on his years of Service (including years while disabled), Final Average Earnings as of his Date of Disability, and covered Compensation as of his Normal Retirement Date, commencing on his Normal Retirement Date.
Benefit Upon Separation	If a participant terminates employment after completing at least five years of Vesting Service, he will be entitled to his full Accrued Benefit, payable at age 65. If such participant elects to receive his Accrued Benefit prior to age 65, the monthly benefit will be actuarially reduced.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Pre-Retirement Death Benefit:

➢ Early Retirement Date	Upon the death of a participant, the surviving spouse is entitled to an immediate monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity which the participant had accrued to the date of his death (or, if earlier, the date of separation from service). The monthly annuity is reduced by 6.0% for each year by which the commencement age precedes age 62.
➢ Before Early Retirement Date	Upon the death of a participant, the qualifying spouse is entitled to a monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity payable at the participant's 55th birthday which the participant had accrued at the date of his death (or, if earlier, the date of separation from service). The monthly annuity is reduced by 6.0% for each year by which the commencement age precedes the age 62.
Form of Pension	The Normal Form of Pension in a 5-Year Certain and Life Annuity.
Optional Benefit Forms	The Following actuarially equivalent forms of benefit are available: (1) 100% Joint & Survivor Annuity: or (2) 50% Qualified Joint & Survivor Annuity; or (3) 75% Qualified Joint & Survivor Annuity; or (4) Life Annuity with a Period Certain; or (5) Life Only Annuity.
Changes in Plan Provisions	There have been no changes since the prior valuation.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, LINE 24 – CHANGE IN ACTUARIAL ASSUMPTIONS

The administrative expense assumption was changed from $200,000 to $210,000 to reflect expectations for the current year.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Attained Age	Completed Years of Credited Service on January 1, 2013										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	1	0	0	0	0	0	1
40-44	0	0	0	0	6	1	0	0	0	0	7
45-49	0	0	0	0	1	7	0	0	0	0	8
50-54	0	0	0	0	2	3	0	4	0	0	9
55-59	0	0	0	0	4	7	0	6	2	0	19
60-64	0	0	0	0	2	3	0	2	5	0	12
65-69	0	0	0	0	0	0	0	0	0	2	2
70 & up	0	0	0	0	0	1	0	0	0	1	2
Total	0	0	0	0	16	22	0	12	7	3	60

Note: Excludes 2 participants who are active employees that are no longer accruing benefits in the plan.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

	Shortfall Base Exemption Percentage	Shortfall Amortization Base [1]	Remaining Amortization Period	Shortfall Amortization Installment
2013 Plan Year	91.36%	$1,535,209	5.9919	$256,214
2012 Plan Year	93.51%	($4,078,910)	5.2929	($770,638)
2011 Plan Year	72.26%	$2,134,140	4.5509	$468,949
2010 Plan Year	74.36%	$1,968,928	3.7263	$528,387
2009 Plan Year	81.42%	($600,879)	2.8610	($210,024)
2008 Plan Year	85.04%	$1,417,389	1.9529	$725,787
2007 Plan Year	N/A	N/A	1.0000	$0
Outstanding Balance		$2,375,877		
Shortfall Amortization Charge				$998,675

Notes:

1. If the Shortfall Base Exemption Percentage is at least 100% then no amortization base is required to be established for the current plan year.

WESTLAKE CHEMICAL CORPORATION
SALARIED EMPLOYEES' RETIREMENT PLAN
EIN #76-0346924 / PN 002

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Age	Retirement Rates	Lives	Retiring	Weight
55	2.00%	100	2	1.10
56	2.00%	98	2	1.12
57	2.00%	96	2	1.14
58	2.00%	94	2	1.16
59	2.00%	92	2	1.18
60	5.00%	90	5	3.00
61	5.00%	85	4	2.44
62	25.00%	81	20	12.40
63	15.00%	61	9	5.67
64	15.00%	52	8	5.12
65	100.00%	44	44	28.60
	Weighted Average Retirement Age			62.93

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

WESTLAKE CHEMICAL CORPORATION

D Employer Identification Number (EIN)

76-0346924

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2013

2 Assets:

a Market value	2a	25,651,364
b Actuarial value	2b	25,135,638

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	124	13,446,745
b For terminated vested participants	3b	38	1,208,174
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		12,856,596
(3) Total active	3c(3)	62	12,856,596
d Total	3d	224	27,511,515

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.28 %
6 Target normal cost	6	1,308,115

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

David A Sawyer

Signature of actuary

09/19/2014

Date

David A. Sawyer, FSA

Type or print name of actuary

14-06271

Most recent enrollment number

RETIREMENT HORIZONS INC.

