

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (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

<p>1a Name of plan <u>CITGO PETROLEUM CORPORATION DEFINED CONTRIBUTION MASTER TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>008</u></p>
<p>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>CITGO PETROLEUM CORPORATION</u></p> <p><u>PO BOX 4689</u> <u>HOUSTON, TX 77210-4689</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>04-6814720</u></p> <p>2c Plan Sponsor's telephone number <u>832-486-4000</u></p> <p>2d Business code (see instructions)</p>

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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2025</u>	<u>JAMES R. SHOEMAKER</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFIT PLANS COMMITTEE C/O CITGO PETROLEUM CORPORATION PO BOX 4689 HOUSTON, TX 77210-4689	3b Administrator's EIN 73-1195676 3c Administrator's telephone number 832-486-4000																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d																					
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 CITGO PETROLEUM CORPORATION DEFINED CONTRIBUTION MASTER TRUST	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 CITGO PETROLEUM CORPORATION	D Employer Identification Number (EIN) 04-6814720	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FIIOC, INC.

04-2647786

(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 51 60	NONE	125821	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

JP MORGAN CHASE BANK N.A.

13-4994650

(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 51	NONE	23171	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)

PRUDENTIAL INSURANCE CO. OF AMERICA

22-1211670

(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 51	NONE	20362	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"/>

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)

NATIONWIDE LIFE INSURANCE COMPANY

31-4156830

(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 51	NONE	18773	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)

TRANSAMERICA PREMIER LIFE

52-0419790

(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 51	NONE	18722	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)

AMERICAN GENERAL LIFE INSURANCE CO.

25-0598210

(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 51	NONE	17143	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"/>

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)

METROPOLITAN LIFE INSURANCE CO.

13-5581829

(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 51	NONE	16638	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)

PACIFIC LIFE INSURANCE COMPANY

95-1079000

(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 51	NONE	16374	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)

MASSACHUSETTS MUTUAL

04-1590850

(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 51	NONE	15119	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"/>

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)

STATE STREET BANK AND TRUST

04-1867445

(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 51	NONE	10787	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"/>

(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> 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>CITGO PETROLEUM CORPORATION DEFINED CONTRIBUTION MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>008</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CITGO PETROLEUM CORPORATION</u>	D Employer Identification Number (EIN) <u>04-6814720</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>DIVERSIFIED INTERNATIONAL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-134</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>36500005</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LSV US LARGE CAP VALUE EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>90-6169542-001</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>46564203</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL/MIDCAP GROWTH TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>84-6391546-016</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>6663127</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PLUS BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-165</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>17210392</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN 500 INDEX POOL</u>		
b Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</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>269791451</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN GLOBAL EX US INDEX POOL</u>		
b Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</u>		
c EIN-PN <u>82-6293122-005</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>33190385</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN EXTENDED MARKET INDEX POOL</u>		
b Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</u>		
c EIN-PN <u>82-6293122-010</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>25418808</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT INCOME SL SF CL V		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-490	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10356518
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2020 SL SF CL V		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-491	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27459768
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2025 SL SF CL V		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-498	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48594866
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2030 SL SF CL V		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-492	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60855068
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2035 SL SF CL V		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-499	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54817387
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2040 SL SF CL V		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-493	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54972014
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2045 SL SF CL V		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59387463
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2050 SL SF CL V		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57131078
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2055 SL SF CL V		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32840109
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2060 SL SF CL V		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11596791

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2065 SL SF CL V

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 32-6528132-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4042086
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH CF-A

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

c EIN-PN 45-4173185-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 201433514
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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)
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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	EMPLOYEES' THRIFT PLAN OF CITGO PETROLEUM CORPORATION	
b Name of plan sponsor	CITGO PETROLEUM CORPORATION	c EIN-PN 73-1173881-001

a Plan name	CITGO PETROLEUM CORPORATION EMPLOYEES' RETIREMENT AND SAVINGS PLAN	
b Name of plan sponsor	CITGO PETROLEUM CORPORATION	c EIN-PN 73-1173881-003

