

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>KRATON POLYMERS US LLC PENSION PLAN MASTER TRUST</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>100</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan</td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>100</u>	1c Effective date of plan	
1b Three-digit plan number (PN) ▶	<u>100</u>				
1c Effective date of plan					
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) <u>KRATON CORPORATION</u> <u>9950 WOODLOCH FOREST DR. STE 2400</u> <u>THE WOODLANDS, TX 77380</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN) <u>26-3739386</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>904-862-8355</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-3739386</u>	2c Plan Sponsor's telephone number <u>904-862-8355</u>	2d Business code (see instructions)	
2b Employer Identification Number (EIN) <u>26-3739386</u>					
2c Plan Sponsor's telephone number <u>904-862-8355</u>					
2d Business code (see instructions)					

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

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

SIGN HERE			
	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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/09/2025</u>	<u>SHREYA MOOLCHANDANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 0 6a(2) 0 6b 0 6c 0 6d 0 6e 6f 6g(1) 6g(2) 6h
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:

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) <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	9b 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)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan KRATON POLYMERS US LLC PENSION PLAN MASTER TRUST	B Three-digit plan number (PN) ▶	100
C Plan sponsor's name as shown on line 2a of Form 5500 KRATON CORPORATION	D Employer Identification Number (EIN) 26-3739386	

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

FID INSTL ASSET MGMT

20-4659714

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

FID MGMT TRUST CO

04-2728830

(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)

FIDELITY INSTL ASSET MGMT

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INV.MGMT	470940	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)

FIDELITY MGMT TRUST CO

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INV MGMT	159362	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>KRATON POLYMERS US LLC PENSION PLAN MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>100</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KRATON CORPORATION</u>	D Employer Identification Number (EIN) <u>26-3739386</u>	

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: <u>SPARTEN 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST</u>		
c EIN-PN <u>82-6293122-001</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>29194289</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL COMPANY COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INST ASSET MGMT</u>		
c EIN-PN <u>20-4659714-006</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>3913123</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG DURATION COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INST ASSET MGMT</u>		
c EIN-PN <u>20-4659714-053</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>23997960</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG CORP A OR BETTER COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INST ASSET MGMT</u>		
c EIN-PN <u>20-4659714-103</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>6003204</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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.)

a Plan name KRATON POLYMERS US, LLC PENSION PLAN

b Name of plan sponsor KRATON CORPORATION **c** EIN-PN 26-3739386-002

a Plan name ARIZONA CHEMICAL RETIREMENT PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES

b Name of plan sponsor KRATON CHEMICAL, LLC. **c** EIN-PN 13-0445587-002

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KRATON POLYMERS US LLC PENSION PLAN MASTER TRUST	B Three-digit plan number (PN) ▶ 100
C Plan sponsor's name as shown on line 2a of Form 5500 KRATON CORPORATION	D Employer Identification Number (EIN) 26-3739386

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	36245	26849
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	24846	50641
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3034943	3239100
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	62360797	63108576
(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)	65305163	66030275
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	130761994	132455441
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	130761994	132455441

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	164758	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		164758
(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)	2468541	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2468541
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6103171
(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)		-283323
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8453147

Expenses

e 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
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	159362	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	470940	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	578084	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1208386
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1208386

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7244761
l Transfers of assets:			
(1) To this plan	2l(1)		4800000
(2) From this plan	2l(2)		10351314

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
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.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

