

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:     a multiemployer plan     a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan     a DFE (specify) M

**B** This return/report is:     the first return/report     the final return/report

an amended return/report     a short plan year return/report (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)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>KOCH COMPANIES DEFINED BENEFIT MASTER TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>  <b>1c</b> Effective date of plan
<b>2a</b> 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) <u>KOCH COMPANIES, LLC</u>  <u>C/O KOCH BUSINESS SOLUTIONS, LP</u> <u>4111 E. 37TH STREET N, GA029-06</u> <u>WICHITA, KS 67220</u>	<b>2b</b> Employer Identification Number (EIN) <u>25-6263968</u>  <b>2c</b> Plan Sponsor's telephone number <u>404-652-2109</u>  <b>2d</b> Business code (see instructions)

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/07/2025</u>	<u>RANDY BUSHMAN</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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**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.

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

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

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>KOCH COMPANIES DEFINED BENEFIT MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KOCH COMPANIES, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>25-6263968</b>	

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

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

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

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

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

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

**ARROWMARK GLOBAL OPP FUNDII (A),LTD**

**81-2103802**

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

**BRIDGEWATER ASSOCIATES, LP** **ONE GLENDINNING PLACE**  
**WESTPORT, CT 06880**

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

**CAPSTONE INVESTMENT ADVISORS, LLC**

**20-8601093**

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

**CARVAL INVESTMENT, LLC**

**20-3793520**

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

COL ARMONIA CO-INVEST PARTNERS, LP

30-0859601

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

COLONY DISTRESSED CREDIT FUND II

27-4154895

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

COLONY DISTRESSED CR FUND III

90-1003622

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

CROSSHARBOR INSTIT PARTNERS 2018,LP

04-3425442

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

DYAL ADVISORS, LLC

1290 AVENUE OF THE AMERICAS  
24TH FLOOR  
NEW YORK, NY 10104

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

DYAL IV ADVISORS, LLC

1290 AVENUE OF THE AMERICAS  
24TH FLOOR  
NEW YORK, NY 10104

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

ELLIOT INTERNATIONAL CAPITAL ADV

22-3338737

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

FLAVIA FUND

98-1232037

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

GOLDENTREE ASSET MANAGEMENT, LP

13-4118850

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

GSO CAPITAL OPPORTUNITIES FD II, LP

01-0899018

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

KA CREDIT ADVISORS, LLC

82-3900781

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

KAYNE ANDERSON RE ADVISORS IV LLC

47-1559644

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

KAYNE ANDERSON RE ADVISORS V

81-4098507

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

KAYNE ANDERSON RE ADVISORS VI

83-4370309

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

KAYNE SENIOR CREDIT III GP

81-4125364

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

KAYNE SENIOR CREDIT IV GP LLC

83-3965679

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

LONE STAR GLOBAL ACQUISITIONS, LTD

75-2787141

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

METROPOLITAN REAL ESTATE

299 PARK AVENUE, 35TH FLOOR  
NEW YORK, NY 10171

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

NB ALTERNATIVES ADVISORS LLC

30-0536163

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

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

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**(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)

LEGAL&GENERAL INVESTMENT MANAGEMENT

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	2095187	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HUDSON ADVISORS L.P.

75-2578511

(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?
27 72	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	714180	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
19 21	TRUSTEE	160137	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

KAYNE ANDERSON CAPITAL ADVISORS

95-4486379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	26971	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MHM RETIREMENT PLAN SOLUTIONS

20-1876798

(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?
49	NONE	5800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS L.P.	27 72	149685
(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.	
LONE STAR FUND VIII (BERMUDA) LP WASHINGTON MALL, STE 304 HAMILTON, BERMUDA 11 HM	OTHER INVESTMENT FEES AND EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS L.P.	27 72	540468
(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.	
LONE STAR FUND IX (BERMUDA) LP WASHINGTON MALL, STE 304 HAMILTON, BERMUDA 11 HM	OTHER INVESTMENT FEES AND EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS, LP	27 72	24027
(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.	
LONE STAR RES MORTG FD I HOLDINGS WASHINGTON MALL, STE 304 HAMILTON, BERMUDA 11 HM	OTHER INVESTMENT FEES AND EXPENSES	

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>KOCH COMPANIES DEFINED BENEFIT MASTER TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KOCH COMPANIES, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>25-6263968</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE TRUST GOVERNMENT ST INV.

