

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>WESTLAKE SAVINGS PLAN</u>		
	1b Three-digit plan number (PN) ▶	<u>004</u>	
	1c Effective date of plan	<u>01/01/1987</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) <u>76-0321065</u>		
<u>WESTLAKE MANAGEMENT SERVICES, INC.</u>	2c Plan Sponsor's telephone number <u>713-585-7928</u>		
<u>2801 POST OAK BLVD</u> <u>SUITE 600</u> <u>HOUSTON, TX 77056</u>	2d Business code (see instructions) <u>325100</u>		

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.	10/12/2021	JESSE STEPHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	7200
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	5931
a(2) Total number of active participants at the end of the plan year		6a(2)	5921
b Retired or separated participants receiving benefits.....		6b	55
c Other retired or separated participants entitled to future benefits		6c	1226
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	7202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	53
f Total. Add lines 6d and 6e		6f	7255
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	6957
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	36
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: 2E 2F 2G 2J 2K 2S 2T 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan WESTLAKE SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 WESTLAKE MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 76-0321065	

Part I	Service Provider Information (see instructions)
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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
THE VANGUARD GROUP, INC.
23-1945930

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

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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)

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 25 26 37 38 52	NONE	857453	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

LCG ASSOCIATES

23-1945930

(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?
16	NONE	29000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAM LANGSTON & BREZINA

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?
99	NONE	18520	Yes ☐ No ☒	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)

GARY A NAGLER PLLC

76-0622745

(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?
29	NONE	16240	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>WESTLAKE SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>004</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WESTLAKE MANAGEMENT SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>76-0321065</u>
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP STABLE VALUE COMMON TRUST FUND

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>52-1309931-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>85575839</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2005 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>61-6434302-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3445866</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2010 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>32-6199795-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5621563</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2015 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>35-6941654-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18976747</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2020 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>36-7594871-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65348622</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2025 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>37-6496447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>107734066</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2030 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>38-7010946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>114346245</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2030 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2035 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7595013-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90262323
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2040 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941729-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74718370
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2045 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 32-6199848-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62014821
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2050 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 30-6303214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48066074
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2055 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33050638
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2060 TRUST CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 47-1088316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8881794
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT BALANCED TR CL B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 38-7011316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2190995
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP BLUE CHIP GROWTH TRUST T1

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 80-0470272-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69828497
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2065 TRUST CI B

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 85-1763138-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 943
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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)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan WESTLAKE SAVINGS PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 WESTLAKE MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 76-0321065	

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)	3257647733593329
(2) Participant contributions.....		1b(2)	4457471001575
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	1657516516238161
(9) Value of interest in common/collective trusts		1c(9)	686564472790063403
(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)	351521654439404603
(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	1087683515 1280301071
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1087683515 1280301071

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	54377408
	(B) Participants	2a(1)(B)	49259363
	(C) Others (including rollovers).....	2a(1)(C)	4467937
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	108104708
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	909862
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	909862
(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)	11188163
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	11188163
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	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)		112380672
(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)		47840148
c Other income	2c		125081
d Total income. Add all income amounts in column (b) and enter total.....	2d		280548634

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	87325090	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	680576	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		88005666
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		-224
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	894768	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		894768
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		88900210

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		191648424
l Transfers of assets:			
(1) To this plan.....	2l(1)		969132
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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?..... ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan WESTLAKE SAVINGS PLAN</div>	<div>B Three-digit plan number (PN) ▶ 004</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 WESTLAKE MANAGEMENT SERVICES, INC.</div>	<div>D Employer Identification Number (EIN) 76-0321065</div>

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

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>
<div>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): 23-2186884</div>	
<div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>	
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>

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

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

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

<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
--	--

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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a**14b****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.....

b The corresponding number for the second preceding plan year.....

15a**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.....

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.....