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 CITGO PETROLEUM CORPORATION DEFINED CONTRIBUTION MASTER TRUST	B Three-digit plan number (PN) 008
C Plan sponsor's name as shown on line 2a of Form 5500 CITGO PETROLEUM CORPORATION	D Employer Identification Number (EIN) 04-6814720

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1287582	790503
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions		
(2) Participant contributions		
(3) Other	72355	372395
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	46951429	46324255
(2) U.S. Government securities	67286845	52684542
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other	48121383	41132624
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)		
(8) Participant loans		
(9) Value of interest in common/collective trusts	680301445	1058825033
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)	354844463	131906031
(14) Value of funds held in insurance company general account (unallocated contracts)		
(15) Other		

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	1198865502	1332035383
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	22618
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	600938	838
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	600938	23456
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1198264564	1332011927

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)	2371834	
(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)		2371834
(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)	2473194	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2473194
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		157731787
(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)		11259809
c Other income	2c		3964684
d Total income. Add all income amounts in column (b) and enter total	2d		177801308

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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	285148	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		285148
j Total expenses. Add all expense amounts in column (b) and enter total	2j		285148

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		177516160
l Transfers of assets:			
(1) To this plan	2l(1)		100964216
(2) From this plan	2l(2)		144733013

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 _____.

CITGO Petroleum Corporation Defined Contribution Master Trust

EIN: 04-6814720 Plan No. 008

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

December 31, 2024

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Descriptions of investment including maturity date, rate of interest, collateral , par or maturity value	Current Value
	Interest-bearing cash -		
*	Fidelity Management Trust Company	Fidelity Institutional Money Market Government Portfolio - Institutional Class	46,324,255
	Mutual Funds:		
	DFA US Targeted Value Portfolio	DFA US Targeted Value Portfolio	100,117,514
*	Fidelity Management Trust Company	Fidelity U. S. Bond Index Fund - Institutional Class	31,788,517
	Total mutual funds		131,906,031

* Denotes a party-in-interest

CITGO Petroleum Corporation Defined Contribution Master Trust

EIN: 04-6814720 Plan No. 008

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

December 31, 2024

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Descriptions of investment including maturity date, rate of interest, collateral , par or maturity value	Current Value
	Collective Investment Trusts:		
	State Street Global Advisors Trust Company	Target Retirement Income SL SF Class V	10,356,518
	State Street Global Advisors Trust Company	Target Retirement 2020 SL SF Class V	27,459,768
	State Street Global Advisors Trust Company	Target Retirement 2025 SL SF Class V	48,594,866
	State Street Global Advisors Trust Company	Target Retirement 2030 SL SF Class V	60,855,068
	State Street Global Advisors Trust Company	Target Retirement 2035 SL SF Class V	54,817,387
	State Street Global Advisors Trust Company	Target Retirement 2040 SL SF Class V	54,972,014
	State Street Global Advisors Trust Company	Target Retirement 2045 SL SF Class V	59,387,463
	State Street Global Advisors Trust Company	Target Retirement 2050 SL SF Class V	57,131,078
	State Street Global Advisors Trust Company	Target Retirement 2055 SL SF Class V	32,840,109
	State Street Global Advisors Trust Company	Target Retirement 2060 SL SF Class V	11,596,791
	State Street Global Advisors Trust Company	Target Retirement 2065 SL SF Class V	4,042,086
	Prudential Trust Company	Core Plus Bond Fund	17,210,391
	JPMorgan Chase Bank, N.A.	Commingled Pension Trust Fund Large Cap Growth - Class A	201,433,514
	Loomis Sayles	Loomis Sayles Small/Mid Cap Growth Class C	6,663,127
	Reliance Trust	LSV U.S. Large Cap Value Equity Fund	46,564,203
*	Fidelity Management Trust Company	Diversified International	36,500,004
	Geode Capital Management Trust	Spartan Global ex US Index Pool Class C	33,190,386
	Geode Capital Management Trust	Spartan Extended Market Index Pool Class C	25,418,809
*	Geode Capital Management Trust	Spartan 500 Index PL Class C	269,791,451
	Total collective investment trust		1,058,825,033