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

<b>c</b> EIN-PN <u>81-6243181-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>192170320</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

<b>a</b>	Plan name	KOCH EMPLOYEES' PENSION PLAN	<b>c</b>	EIN-PN	99-2447784-001
<b>b</b>	Name of plan sponsor	KOCH COMPANIES, LLC	<b>c</b>	EIN-PN	99-2447784-001
<b>a</b>	Plan name	FLINT HILLS RESOURCES PENSION PLAN	<b>c</b>	EIN-PN	61-1603905-001
<b>b</b>	Name of plan sponsor	FLINT HILLS RESOURCES PINE BEND, LLC	<b>c</b>	EIN-PN	61-1603905-001
<b>a</b>	Plan name	INVISTA PENSION PLAN FOR CERTAIN GRANDFATHERED EMPLOYEES	<b>c</b>	EIN-PN	85-1507460-001
<b>b</b>	Name of plan sponsor	INV MANAGEMENT SERVICES, LLC	<b>c</b>	EIN-PN	85-1507460-001
<b>a</b>	Plan name	FLINT HILLS RESOURCES LOCAL NO 436G PENSION PLAN	<b>c</b>	EIN-PN	84-2606672-001
<b>b</b>	Name of plan sponsor	FHR PERU HOLDING COMPANY, LLC	<b>c</b>	EIN-PN	84-2606672-001
<b>a</b>	Plan name	GEORGIA-PACIFIC LLC SALARIED PENSION PLAN	<b>c</b>	EIN-PN	93-0432081-046
<b>b</b>	Name of plan sponsor	GEORGIA-PACIFIC LLC	<b>c</b>	EIN-PN	93-0432081-046
<b>a</b>	Plan name	GEORGIA-PACIFIC LLC HOURLY PENSION PLAN	<b>c</b>	EIN-PN	93-0432081-070
<b>b</b>	Name of plan sponsor	GEORGIA-PACIFIC LLC	<b>c</b>	EIN-PN	93-0432081-070
<b>a</b>	Plan name	MOLEX HOURLY EMPLOYEES' PENSION PLAN	<b>c</b>	EIN-PN	36-2369491-002
<b>b</b>	Name of plan sponsor	MOLEX, LLC	<b>c</b>	EIN-PN	36-2369491-002
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>KOCH COMPANIES DEFINED BENEFIT MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KOCH COMPANIES, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>25-6263968</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	88708517      29335332
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	35389      67790
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	3003066429      2931849512
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	263767052      188550509
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	89976831      93924673
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0      200319892
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	2923347673      2515692508
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	237648926      192170320
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	1584639      -2750582

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	6608135456	6149159954
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	741142	140891
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	741142	140891
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	6607394314	6149019063

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	-42447	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	106384072	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	162995	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		106504620
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	3452620427	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3614968351	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-162347924
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-152956375	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	8219918
(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)	0
<b>c</b> Other income .....	2c	163904367
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	-36675394

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	0
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	2122158
(6) Bank or trust company trustee/custodial fees .....	2i(6)	160137
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses .....	2i(11)	43360
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	2325655
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	2325655

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	-39001049
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	11154088
(2) From this plan .....	2l(2)	430528290