16a**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): _____

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

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

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

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Westlake Savings Plan:

Report on Financial Statements

We were engaged to audit the accompanying financial statements of the Westlake Savings Plan (the "Plan"), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020, 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 matter 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, as amended ("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 4, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Vanguard Fiduciary Trust Company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee, as of December 31, 2020 and 2019 and for the year ended December 31, 2020, 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.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

INDEPENDENT AUDITOR'S REPORT, CONTINUED

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 schedule, 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.

Hann, Langston & Brejda L.L.P.

Houston, Texas
August 25, 2021

WESTLAKE SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE WITH INDEPENDENT AUDITOR'S REPORT

**As of December 31, 2020 and 2019 and
For the Year Ended December 31, 2020**

WESTLAKE SAVINGS 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.

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Westlake Savings Plan:

Report on Financial Statements

We were engaged to audit the accompanying financial statements of the Westlake Savings Plan (the "Plan"), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020, 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 matter 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, as amended ("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 4, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Vanguard Fiduciary Trust Company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee, as of December 31, 2020 and 2019 and for the year ended December 31, 2020, 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.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

INDEPENDENT AUDITOR'S REPORT, CONTINUED

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 schedule, 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.

Hann, Langston & Brejda L.L.P.

Houston, Texas
August 25, 2021

WESTLAKE SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019
(In Thousands)

	<u>2020</u>	<u>2019</u>
Assets:		
Investments, at fair value (See Notes 2 and 3):	\$ 1,229,468	\$ 1,038,086
Receivables:		
Employer	33,593	32,576
Participant	1,002	446
Participant notes	<u>16,295</u>	<u>16,662</u>
Total receivables	<u>50,890</u>	<u>49,684</u>
Net assets available for benefits	<u>\$ 1,280,358</u>	<u>\$ 1,087,770</u>

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

WESTLAKE SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020
(in Thousands)

Additions to net assets attributable to:

Investment income:

Dividends and interest	\$ 12,674
Net appreciation in fair value of investments	<u>158,735</u>

Net investment income	<u>171,409</u>
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Interest income on participant notes receivable	<u>910</u>
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Contributions:

Employer	54,377
Participant	49,259
Participant rollovers	<u>4,468</u>

Total contributions	<u>108,104</u>
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Total additions	<u>280,423</u>
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Deductions from net assets attributable to:

Benefits and withdrawals	87,910
Administrative expenses	<u>895</u>

Total deductions	<u>88,805</u>
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Net increase in net assets available for benefits before transfers from the DaVinci Roofscapes 401(K) Plan	191,618
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Transfers from the DaVinci Roofscapes 401(K) Plan	<u>970</u>
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Net increase in net assets available for benefits	192,588
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Net assets available for benefits, beginning of year	<u>1,087,770</u>
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Net assets available for benefits, end of year	<u><u>\$ 1,280,358</u></u>
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The accompanying notes are an integral part of these financial statements.

WESTLAKE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following brief description of the Westlake Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established, effective January 1, 1987, for the employees of participating affiliates of the Westlake Polymers Corporation, the predecessor to Westlake Chemical Corporation ("WCC"). The Plan allows participation by substantially all employees of Westlake Management Services, Inc. ("WMS").

WMS is the Plan sponsor. The Plan is a defined contribution plan and is subject to the provisions of the Internal Revenue Code of 1986 ("IRC") and the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan was amended and restated effective January 1, 2019 to incorporate all amendments and reflect the most recent statutory and regulatory changes applicable to plans maintained under IRC Sections 401(a) and 401(k).

Effective January 1, 2020, the Plan was amended whereby former employees of DaVinci Roofscapes, LLC, who were employed by DaVinci Roofscapes, LLC as of June 10, 2019, became eligible to participate in the Plan effective January 1, 2020. In March 2020, participant balances totaling \$970 thousand were transferred into the Plan.