		BASED ON MARKET VALUE OF		130,761,994	5% VALUE OF	6,538,099		
DESCRIPTION OF ASSET		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN		
IDENTITY OF PARTY INVOLVED		SELLING PRICE				OR (LOSS)		
316175504 FIDELITY TREASURY PORTFOLIOINSTITUTION								
BROKER #DIVRE DIVIDEND REINVESTMENT								
	12,330	01/02/24 B BUY	42437251	1.0000	0	12,330	12,330	0
BROKER #MFAS MANAGED FUNDS ALLOCATION SYSTM								
	4,756	01/12/24 S SELL	42437257	1.0000	0	4,756	4,756	0
	291,000	01/17/24 B BUY	42437259	1.0000	0	291,000	291,000	0
	507,946	01/26/24 B BUY	42437261	1.0000	0	507,946	507,946	0
	831,926	01/31/24 S SELL	42437276	1.0000	0	831,926	831,926	0
	270	02/01/24 B BUY	42437280	1.0000	0	270	270	0
BROKER #DIVRE DIVIDEND REINVESTMENT								
	14,402	02/01/24 B BUY	42437282	1.0000	0	14,402	14,402	0
BROKER #MFAS MANAGED FUNDS ALLOCATION SYSTM								
	15,419	02/09/24 S SELL	42437286	1.0000	0	15,419	15,419	0
	95	02/13/24 B BUY	42437288	1.0000	0	95	95	0
	86,767	02/22/24 S SELL	42437293	1.0000	0	86,767	86,767	0
	26,147	02/23/24 S SELL	42437299	1.0000	0	26,147	26,147	0
	794,783	02/26/24 B BUY	42437312	1.0000	0	794,783	794,783	0
	829,444	02/29/24 S SELL	42437322	1.0000	0	829,444	829,444	0
BROKER #DIVRE DIVIDEND REINVESTMENT								
	12,653	03/01/24 B BUY	42437326	1.0000	0	12,653	12,653	0
BROKER #MFAS MANAGED FUNDS ALLOCATION SYSTM								
	373	03/08/24 S SELL	42437330	1.0000	0	373	373	0
	717	03/12/24 B BUY	42437332	1.0000	0	717	717	0
	1,060,158	03/26/24 B BUY	42437340	1.0000	0	1,060,158	1,060,158	0
	829,626	03/28/24 S SELL	42437357	1.0000	0	829,626	829,626	0
BROKER #DIVRE DIVIDEND REINVESTMENT								
	13,070	04/01/24 B BUY	42437360	1.0000	0	13,070	13,070	0
	(13,070)	04/01/24 B RBUY	42437363	1.0000	0	(13,070)	(13,070)	0
	13,104	04/02/24 B BUY	42437365	1.0000	0	13,104	13,104	0
BROKER #MFAS MANAGED FUNDS ALLOCATION SYSTM								
	6,706	04/12/24 S SELL	42437368	1.0000	0	6,706	6,706	0
	752,000	04/15/24 B BUY	42437370	1.0000	0	752,000	752,000	0
	41,980	04/26/24 S SELL	42437381	1.0000	0	41,980	41,980	0
	829,713	04/30/24 S SELL	42437388	1.0000	0	829,713	829,713	0
	566	05/01/24 B BUY	42437392	1.0000	0	566	566	0
BROKER #DIVRE DIVIDEND REINVESTMENT								
	14,832	05/01/24 B BUY	42437393	1.0000	0	14,832	14,832	0
	(14,832)	05/01/24 B RBUY	42437396	1.0000	0	(14,832)	(14,832)	0
	14,817	05/02/24 B BUY	42437398	1.0000	0	14,817	14,817	0
BROKER #MFAS MANAGED FUNDS ALLOCATION SYSTM								
	23,590	05/06/24 S SELL	42437403	1.0000	0	23,590	23,590	0
	92,408	05/08/24 S SELL	42437408	1.0000	0	92,408	92,408	0
	16,788	05/10/24 S SELL	42437411	1.0000	0	16,788	16,788	0
	398	05/14/24 B BUY	42437414	1.0000	0	398	398	0

1,073,271	05/24/24	B BUY	42437422	1.0000	0	1,073,271	1,073,271	0
839,877	05/31/24	S SELL	42437434	1.0000	0	839,877	839,877	0
BROKER #DIVRE DIVIDEND REINVESTMENT								
13,882	06/03/24	B BUY	42437438	1.0000	0	13,882	13,882	0
BROKER #MFAS MANAGED FUNDS ALLOCATION SYSTEM								