* Denotes a party-in-interest

CITGO Petroleum Corporation Defined Contribution Master Trust

EIN: 04-6814720 Plan No. 008

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

December 31, 2024

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Descriptions of investment including maturity date, rate of interest, collateral , par or maturity value	Current Value
	Fixed Income Funds:		
	Corporate Debt:		
	COREBRIDGE GLOBAL FUNDING	4.65% 08/20/2027 144A	89,670
	AIR LEASE CORP	2.2% 01/15/2027	132,899
	ALLY AUTO RECEIVABLES TRUST	2024-1 5.08% 12/15/202	52,367
	AMERICAN EXPRESS CO	2.55% 03/04/2027	260,404
	AMERICAN EXPRESS CO	5.11%/VAR 02/16/2028	352,019
	AMERICAN EXPRESS CR ACC MST TR	4.87% 05/15/2028	181,954
	AMERICAN EXPRESS CR ACC MST TR	5.23% 09/15/2028	351,416
	AMERICAN EXPRESS CR ACC MST TR	5.23% 04/15/2029	304,558
	AMGEN INC	5.15% 03/02/2028	77,560
	AMPHENOL CORPORATION NEW	5.05% 04/05/2027	48,417
	AMPHENOL CORPORATION NEW	5.05% 04/05/2029	69,410
	ATHENE GLOBAL FUNDING	1.73% 10/02/2026 144A	351,385
	ATHENE GLOBAL FUNDING	5.339% 01/15/2027 144A	191,159
	ATHENE GLOBAL FUNDING	5.684% 02/23/2026 144A	302,445
	ATHENE GLOBAL FUNDING	5.516% 03/25/2027 144A	222,547
	BA CR CARD TR	4.79% 05/15/2028	131,573
	BA CR CARD TR	4.98% 11/15/2028	168,608
	BAT INTL FINANCE PLC	1.668% 03/25/2026	432,921
	BPCE SA	2.045%/VAR 10/19/2027 144A	293,286
	BMW VECHILE OWNER TRUST	2023-A 5.47% 02/25/2028	47,432
	BX COMMERCIAL MORTGAGE TRUST	2021-PAC TSFR1M+80.35	175,120
	BX TR	2021-ACNT TSFR1M+96.448 11/15/2026 144A	148,786

* Denotes a party-in-interest

CITGO Petroleum Corporation Defined Contribution Master Trust

EIN: 04-6814720 Plan No. 008

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

December 31, 2024

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Descriptions of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	BX COMMERCIAL MORTGAGE TRUST	22-LP2 A TSFR1M+96.27	155,940
	BANCO SANTANDER SA	1.722%/VAR 09/14/2027	189,070
	BANK OF AMERICA CORPORATION	1.319%/VAR 06/19/2026	324,612
	BANK OF AMERICA CORPORATION	1.734%/VAR 07/22/2027	256,445
	BANK OF AMERICA CORPORATION	2.551%/VAR 02/04/2028	357,546
	BANK OF AMERICA CORPORATION	4.948%/VAR 07/22/2028	501,052
	BANK OF AMERICA CORPORATION	5.933%/VAR 09/15/2027	305,361
	BANK OF NOVA SCOTIA	5.4% 06/04/2027	213,303
	BANK OF NOVA SCOTIA	5.35% 12/07/2026	354,491
	BANQUE FED CRED MUTUEL PARIS	5.194% 02/16/2028 144	200,925
	BARCLAYS PLC	2.852%/VAR 05/07/2026	268,912
	BARCLAYS PLC	2.279%/VAR 11/24/2027	380,469
	BARCLAYS PLC	5.304%/VAR 08/09/2026	200,377
	BENCHMARK MTG TR	2018-B2 A2 3.6623% 02/15/2051	5,412
	BENCHMARK MORTGAGE TRUST	2018-B7 A2 4.377% 05/15/2	155,347
	BENCHMARK MTG TR	2018-B8 A2 4.149% 01/15/2052	57,095
	BNP PARIBAS	1.323%/VAR 01/13/2027 144A	311,895
	BOFA AUTO TR	2024-1A A3 5.35% 11/15/2028 144A	19,234
	BX COML MTG TR	2024-GPA3 A TSFR1M+149.25 12/15/202	25,008
	CA ST	2.40% 10/1/2025	251,300
	CAPITAL ONE FINANCIAL CORP	1.878%/VAR 11/02/2027	377,970
	CAPITAL ONE FINANCIAL CORP	4.985%/VAR 07/24/2026	134,894
	CAPITAL ONE PRIME AUTO RECEIVABLES TR	2024-1 4.62%	190,216
	CAPITAL ONE PRIME AUTO RECEIVABLES TRUST	2023-2 5.	278,895