The amended and restated Plan also included certain provisions with an effective date of January 1, 2020, as follows:

- the automatic deferral percentage was increased from 1% to 4% of eligible compensation unless the participant makes an affirmative election to make a deferral contribution at a different percentage or declines participation;
- the employer matching contribution for participants employed at the Calvert City location whose employment is subject to a collective bargaining agreement was changed to a safe harbor matching contribution equal to 100% of each participant's salary deferral contribution and/or Roth 401(k) contribution, not in excess of 4% of that participant's eligible compensation; and
- participants employed at the Calvert City location on or after January 1, 2020 whose employment is subject to a collective bargaining agreement shall vest in his or her ARC and employer discretionary contribution accounts at a rate of 33% per year until fully vested after 3 years.

Administration

The Plan is administered by WMS. Vanguard Fiduciary Trust Company serves as the Plan's trustee and The Vanguard Group, Inc. serves as the Plan's recordkeeper.

Eligibility

Employees are eligible to participate in the Plan as of the first day following the employee's date of hire.

Contributions

Participants may contribute 100% of their eligible annual compensation as pre-tax contributions, Roth 401(k) contributions, or a combination thereof, which is deposited in individual employee salary contribution accounts. The Plan incorporates an automatic contribution feature which provides that participants will be automatically enrolled with a contribution amount of one percent (1%) of eligible compensation, increased to four percent (4%) effective January 1, 2020, and can, within a thirty (30) day grace period prior to initial enrollment, elect a different level of contribution or decline participation under the Plan. The Plan also incorporates an annual automatic increase feature, as of each April 1, increasing the participant's contribution level in one percent (1%) intervals up to four percent (4%) of the participant's eligible compensation, applicable to any participant whose prior contribution level, whether automatic or affirmative, is greater than zero percent (0%) but less than four percent (4%) of his or her eligible compensation, also subject to the participant's affirmative election to change the contribution rate or continue to decline participation.

WESTLAKE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan, continued

Contributions, continued

Participants may not exceed the limit set forth in Section 402(g) (\$19.5 thousand in 2020) of the IRC. Participants age 50 or older during the year can make a special "catch-up" contribution not to exceed an additional \$6.5 thousand in 2020. Participants may change their contribution percentage at any time during the Plan year.

The Company makes safe harbor matching contributions on behalf of each participant. The employer matching formula for participants not represented by a collective bargaining agreement and collective bargained participants employed at the Company's Aberdeen, Lake Charles, Longview and Natrium locations (collectively, the "Axiall Union Participants"), is 100% of each participant's salary deferral contribution and/or Roth 401(k) contribution, not in excess of 4% of that participant's eligible compensation.

Effective January 1, 2020, the employer matching contribution was changed to a safe harbor matching contribution equal to 100% of each participant's salary deferral contribution and/or Roth 401(k) contribution, not in excess of 4% of that participant's eligible compensation. Prior to January 1, 2020, for participants employed at the Calvert City location, whose employment is subject to a collective bargaining agreement, the employer contributes a non-safe harbor matching contribution equal to 67% of each participant's salary deferral contribution and/or Roth 401(k) contribution, not in excess of 6% of that participant's eligible compensation.

The employer shall contribute an Annual Retirement Contribution ("ARC") on behalf of each participant who is employed by WMS who is not eligible to accrue a benefit based on current or future service under the Westlake Defined Benefit Plan. Certain participants employed by WMS shall be excluded as further described in the Plan document. The amount of the ARC is 8% of the eligible compensation earned during the Plan year for which such allocation is made for each eligible participant except participants employed at the Calvert City location and Axiall Union participants. The amount of the ARC for each eligible participant at the Calvert City location whose employment is subject to a collective bargaining agreement is 5% of the eligible compensation earned during the Plan year for which such allocation is made. The amount of the ARC for Axiall Union participants is 8% of the eligible compensation for participants at the Aberdeen location and 6% of eligible compensation for participants at the Longview location. Axiall Union participants at the Lake Charles and Natrium locations receive an ARC ranging from 3% to 7% based on the participant's age and years of benefit service, as defined in the Plan document.