Firm name

(281) 296-1100

Telephone number (including area code)

2201 TIMBERLOCH PLACE, SUITE 150

THE WOODLANDS TX 77380

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.39 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		125,398
	b Interest on (a) using prior year's effective interest rate of 6.99 % except as otherwise provided (see instructions)		8,765
	c Total available at beginning of current plan year to add to prefunding balance		134,163
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	91.36 %
15	Adjusted funding target attainment percentage	15	91.36 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.50 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2013	388,000				
07/09/2013	388,000				
10/10/2013	388,000				
01/10/2014	388,000				
09/15/2014	904,610				
			Totals ▶ 18(b)	2,456,610	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,307,779

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	1,308,115
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,375,877	998,675
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,306,790

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2,306,790
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,307,779
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	989
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2013

EIN: 76-0346924
PN: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Units or Shares Owned	(d) Cost	(e) Current Market Value
*	Wells Fargo	Bond Index Fund G - Bank Collective Trust Fund EIN 94-3226244	660,526	$ 5,679,281	$ 6,472,232**
*	Wells Fargo	US Aggregate Bond Index Fund F – Bank Collective Trust Fund EIN 20-5699010	658,340	5,882,296	6,463,517**
*	Wells Fargo	Large Cap Growth Index Fund F – Bank Collective Trust Fund EIN 52-2265232	394,918	2,890,194	5,198,426**
*	Wells Fargo	Large Cap Value Index Fund F – Bank Collective Trust Fund EIN 52-2265227	383,884	3,212,515	5,157,864**
*	Wells Fargo	International Equity Index Fund F – Bank Collective Trust Fund EIN 52-2265229	346,350	3,511,424	4,535,561**
*	Wells Fargo	Russell 2000 Index Fund F - Bank Collective Trust Fund EIN 52-2265233	132,436	1,025,736	1,873,924**
*	Wells Fargo	Short-term Investment Fund G – Bank Collective Trust Fund EIN 41-6292499	163,752	163,752	163,752
	Total assets held for investment purposes			$ 22,365,198	$ 29,865,276

* Represents party-in-interest.
** Represents 5% or more of net assets available for benefits.

WESTLAKE SALARIED EMPLOYEES' DEFINED BENEFIT PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

for the year ended December 31, 2013

EIN: 76-0346924
PN: 002

(a) Identity of Party Involved	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Wells Fargo	Short-term Investment Fund G	4	$ 1,569,041	$ -	$ -	$ 1,569,041	$ -
Wells Fargo	Short-term Investment Fund G	29	$ -	$ 1,912,444	$ 1,912,444	$ -	$ -
Wells Fargo	Short-term Investment Fund F	5	$ 905,118	$ -	$ -	$ 905,118	$ -
Wells Fargo	Short-term Investment Fund F	15	$ -	$ 741,367	$ 741,367	$ -	$ -
Wells Fargo	Bond Index Fund F	8	$ 2,278,505	$ -	$ -	$ 2,278,505	$ -
Wells Fargo	Bond Index Fund F	1	$ -	$ 10,899	$ 8,700	$ -	$ 2,199
Wells Fargo	US Aggregate Bond Index Fund F	8	$ 2,271,223	$ -	$ -	$ 2,271,223	$ -
Wells Fargo	US Aggregate Bond Index Fund F	1	$ -	$ 4,645	$ 3,942	$ -	$ 703
Wells Fargo	Large Cap Value Index Fund F	2	$ 139,098	$ -	$ -	$ 139,098	$ -
Wells Fargo	Large Cap Value Index Fund F	7	$ -	$ 3,071,026	$ 2,099,999	$ -	$ 971,027
Wells Fargo	Large Cap Growth Index Fund F	2	$ 149,386	$ -	$ -	$ 149,386	$ -
Wells Fargo	Large Cap Growth Index Fund F	6	$ -	$ 2,985,732	$ 1,835,744	$ -	$ 1,149,988
Wells Fargo	International Equity Index Fund F	4	$ 1,757,485	$ -	$ -	$ 1,757,485	$ -
Wells Fargo	International Equity Index Fund F	2	$ -	$ 286,027	$ 202,692	$ -	$ 83,335