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(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Descriptions of investment including maturity date, rate of interest, collateral , par or maturity value	Current Value
	CARMAX AUTO OWNER TR	2023-2 5.05% 01/18/2028	344,545
	CARMAX AUTO OWNER TRUST	2024-1 4.92% 10/16/2028	129,703
	CARMAX AUTO OWNER TR	2023-4 6% 07/17/2028	55,987
	CARMX	2023-3 A3 5.28% 05/15/2028	219,843
	CARMAX AUTO OWNER TR	2024-2 5.5% 01/16/2029	37,590
	CHASE AUTO OWNER TRUST	2024-1 5.13% 05/25/2029 144	50,379
	CHASE AUTO OWNER TRUST	5.22% 07/25/2029 144A	188,987
	CHASE ISSUANCE TR	3.97% 09/15/2027	366,832
	CHASE ISSUANCE TR	5.16% 09/15/2028	410,755
	CHASE ISSUANCE TR	5.08% 09/15/2030	374,008
	CITIGROUP INC	3.07%/VAR 02/24/2028	288,564
	CITIBANK CR CARD ISSUANCE TR	5.23% 12/08/2027	129,837
	CITIGROUP COML MTG TR	2016-GC36 AAB 3.368% 02/10/2	30,731
	CITIBANK NA	5.803% 09/29/2028	309,366
	CITIZENS AUTO RECEIVABLES TRUST	2024-1 5.11% 04/17	130,871
	CITIZENS AUTO RECEIVABLES TRUST	2024-2 5.33% 08/15	60,651
	UBS GROUP AG	1.305%/VAR 02/02/2027 144A	336,324
	UBS GROUP AG	6.373%/VAR 07/15/2026 144A	402,838
	DLLAA	2023-1A 5.64% 02/22/2028 144A	25,374
	DNB BANK ASA	1.535%/VAR 05/25/2027 144A	176,590
	DTE ENERGY CO	4.95% 07/01/2027	82,308
	DLLAD	2024-1 LLC 5.3% 07/20/2029 144A	16,211
	DLLMT	2024-1 LLC 4.84% 08/21/2028 144A	91,223
	DAIMLER TRUCKS RETAIL TRUST	2024-1 5.49% 12/15/202	175,191

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	DELL EQUIPMENT FINANCE TRUST	2023-3 5.93% 04/23/20	141,837
	DELL EQUIPMENT FINANCE TRUST	24-1 5.39% 03/22/2030	101,111
	DELL EQUIP FIN TR	2023-2 5.65% 01/22/2029 144A	104,624
	DNB BANK ASA	1.605%/VAR 03/30/2028 144A	343,837
	DUKE ENERGY CORP NEW	4.3% 03/15/2028	226,405
	ELP COMMERCIAL MORTGAGE TRUST	2021-ELP TSFR1M+81.5	238,573
	ENBRIDGE INC	5.9% 11/15/2026	123,361
	ENBRIDGE INC	5.25% 04/05/2027	137,618
	ENBRIDGE INC	5.3% 04/05/2029	114,149
	EQUINOR ASA	1.75% 01/22/2026	64,076
	EQUITABLE FINANCIAL LIFE GLOBAL FUNDING	1.7% 11/12	228,763
	EXELON CORP	2.75% 03/15/2027	27,769
	EXELON CORP	5.15% 03/15/2029	62,313
	META PLATFORMS INC	4.55% 08/15/2031	295,189
	FORD CREDIT AUTO OWNER TRUST	2023-B 5.23% 05/15/20	201,736
	FORD CR FLOORPLN MAST OWN TR A	4.92% 05/15/2028 14	220,043
	FORD CR FLOORPLN MAST OWN TR A	5.29% 04/15/2029 14	247,317
	FORD CREDIT AUTO LEASE TRUST	2023-B 5.91% 10/15/20	291,627
	FORD CREDIT AUTO OWNER TRUST	2024-D 4.84% 08/15/20	105,063
	GMF FLOORPLAN OWNER REVOLVING TR	5.34% 06/15/2028	298,315
	GMF FLOORPLAN OWNER REVOLVING TR	5.13% 03/15/2029	302,966
	GMF FLOORPLAN OWNER REVOLVING TR	4.73% 11/15/2029	100,047
	GS MTG SECS TR	2015-GC32 AAB 3.513% 07/10/2048	8,271
	GM FINANCIAL AUTOMOBILE LEASING TRUST	23-2 5.05% 0	202,374