The employer may make additional contributions at the discretion of its Board of Directors. Plan contributions are directed by Plan participants into investments provided by the trustee.

Participants may also make rollover contributions from other plans as permitted under applicable law.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's contributions and Plan earnings. Contributions and allocations are invested in securities held in trust and may be directed at the participant's option to any of the investment alternatives offered through the Plan. For participants who do not make an investment election, a qualified default investment alternative is provided. Earnings are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. Upon the occurrence of a distribution event, the benefit to which a participant is entitled is the benefit that can be provided from the participant's vested interest in his or her account.

Vesting

Participants are immediately vested in their pre-tax, Roth 401(k) and rollover contributions, and any employer matching contributions designated as safe harbor contributions, plus any earnings on such contributions.

The participant's interest in his or her non-safe harbor employer matching contribution account shall vest as follows: (i) as to certain participants who were formally represented under a collective bargaining agreement, his or her employer matching contribution account shall be 100% vested if he or she completes an hour of service on or after January 1, 2008. Any such participant whose separation from the service of the employer occurred prior to January 1, 2008, shall have the vested interest of his or her employer matching contribution account determined under the terms of the Plan as it existed prior to January 1, 2008, and (ii) as to all other participants, the participant vests in non-safe harbor employer matching contributions at a rate of 20% per year until fully vested.

WESTLAKE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan, continued

Vesting, continued

Prior to January 1, 2017, a participant vests in the ARC and the employer discretionary profit-sharing contribution account at a rate of 20% per year until fully vested. A participant is 100% vested after completion of five years of service.

The participant's interest in his or her ARC and employer discretionary profit-sharing contribution accounts shall vest as follows: (i) as to certain participants who are not represented under a collective bargaining agreement and collectively bargained employees at the Aberdeen and Longview locations, and who complete one hour of service on or after January 1, 2017, shall vest at a rate of 33% per year until fully vested after three years of service; (ii) any such participant who does not complete one hour of service on or after January 1, 2017, shall vest in his or her ARC and employer discretionary profit-sharing contribution account at a rate of 20% per year until fully vested after five years of service; and (iii) collectively bargained employees at the Lake Charles and Natrium locations vest in accordance with the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 3	0%
3 or more	100%

Participants employed at the Calvert City location on or after January 1, 2020 whose employment is subject to a collective bargaining agreement shall vest in his or her ARC and employer discretionary contribution accounts at a rate of 33% per year until fully vested after 3 years. Prior to January 1, 2020, participants employed at the Calvert City locations vest in his or her ARC and employer discretionary contribution accounts at a rate of 20% per year until fully vested after 5 years.

Vesting in full prior to separation from service also occurs upon attaining normal retirement age, date of death or date of total and permanent disability.

Participant Notes Receivable

Participants may, under certain circumstances, obtain loans from the Plan. Participants may borrow from their fund accounts up to a maximum amount equal to the lesser of \$50 thousand or 50% of the participant's vested account balance. Loans are collateralized by the vested balance in the participant's account. Participant loans outstanding as of December 31, 2020 and 2019 totaled \$16.3 million and \$16.7 million, respectively, and bore interest at rates ranging from 4.25% to 9.25% during 2020.

Forfeited Accounts

Forfeitures of employer contributions of terminating employees whose accounts were not fully vested are initially used to correct participant accounts, then used to pay administrative expenses of the Plan and then used to reduce the employer contribution to the Plan. During the year ended December 31, 2020, \$233 thousand in employer contributions were forfeited. Forfeitures used to reduce the employer contributions during 2020 were \$439 thousand. At December 31, 2020 and 2019, unallocated forfeiture accounts and earnings thereon amounted to \$220 thousand and \$504 thousand, respectively.

Benefit Payments

Upon termination of employment, a participant (or his or her beneficiary in the event of death) may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or in installment payments, or as to certain accounts to have the account balance distributed in the form of an annuity. Distributions are subject to the applicable provisions of the Plan agreement. Benefit claims are recorded as deductions when they have been approved for payment and paid by the Plan.