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

KOCH IND COMB MNGR - KEPG85174900

01/01/2024 - 12/31/2024

KOCH IND COMBINED MANAGER

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
<b>5% VALUE :</b>		<b>331,046,627.55</b>					
2	912810TT5	U S TREASURY BOND 4.125% 08/15/2053 DD 08/15/23	90,000,000.000	85,041,853.20	0.00	0.00	0.00
15	912810TT5	U S TREASURY BOND 4.125% 08/15/2053 DD 08/15/23	561,670,000.000	0.00	534,540,332.42	505,232,371.06	29,307,961.36
18	912810TV0	U S TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	593,775,000.000	0.00	606,781,638.72	627,783,216.23	(21,001,577.51)
18	912810TV0	U S TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	617,075,000.000	652,585,424.37	0.00	0.00	0.00
21	912810TX6	U S TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	646,225,000.000	609,883,669.44	0.00	0.00	0.00
15	912810TX6	U S TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	618,225,000.000	0.00	620,177,697.82	581,051,903.65	39,125,794.17
17	912810UA4	U S TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	598,190,000.000	0.00	605,003,358.88	639,061,183.61	(34,057,824.73)
17	912810UA4	U S TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	618,190,000.000	659,908,138.61	0.00	0.00	0.00
17	912810UC0	U S TREASURY BOND 4.250% 08/15/2054 DD 08/15/24	622,665,000.000	592,036,913.26	0.00	0.00	0.00
351	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	2,300,153,938.030	2,300,153,938.03	0.00	0.00	0.00
218	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	2,345,632,543.970	0.00	2,345,632,543.97	2,345,632,543.97	0.00
2	99VVA2T53	CAPSTONE INCOME OPP VARIANCE	182,297.000	0.00	350,000,000.00	212,228,645.46	137,771,354.54

Schedule H, line 4i -Schedule of Asssets (Held At End of Year)