		BASED ON MARKET VALUE OF		130,761,994	5% VALUE OF	6,538,099
IDENTITY OF PARTY INVOLVED		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
DESCRIPTION OF ASSET		SELLING PRICE				
	78 06/12/24 B BUY 42437444	1.0000	0	78	78	0
	102,810 06/14/24 S SELL 42437449	1.0000	0	102,810	102,810	0
	962,889 06/26/24 B BUY 42437456	1.0000	0	962,889	962,889	0
	848,307 06/28/24 S SELL 42437471	1.0000	0	848,307	848,307	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
	13,378 07/01/24 B BUY 42437476	1.0000	0	13,378	13,378	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
	987 07/10/24 B BUY 42437480	1.0000	0	987	987	0
	12,082 07/12/24 S SELL 42437483	1.0000	0	12,082	12,082	0
	583,000 07/16/24 B BUY 42437486	1.0000	0	583,000	583,000	0
	224 07/23/24 B BUY 42437488	1.0000	0	224	224	0
	355,820 07/26/24 B BUY 42437493	1.0000	0	355,820	355,820	0
	866,101 07/31/24 S SELL 42437506	1.0000	0	866,101	866,101	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
	15,330 08/01/24 B BUY 42437510	1.0000	0	15,330	15,330	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
	129,945 08/09/24 S SELL 42437523	1.0000	0	129,945	129,945	0
	226 08/14/24 B BUY 42437525	1.0000	0	226	226	0
	89,586 08/16/24 S SELL 42437530	1.0000	0	89,586	89,586	0
	924,113 08/26/24 B BUY 42437537	1.0000	0	924,113	924,113	0
	860,267 08/30/24 S SELL 42437550	1.0000	0	860,267	860,267	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
	14,067 09/03/24 B BUY 42437554	1.0000	0	14,067	14,067	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
	1,499 09/13/24 S SELL 42437561	1.0000	0	1,499	1,499	0
	74,310 09/16/24 B BUY 42437568	1.0000	0	74,310	74,310	0
	6,565 09/17/24 B BUY 42437579	1.0000	0	6,565	6,565	0
	1,041,013 09/26/24 B BUY 42437586	1.0000	0	1,041,013	1,041,013	0
	863,917 09/30/24 S SELL 42437600	1.0000	0	863,917	863,917	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
	13,435 10/01/24 B BUY 42437605	1.0000	0	13,435	13,435	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
	588,553 10/11/24 S SELL 42437614	1.0000	0	588,553	588,553	0
	697,000 10/16/24 B BUY 42437617	1.0000	0	697,000	697,000	0
	711,299 10/25/24 B BUY 42437623	1.0000	0	711,299	711,299	0
	854,556 10/31/24 S SELL 42437635	1.0000	0	854,556	854,556	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
	13,881 11/01/24 B BUY 42437639	1.0000	0	13,881	13,881	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
	6 11/06/24 S SELL 42437644	1.0000	0	6	6	0
	28,082 11/07/24 S SELL 42437647	1.0000	0	28,082	28,082	0
	4,105 11/08/24 S SELL 42437649	1.0000	0	4,105	4,105	0
	32,325 11/15/24 S SELL 42437654	1.0000	0	32,325	32,325	0
	95,455 11/22/24 S SELL 42437657	1.0000	0	95,455	95,455	0

816,966	11/26/24	B BUY	42437662	1.0000	0	816,966	816,966	0
865,655	11/29/24	S SELL	42437676	1.0000	0	865,655	865,655	0
BROKER #DIVRE	DIVIDEND REINVESTMENT							
12,512	12/02/24	B BUY	42437681	1.0000	0	12,512	12,512	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTEM							

				BASED ON MARKET VALUE OF		130,761,994	5% VALUE OF	6,538,099	
IDENTITY OF PARTY INVOLVED				PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
				SELLING PRICE					
865	12/13/24	S	SELL	42437686	1.0000	0	865	865	0
958,719	12/26/24	B	BUY	42437714	1.0000	0	958,719	958,719	0
1,771	12/30/24	B	BUY	42437724	1.0000	0	1,771	1,771	0
856,182	12/31/24	S	SELL	42437730	1.0000	0	856,182	856,182	0