On March 27, 2020, the President signed the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), the bipartisan economic relief package aimed at helping American workers and businesses impacted by the coronavirus pandemic. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. The Plan's management has evaluated the relief provisions available to Plan participants under the CARES Act, and has implemented the provision that permits coronavirus related distributions ("CRDs") of up to \$100,000 to individuals affected by COVID-19. Under the provisions of the CARES Act, there is no mandatory federal tax withholding requirement and the early withdrawal penalty is waived for any CRD.

WESTLAKE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan, continued

Prior Plan Account

Participants in the Plan who were previously in the Axiall Plans, may have participated in a predecessor plan, which consisted of employer and employee funds. Employer fund balances consisted of annual contributions plus earnings. Employee fund balances consisted of employee after-tax contributions plus earnings. Upon establishment of the Axiall Plans, these prior plan account balances were transferred to the Plan. The participant may direct the investment of his or her balance among the investment funds available under the Plan.

When a participant leaves the Company, he or she may elect to receive his or her entire employer fund prior plan account balance as a lump-sum distribution or, if eligible, to transfer the amount to the Westlake Defined Benefit Plan in order to increase the annuity benefit under the Westlake Defined Benefit Plan.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the 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. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's 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. Shares of registered investment companies are valued at quoted market prices in active markets which represent the net asset value of shares held by the Plan at year-end. The Plan's interest in collective trust funds are valued based on the fair value of the underlying investments held by the funds less its liabilities at year-end.

Net appreciation in fair value of investments includes realized gains and losses on investments sold during the year and unrealized appreciation (depreciation) of investments held at the end of the year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Participant Notes Receivable

Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant notes receivable is accrued as earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Benefit Payments

Benefits are recorded when paid.

WESTLAKE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

3. Fair Value Measurements

Accounting Standards Codification ("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) and the lowest priority to unobservable inputs (Level 3). 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.

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 market approach, which uses prices and other relevant data based on market transactions involving identical or comparable assets and liabilities.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust funds: Valued at the 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. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value ("NAV"). Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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.

WESTLAKE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

3. Fair Value Measurements, continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2020 and 2019 (in thousands):

<u>Assets at Fair Value as of December 31, 2020</u>			
<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 439,405	\$ -	\$ 439,405
Investments measured at NAV ^(a)			790,063
Total investments at fair value			\$ 1,229,468

<u>Assets at Fair Value as of December 31, 2019</u>			
<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 351,521	\$ -	\$ 351,521
Investments measured at NAV ^(a)			686,565
Total investments at fair value			\$ 1,038,086

^(a) In accordance with ASC 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments in Entities That Use NAV

The following table summarizes investments measured at fair value based on the NAV per share as of December 31, 2020 and 2019 (in thousands):

<u>Investments</u>	<u>Fair Value at December 31,</u>		<u>Unfunded</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
	<u>2020</u>	<u>2019</u>	<u>Commitments</u>		
Collective trust funds:					
TRP Retirement 2030 Trust	\$ 114,346	\$ 108,157	N/A	Daily	1 day
TRP Retirement 2025 Trust	107,734	105,653	N/A	Daily	1 day
TRP Retirement 2035 Trust	90,262	78,918	N/A	Daily	1 day
TRP Stable Value Fund	85,576	57,166	N/A	Daily	1 day
TRP Retirement 2040 Trust	74,718	64,320	N/A	Daily	1 day
TRP Blue Chip Growth Fund	69,828	52,254	N/A	Daily	1 day
TRP Retirement 2020 Trust	65,349	70,213	N/A	Daily	1 day
TRP Retirement 2045 Trust	62,015	49,873	N/A	Daily	1 day
TRP Retirement 2050 Trust	48,066	36,671	N/A	Daily	1 day
TRP Retirement 2055 Trust	33,051	26,240	N/A	Daily	1 day
TRP Retirement 2015 Trust	18,977	19,582	N/A	Daily	1 day
TRP Retirement 2060 Trust	8,882	5,475	N/A	Daily	1 day
TRP Retirement 2010 Trust	5,622	7,804	N/A	Daily	1 day
TRP Retirement 2005 Trust	3,445	2,166	N/A	Daily	1 day
TRP Balanced Trust Fund	2,191	2,073	N/A	Daily	1 day
TRP Retirement 2065 Trust	1	-	N/A	Daily	1 day
	<u>\$ 790,063</u>	<u>\$ 686,565</u>			