a) b) Name	c) Description	d) Cost	e) Current Value
U S TREASURY BOND	4.250% 08/15/2054 DD 08/15/24	592,036,913	579,474,125
U S TREASURY BOND	5.000% 05/15/2037 DD 05/15/07	127,958,000	104,313,171
U S TREASURY BOND	2.250% 05/15/2041 DD 05/15/21	108,706,438	92,740,865
U S TREASURY BOND	3.625% 05/15/2053 DD 05/15/23	92,048,889	83,825,314
U S TREASURY BOND	4.125% 08/15/2053 DD 08/15/23	85,041,853	81,673,279
U S TREASURY BOND	4.375% 02/15/2038 DD 02/15/08	77,031,416	69,781,262
U S TREASURY BOND	4.250% 05/15/2039 DD 05/15/09	84,332,227	69,227,202
U S TREASURY BOND	4.500% 08/15/2039 DD 08/15/09	67,660,247	68,396,753
U S TREASURY BOND	1.875% 02/15/2041 DD 02/15/21	84,671,875	67,778,220
U S TREASURY BOND	4.375% 08/15/2043 DD 08/15/23	68,443,720	67,057,529
U S TREASURY BOND	2.875% 05/15/2052 DD 05/15/22	80,172,116	62,945,269
U S TREASURY BOND	4.625% 11/15/2044 DD 11/15/24	64,629,650	62,353,251
U S TREASURY BOND	3.625% 02/15/2053 DD 02/15/23	66,965,761	56,998,350
U S TREASURY BOND	2.250% 02/15/2052 DD 02/15/22	72,478,460	52,922,094
U S TREASURY BOND	1.125% 05/15/2040 DD 05/15/20	61,106,500	51,306,904
U S TREASURY BOND	1.875% 11/15/2051 DD 11/15/21	68,248,442	49,951,295
U S TREASURY BOND	3.500% 02/15/2039 DD 02/15/09	50,333,218	49,869,686
U S TREASURY BOND	3.375% 05/15/2044 DD 05/15/14	59,831,250	48,945,114
U S TREASURY BOND	3.000% 05/15/2045 DD 05/15/15	49,278,636	45,620,702
U S TREASURY BOND	3.000% 08/15/2052 DD 08/15/22	49,982,766	44,740,595
U S TREASURY BOND	3.625% 02/15/2044 DD 02/15/14	53,218,750	42,919,113
U S TREASURY BOND	3.000% 11/15/2044 DD 11/15/14	52,394,952	42,003,777
U S TREASURY BOND	4.000% 11/15/2042 DD 11/15/22	42,552,901	38,792,067
U S TREASURY BOND	4.750% 02/15/2037 DD 02/15/07	42,150,578	38,211,808
U S TREASURY BOND	4.500% 05/15/2038 DD 05/15/08	41,837,221	37,644,797
U S TREASURY BOND	2.375% 02/15/2042 DD 02/15/22	45,896,760	37,526,881
U S TREASURY BOND	4.625% 05/15/2044 DD 05/15/24	37,173,376	37,125,573
U S TREASURY BOND	3.375% 11/15/2048 DD 11/15/18	40,592,531	34,764,710
U S TREASURY BOND	1.750% 08/15/2041 DD 08/15/21	42,661,840	34,056,363
U S TREASURY BOND	3.000% 08/15/2048 DD 08/15/18	29,665,625	29,709,661
U S TREASURY BOND	2.875% 11/15/2046 DD 11/15/16	34,225,150	29,246,109
U S TREASURY BOND	4.250% 02/15/2054 DD 02/15/24	28,831,766	26,029,513
U S TREASURY BOND	4.000% 11/15/2052 DD 11/15/22	30,442,877	25,686,867
U S TREASURY BOND	4.750% 11/15/2053 DD 11/15/23	24,802,208	23,232,596
U S TREASURY BOND	3.875% 02/15/2043 DD 02/15/23	24,731,895	22,910,341
U S TREASURY BOND	3.000% 02/15/2047 DD 02/15/17	24,715,490	22,598,446
U S TREASURY BOND	4.625% 05/15/2054 DD 05/15/24	20,846,955	19,585,697
U S TREASURY BOND	3.375% 08/15/2042 DD 08/15/22	20,943,729	18,964,066
U S TREASURY BOND	2.750% 11/15/2042 DD 11/15/12	23,265,625	18,794,261
U S TREASURY BOND	2.250% 08/15/2046 DD 08/15/16	18,988,381	16,372,716
U S TREASURY BOND	4.500% 02/15/2036 DD 02/15/06	16,810,607	15,240,259
U S TREASURY BOND	3.125% 05/15/2048 DD 05/15/18	17,154,883	15,083,546
U S TREASURY BOND	4.750% 11/15/2043 DD 11/15/23	8,658,456	8,528,413
U S TREASURY BOND	4.500% 02/15/2044 DD 02/15/24	8,704,447	8,472,676
U S TREASURY BOND	2.875% 05/15/2043 DD 05/15/13	8,018,840	7,265,791
U S TREASURY BOND	3.875% 05/15/2043 DD 05/15/23	4,252,600	3,850,066
U S TREASURY NOTE	4.125% 11/15/2032 DD 11/15/22	25,358,534	23,536,936
U S TREASURY NOTE	4.250% 11/15/2034 DD 11/15/24	12,240,654	12,094,865
U S TREASURY BD CPN STRIP	0.000% 08/15/2036 DD 02/15/07	100,777,740	87,883,180
U S TREASURY BD CPN STRIP	0.000% 11/15/2034 DD 08/15/07	94,120,000	87,563,000
U S TREASURY BD CPN STRIP	0.000% 05/15/2036 DD 08/15/07	97,192,500	86,902,500
U S TREASURY BD CPN STRIP	0.000% 08/15/2035 DD 02/15/06	66,756,000	60,270,000
U S TREASURY BD CPN STRIP	0.000% 11/15/2035 DD 08/15/07	57,788,950	50,579,250
U S TREASURY BD CPN STRIP	0.000% 08/15/2034 DD 02/15/06	45,245,763	40,818,006
U S TREASURY BD CPN STRIP	0.000% 02/15/2035 DD 02/15/06	33,575,500	30,877,000
U S TREASURY BD CPN STRIP	0.000% 02/15/2036 DD 02/15/06	8,765,379	8,718,914
U S TREASURY BD CPN STRIP	0.000% 05/15/2034 DD 08/15/07	6,787,862	6,835,512
ARROWMARK GLOBAL OPPORTUNITY	FUND II	9,427,333	9,476,521
CALPINE CORP ESCROW	8.500% 07/15/2010 DD 07/16/03	0	0