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	GM FINL CONSUMER AUTOMOBILE RECEIVABLES TR	2023-2	87,997
	GM FINL CONSUMER AUTOMOBILE RECEIVABLES TR	2023-3	54,583
	GEORGIA POWER CO	4.65% 05/16/2028	185,216
	GM FINANCIAL LEASING TRUST	2023-3 5.38% 11/20/2026	26,136
	GM FINANCIAL SECURITIZED TERM AUTO RECEIVABLES TR		228,803
	GOLDMAN SACHS GROUP INC (THE)	2.64%/VAR 02/24/2028	286,128
	GOLDMAN SACHS GROUP INC (THE)	4.482%/VAR 08/23/202	296,528
	GUARDIAN LIFE GLOBAL FUNDING	1.4% 07/06/2027 144A	391,845
	HSBC HOLDINGS PLC	5.21%/VAR 08/11/2028	222,917
	HEALTHCARE REALTY HOLDINGS LP	3.5% 08/01/2026	36,159
	HAROT	2023-4 5.67% 06/21/2028	206,222
	HUNTINGTON AUTO TR	2024-1 5.23% 01/16/2029 144A	323,266
	HUNTINGTON BANCSHARES INC/OH	4.443%/VAR 08/04/2028	176,177
	HYUNDAI CAP AMER	4.3% 09/24/2027 144A	255,755
	HYUNDAI AUTO RECEIVABLES TR	2024-A 4.99% 02/15/202	54,398
	HYUNDAI AUTO RECEIVABLES TRUST	2023-C 5.54% 10/16/	169,456
	HYUNDAI AUTO RECEIVABLES TRUST	2023-B 5.48% 04/17/	54,590
	HYUNDAI AUTO LEASE SECURITIZATION TRUST	2024-B 5.4	101,166
	ING GROEP NV	1.726%/VAR 04/01/2027	192,240
	ING GROEP NV	5.335%/VAR 03/19/2030	200,797
	INGERSOLL RAND INC	5.197% 06/15/2027	222,540
	INGERSOLL RAND INC	5.176% 06/15/2029	201,976
	JPMBB COML MTG SECUTITIES TR	2015-C29 A4 3.6108% 0	128,392
	JPMCC COML MTG SECS TR	2016-JP4 A2 2.984% 12/15/20	17,347

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	JPMORGAN CHASE & CO	2.083%/VAR 04/22/2026	396,564
	JPMORGAN CHASE & CO	1.045%/VAR 11/19/2026	358,141
	JPMORGAN CHASE & CO	1.47%/VAR 09/22/2027	378,384
	JPMORGAN CHASE & CO	2.947%/VAR 02/24/2028	288,581
	JPMORGAN CHASE & CO	4.851%/VAR 07/25/2028	299,902
	JPMORGAN CHASE & CO	5.7%/VAR 04/22/2028	187,125
	JACKSON NATL LIFE GLOBAL FDG	4.6% 10/01/2029 144A	192,509
	KEYCORP SOFRINDX+	125 05/23/2025	124,111
	LIFE FINANCIAL SERVICES TRUST	2022 TSFR1M+129.524	254,150
	LLOYDS BANKING GROUP PLC	4.375% 03/22/2028	195,344
	LLOYDS BANKING GROUP PLC	5.985%/VAR 08/07/2027	202,975
	MASSMUTUAL GLOBAL FDG II	5.1% 04/09/2027 144A	273,167
	MASSMUTUAL GLOBAL FDG II	4.85% 01/17/2029 144A	300,142
	MERCEDES-BENZ AUTO RECEIVABLES TR	2023-2 5.95% 11/	132,397
	MERCEDES-BENZ FINANCE NORTH AMERICA LLC	4.8% 08/01	246,394
	MERCEDES-BENZ AUTO LEASE TRUST	2024-A 5.32% 01/18/	55,651
	MET TOWER GLOBAL FUNDING	4% 10/01/2027 144A	147,471
	MITSUBISHI UFJ FIN GRP INC	1.64%/VAR 10/13/2027	378,385
	MITSUBISHI UFJ FIN GRP INC	5.541%/VAR 04/17/2026	200,298
	MIZUHO FINL GROUP INC	2.651%/VAR 05/22/2026	305,377
	MORGAN STANLEY BK NA SALT LAKE	4.968%/VAR 07/14/20	250,812
	MORGAN STANLEY	2.188%/VAR 04/28/2026	324,084
	MORGAN STANLEY	4.679%/VAR 07/17/2026	231,752
	MORGAN STANLEY	5.173%/VAR 01/16/2030	300,428