WESTLAKE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

4. Information Certified by the Trustee (Unaudited)

The Plan Administrator has elected the method of annual reporting and compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information related to investments and participant notes receivable disclosed in the accompanying financial statements and supplemental schedule, including investments and participant notes receivable held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2020, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Plan's trustee.

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 schedule.

5. Tax Status

The Plan obtained its latest determination letter on July 20, 2016, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the IRC and therefore, not subject to tax. 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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. 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 participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

The COVID-19 outbreak, which was declared a pandemic by the World Health Organization on March 11, 2020, has triggered volatility in financial markets and a significant negative impact on the global economy. However, because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The full impact of the COVID-19 outbreak continues to evolve and is unknown at the date of this report.

7. Plan Termination

Although it has not expressed any intent to do so, WMS has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants are 100% vested in their account balances.

8. Party-In-Interest Transactions

Certain Plan investments are in accounts managed by the trustee and the Plan has notes receivable from certain of its participants. These transactions qualify as party-in-interest transactions, as defined by ERISA. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

WESTLAKE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2020 and 2019 (*in thousands*):

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 1,280,358	\$ 1,087,770
Deemed distributions	(57)	(86)
Net assets available for benefits per Form 5500	<u>\$ 1,280,301</u>	<u>\$ 1,087,684</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2020 (*in thousands*):

Net increase in net assets available for benefits per the financial statements	\$ 192,588
Change in deemed distributions	29
Net increase in net assets available for benefits per Form 5500	<u>\$ 192,617</u>

10. Subsequent Events

Plan management has evaluated subsequent events through August 25, 2021, which is the date the financial statements were available to be issued, and has concluded that there are no additional significant events to be reported.

SUPPLEMENTAL SCHEDULE

WESTLAKE SAVINGS PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020
(in Thousands)

EIN: 76-0321065
PN: 004

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value**
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2030 Fund - Class B	\$ 114,346
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2025 Fund - Class B	107,734
*	Vanguard	Mutual Fund - Institutional Index Fund	102,413
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2035 Fund - Class B	90,262
	T. Rowe Price Trust Company	Collective Trust Fund - Stable Value Common Trust Fund - Cass N	85,576
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2040 Fund - Class B	74,718
	T. Rowe Price Trust Company	Collective Trust Fund - Blue Chip Growth - Class T1	69,828
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2020 Fund - Class B	65,349
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2045 Fund - Class B	62,015
*	Vanguard	Mutual Fund - Total International Stock Index Fund - Institutional Shares	50,916
*	Vanguard	Mutual Fund - Total Bond Market Index Fund - Institutional Shares	50,727
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2050 Fund - Class B	48,066
*	Vanguard	Mutual Fund - Federal Money Market Fund	43,290
*	Vanguard	Mutual Fund - Extended Market Index Fund - Institutional Shares	34,739
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2055 Fund - Class B	33,051
*	Vanguard	Mutual Fund - Wellington Fund - Admiral Shares	28,951
	MassMutual	Mutual Fund - Select Mid-Cap Growth Fund – Class I	23,643
*	Vanguard	Mutual Fund - Small-Cap Index Fund - Institutional Shares	18,996
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2015 Fund - Class B	18,977
*	Vanguard	Mutual Fund - Balanced Index Fund - Institutional Shares	17,100
	Nationwide	Mutual Fund - Geneva Small-Cap Growth Fund - Class R6	16,477
	American Funds	Mutual Fund - EuroPacific Growth Fund - Class R6	14,852
	Western Asset	Mutual Fund - Core Plus Bond Fund - Class Institutional	12,363
	Putnam	Mutual Fund - Equity Income Fund - Class R6	9,966
	Oakmark	Mutual Fund - International Fund - Class Institutional	9,630
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2060 Fund - Class B	8,882
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2010 Fund - Class B	5,622
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2005 Fund - Class B	3,445
	American Beacon	Mutual Fund - Small-Cap Value Fund - Class R6	2,926
	Virtus Ceredex	Mutual Fund - Mid-Cap Value Equity Fund - Class R6	2,416
	T. Rowe Price Trust Company	Collective Trust Fund - Balanced Trust Fund - Class B	2,191
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2065 Fund - Class B	1
*	Participant notes receivable	Loans bearing interest at rates ranging from 4.25% to 9.25%	16,295
		Total	<u>\$ 1,245,763</u>