11,779,975		39	TOTAL BUYS			0	11,779,975	11,779,975	0
11,575,818		34	TOTAL SELLS			0	11,575,818	11,575,818	0

23,355,793			SECURITY TOTAL			0	23,355,793	23,355,793	0
84679P108 Spartan 500 Index Pool A									
BROKER #MFAS MANAGED FUNDS ALLOCATION SYSTM									
2,484	01/25/24	S	SELL	42437273	226.6900	0	306,388	563,182	256,794
4,757	02/23/24	S	SELL	42437309	236.0300	0	586,700	1,122,867	536,167
2,275	03/25/24	S	SELL	42437337	242.3500	0	280,594	551,401	270,806
1,311	04/25/24	S	SELL	42437375	234.6601	0	161,708	307,692	145,984
742	05/23/24	S	SELL	42437424	245.1899	0	91,502	181,920	90,417
3,352	06/25/24	S	SELL	42437459	254.8900	0	413,422	854,460	441,038
2,317	07/25/24	S	SELL	42437496	251.8300	0	285,804	583,607	297,803
2,704	08/23/24	B	BUY	42437539	263.1400	0	711,614	711,614	0
2,072	09/13/24	B	BUY	42437571	262.9800	0	544,940	544,940	0
680	09/25/24	S	SELL	42437589	267.5601	0	87,770	182,051	94,281
4,610	10/24/24	S	SELL	42437626	271.9100	0	594,726	1,253,623	658,897
4,908	11/25/24	S	SELL	42437665	280.5600	0	633,065	1,376,890	743,824
1,752	12/24/24	S	SELL	42437717	283.3401	0	226,051	496,522	270,472

4,776		2	TOTAL BUYS			0	1,256,554	1,256,554	0
29,188		11	TOTAL SELLS			0	3,667,730	7,474,215	3,806,483

33,964			SECURITY TOTAL			0	4,924,284	8,730,769	3,806,483

AS OF DECEMBER 31, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
NONINTEREST-BEARING CASH			

CASH CASH		26,849	26,849
	26,849.110		
TOTAL NONINTEREST-BEARING CASH		26,849	26,849
		-----	-----
		-----	-----
GENERAL INVESTMENTS			

INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)			

316175504 FIDELITY TREASURY PORTFOLIOINSTITUTION		3,239,100	3,239,100
	3,239,100.410		
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)		3,239,100	3,239,100
VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS			

31564M575 FIAM Long Corporate A or Better - Pool	244,131.920	5,840,344	6,003,204
30258W287 FIAM Long Duration CIT	1,004,098.760	23,999,028	23,997,960
31564P727 FIAM Small Company Pool	2,842.740	2,303,646	3,913,123
84679P108 Spartan 500 Index Pool A	105,780.240	13,645,195	29,194,289
TOTAL VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS		45,788,214	63,108,576
VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES			

024525677 AMERICAN BEACON AHL MANAGED FUTURES STRA	547,706.160	6,021,431	5,477,062

AS OF DECEMBER 31, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
256219106 DODGE & COX STOCK FUND CLASS I	SHARES	4,009,895	5,312,082
	20,655.110		
316138205 Fidelity Real Estate Investment Portfoli		4,192,258	3,941,352
	102,134.010		
367829884 GATEWAY Y		3,694,040	5,344,292
	115,502.300		
411511504 HARBOR CAPITAL APPRECIATION IN		3,879,599	5,279,762
	46,448.150		
413838723 OAKMARK INTERNATIONAL INSTITUTIONAL		18,489,609	18,982,230
	761,421.190		
72201F599 PIMCO:EXTEND DUR:INST		24,903,852	14,388,600
	1,131,179.270		
00770X675 PZENA EMERGING MARKETS VALUE INSTL		3,541,753	3,954,755
	332,891.830		
56166Y404 TORTOISE ENERGY INFRASTRUCTURE TR INS	CLASS INSTITUTIONAL	1,982,060	3,350,140
	174,214.220		
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		70,714,496	66,030,275
TOTAL GENERAL INVESTMENTS		119,741,810	132,377,951
		-----	-----
		-----	-----