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a) b) Name	c) Description	d) Cost	e) Current Value
CAPSTONE INCOME OPP ACTIVE		39,000,000	52,346,825
CAPSTONE INCOME OPP PASSIVE		294,129	310,790
CAPSTONE INCOME OPP VARIANCE		54,035,512	97,032,276
CD & R VIII		122,800	120,998
CD&R IX L P		31,308,347	28,601,414
CD&R VI		175,875	709
COLONY DISTRESSED CREDIT	SSF III LP	1,660,285	1,399,579
COLONY DISTRESSED CREDIT FUND	II FEEDER A LP	828,764	820,064
CROSSHARBOR AIRPARK		0	0
CROSSHARBOR CIP 2021		15,099,749	16,006,111
CROSSHARBOR INSTL PTNRS 2018	LP	24,251,932	24,704,864
CROSSHARBOR WATERFRONT SQUARE		239,066	239,066
CVI CREDIT VALUE FUND B III LP		22,753,229	11,846,401
DYAL HORIZON		74,702,346	77,360,191
DYAL II OFFSHORE INVESTORS LP		176,929,194	181,088,220
DYAL III PENSION INVESTORS LP		291,158,392	308,987,735
DYAL IV		268,890,622	280,953,921
DYAL IV HOTSHOT II CAYMAN LP		16,050,370	16,937,057
DYAL IV HOTSHOT II U.S. LLC		25,439,115	26,295,662
DYAL POST CAYMAN LP		39,497,394	51,170,522
DYAL POST U.S. II LLC		31,810,440	25,851,245
DYAL V		237,202,811	233,483,616
EIG ENERGY FUND XIV-A L.P.		6,580	3,364,370
ELLIOT CO-INVESTMENT		35,400,869	37,742,511
ENERGY FUND XV-A LP		8,113,396	3,942,264
GOLDENTREE ARGENTINA		589,896	2,546,534
GOLDENTREE DISTRESSED	CO-INVEST	13,601,990	13,720,652
GOLDENTREE DISTRESSED FUND	2014 (CAYMAN) LP	11,695,662	12,202,920
GSO CAPITAL OPP FUND II		1,605,136	2,199,786
JAC HOLDING CORP SHS		236,624	0
KAMOB III		105,764,157	108,569,411
KAREP VI		147,767,661	154,687,101
KAYNE ANDERSON FUND V		81,802,418	81,610,831
KAYNE ANDERSON RE PARTNERS IV	LP	38,458,494	36,913,411
KINGSTREET S SER 125		45,604	30,129
KINGSTREET S SER 161		106,077	158,741
KINGSTREET S SER 168		7,292	10,346
KINGSTREET S SER 175		110,170	138,346
KINGSTREET S SER 182		251	0
KINGSTREET S SER 189		33,024	43,086
KINGSTREET S SER 80		781,778	528,530
LASALLE INC GROWTH FD VII		11,648,832	12,524,304
LIAB FOR GRAYSTONE VENTURE	FUND LP	0	0
LONE STAR RE FUND II (US) LP		208,721	207,831
LONE STAR RESIDENTIAL MORTGAGE	1	543,238	569,338
LORMAX STERN ORLAND RIDGE		12,291,852	12,291,852
LSF IX INTERNATIONAL FINANCE		66,679,780	67,826,783
LSF VIII INTERNATIONAL FINANCE		8,087,980	10,326,541
NB PRINCIPAL STRATEGIES PRIMA		68,595,364	65,800,726
NB STRATEGIC CAPITAL OFFSHORE	LP	99,540,671	99,590,035
NEA CO-INVEST		123,932,785	124,845,516
POMONA CAPITAL VI LP		10,477	67,823
PORTAGE VENTURE PARTNERS LLC		481,526	4,440
PROJECT CODY		878,483	825,205
PROJECT INTESA		34,465,204	1,091,558
RED 44TH CAMELBACK		34,889,694	35,362,987
SIGNIFYD CO INVEST		28,256,187	28,757,404
STARWOOD		94,216,274	95,927,396
STREETLIGHTS 44TH CAMELBACK		24,873,043	23,830,011
KAYNE ANDERSON HOLDCO		231,207,267	32,400,000