* Represents a party-in-interest.

** Cost information is not presented because these investments are participant directed.

WESTLAKE SAVINGS PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020
(in Thousands)

EIN: 76-0321065
PN: 004

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value**
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2030 Fund - Class B	\$ 114,346
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2025 Fund - Class B	107,734
*	Vanguard	Mutual Fund - Institutional Index Fund	102,413
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2035 Fund - Class B	90,262
	T. Rowe Price Trust Company	Collective Trust Fund - Stable Value Common Trust Fund - Cass N	85,576
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2040 Fund - Class B	74,718
	T. Rowe Price Trust Company	Collective Trust Fund - Blue Chip Growth - Class T1	69,828
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2020 Fund - Class B	65,349
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2045 Fund - Class B	62,015
*	Vanguard	Mutual Fund - Total International Stock Index Fund - Institutional Shares	50,916
*	Vanguard	Mutual Fund - Total Bond Market Index Fund - Institutional Shares	50,727
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2050 Fund - Class B	48,066
*	Vanguard	Mutual Fund - Federal Money Market Fund	43,290
*	Vanguard	Mutual Fund - Extended Market Index Fund - Institutional Shares	34,739
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2055 Fund - Class B	33,051
*	Vanguard	Mutual Fund - Wellington Fund - Admiral Shares	28,951
	MassMutual	Mutual Fund - Select Mid-Cap Growth Fund – Class I	23,643
*	Vanguard	Mutual Fund - Small-Cap Index Fund - Institutional Shares	18,996
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2015 Fund - Class B	18,977
*	Vanguard	Mutual Fund - Balanced Index Fund - Institutional Shares	17,100
	Nationwide	Mutual Fund - Geneva Small-Cap Growth Fund - Class R6	16,477
	American Funds	Mutual Fund - EuroPacific Growth Fund - Class R6	14,852
	Western Asset	Mutual Fund - Core Plus Bond Fund - Class Institutional	12,363
	Putnam	Mutual Fund - Equity Income Fund - Class R6	9,966
	Oakmark	Mutual Fund - International Fund - Class Institutional	9,630
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2060 Fund - Class B	8,882
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2010 Fund - Class B	5,622
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2005 Fund - Class B	3,445
	American Beacon	Mutual Fund - Small-Cap Value Fund - Class R6	2,926
	Virtus Ceredex	Mutual Fund - Mid-Cap Value Equity Fund - Class R6	2,416
	T. Rowe Price Trust Company	Collective Trust Fund - Balanced Trust Fund - Class B	2,191
	T. Rowe Price Trust Company	Collective Trust Fund - Retirement 2065 Fund - Class B	1
*	Participant notes receivable	Loans bearing interest at rates ranging from 4.25% to 9.25%	16,295
		Total	<u>\$ 1,245,763</u>

* Represents a party-in-interest.

** Cost information is not presented because these investments are participant directed.