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a) b) Name	c) Description	d) Cost	e) Current Value
KAYNE ANDERSON BDC		231,207,267	200,319,892
* COLLECTIVE US GOV'T STIF 15	BPS	192,170,320	192,612,006
KAYNE SENIOR CREDIT III	OFFSHORE FUND LP	43,464,250	48,460,090
KAYNE SR. CREDIT IV		86,446,370	89,274,822
SPECIALTY LOAN INST FD 2016-L	LP	25,505,575	48,418,159
WKAM BLOCKER LLC	0.000% 02/15/2023 DD 02/15/19	83,201	328,024
POLYMER SOLUTIONS 5/18 TL	0.000% 06/30/2025 DD 05/01/18	584,817	550,408
AAC HOLDINGS 6/21 TLB	0.000% 09/30/2026 DD 06/10/21	121,954	105,658
POLYMER SOLUTIONS 11/19 TL	0.000% 11/26/2026 DD 11/26/19	117,296	110,851
AAC HOLDINGS 9/15 TL	0.000% 09/30/2026 DD 09/30/15	1,662,164	1,429,326
BIOCYTE CORPORATION	SER C CONV PFD	1	0
BRIDGEWATER PRIVATE EQUITY		78,530,799	93,924,673
STREAMLOGIC CORP		771,424	0
STREAMLOGIC CORP	14.000% 01/01/2040 DD 01/28/09	536,075	0
POLYVENTIVE LENDER HOLDING	COMPANY LLC (EQUITY)	52	0
CASH - BROKER		17,649,937	17,649,937
TETON ADVISORS INC		0	0
US SURGICAL CORP CDT NT	06/23/2000 EXP	0	0
VAR MARGIN ON SWAPS		0	0
US 10YR ULTRA FUTURE (CBT)	EXP MAR 25	0	(2,607,063)
US ULTRA BOND (CBT)	EXP MAR 25	0	(920,945)
US 2YR TREAS NTS FUT (CBT)	EXP MAR 25	0	257,955
US TREAS BD FUTURE (CBT)	EXP MAR 25	0	(2,586,689)
US 5YR TREAS NTS FUTURE (CBT)	EXP MAR 25	0	(5,408,947)
US 10YR TREAS NTS FUTURE (CBT)	EXP MAR 25	0	(9,134,830)



5500 Acquisitions & Dispositions of Assets within Plan Year  
Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

Report ID: M2574E

Status: FINAL

KOCH IND COMB MNGR - KEPG85174900

01/01/2024 - 12/31/2024

KOCH IND COMBINED MANAGER

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
99AA88863	AVANTECH TESTING SERVICES	221,967.640	(221,967.64)	221,967.64
99F106F4A	US 10YR ULTRA FUTURE (CBT) EXP JUN 24	3,296.000	0.00	(4,539,209.51)
99F106I4A	US 10YR ULTRA FUTURE (CBT) EXP SEP 24	2,758.000	0.00	13,420,913.74
99F106L4A	US 10YR ULTRA FUTURE (CBT) EXP DEC 24	2,179.000	0.00	(10,941,321.91)
99F133F4A	US LONG BOND FUTURE (CBT) EXP JUN 24	546.000	0.00	273,487.05
99F133I4A	US TREAS BD FUTURE (CBT) EXP SEP 24	593.000	0.00	3,086,152.73
99F133L4A	US TREAS BD FUTURE (CBT) EXP DEC 24	465.000	0.00	(3,127,585.74)
99F139F4A	US 10YR NOTE FUTURE (CBT) EXP JUN 24	6,141.000	0.00	(10,138,139.97)
99F139I4A	US 10YR NOTE FUTURE (CBT) EXP SEP 24	5,998.000	0.00	27,677,244.38
99F139L4A	US 10YR TREAS NTS FUTURE (CBT) EXP DEC 24	6,267.000	0.00	(21,555,104.22)
99F183F4A	US 5YR NOTE FUTURE (CBT) EXP JUN 24	7,526.000	0.00	(10,636,879.94)
99F183I4A	US 5YR NOTE FUTURE (CBT) EXP SEP 24	7,579.000	0.00	23,693,002.47
99F183L4A	US 5YR TREAS NTS FUTURE (CBT) EXP DEC 24	6,559.000	0.00	(18,737,201.97)
99F217F4A	US 2YR NOTE FUTURE (CBT) EXP JUN 24	2,771.000	0.00	(5,051,538.47)
99F217I4A	US 2YR NOTE FUTURE (CBT) EXP SEP 24	2,826.000	0.00	8,271,324.74
99F217L4A	US 2YR TREAS NTS FUT (CBT) EXP DEC 24	2,799.000	0.00	(7,462,809.76)
99F700F4A	US ULTRA BOND (CBT) EXP JUN 24	505.000	0.00	(828,468.85)
99F700I4A	US ULTRA BOND FUTURE (CBT) EXP SEP 24	443.000	0.00	843,902.11
99F700L4A	US ULTRA BOND FUTURE (CBT) EXP DEC 24	762.000	0.00	(4,914,077.32)