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	MSBAM	2016-C28 3.272% 01/15/49	74,957
	NATIONAL BANK OF CANADA	4.5% 10/10/2029	243,150
	NATWEST GROUP PLC	1.642%/VAR 06/14/2027	251,907
	NATWEST MARKETS PLC	5.416% 05/17/2027 144A	263,531
	NISSAN MASTER OWNER TR RECEIVABLE	5.05% 02/15/2029	100,643
	NISSAN AUTO RECEIVABLES	2023-B OWNER TR 5.93% 03/1	156,467
	NORTHWESTERN MUTUAL GLOBAL FUNDING	5.07% 03/25/202	302,575
	OREILLY AUTOMOTIVE INC	5.75% 11/20/2026	87,488
	OPG TR	2021-PORT TSFR1M+59.848 8 10/15/2036 144A	224,132
	ONEOK INC	4.25% 09/24/2027	25,622
	ONEOK INC	4.4% 10/15/2029	26,177
	PNC FINANCIAL SERVICES GRP INC	5.354%/VAR 12/02/20	223,122
	PACIFIC LIFE GF II	4.5% 08/28/2029 144A	296,004
	PORSCHE FINL AUTO SECURITIZATION TR	2023 5.79% 01/	123,037
	PRICOA GLOBAL FDG I	4.4% 08/27/2027 144A	299,027
	COOPERATIEVE RABOBANK UA	1.98%/VAR 12/15/2027 144A	307,781
	RTX CORP	5.75% 11/08/2026	132,315
	RTX CORP	5.75% 01/15/2029	62,972
	RGA GLOBAL FUNDING	2% 11/30/2026 144A	138,875
	RGA GLOBAL FUNDING	5.448% 05/24/2029 144A	159,134
	ROCHE HLDGS INC	4.79% 03/08/2029 144A	400,454
	ROPER TECHNOLOGIES INC	4.5% 10/15/2029	87,394
	SFS AUTO RECEIVABLES SECURITIZATION TR	2024-2 5.33	28,275
	SFS AUTO RECEIVABLES SECURITIZATION TR	2024-1 4.95	99,374

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	SBNA AUTO LEASE TRUST	2024-B 5.56% 11/22/2027 144A	49,609
	SREIT TR	2021-MFP TSFR1M+84.528 08 11/15/2038 144A	153,910
	SAMMONS FINANCIAL GROUP GLOBAL FUNDING	5.1% 12/10/	180,658
	SANTANDER HLDGS USA INC	6.124%/VAR 05/31/2027	89,286
	7 ELEVEN INC	0.95% 02/10/2026 144A	119,547
	7 ELEVEN INC	1.3% 02/10/2028 144A	138,463
	SOCIETE GENERALE FRANCE	1.488%/VAR 12/14/2026 144A	330,050
	SOCIETE GENERALE FRANCE	1.792%/VAR 06/09/2027 144A	253,144
	SOCIETE GENERALE FRANCE	2.797%/VAR 01/19/2028 144A	380,304
	SOUTHERN COMPANY	5.5% 03/15/2029	158,142
	STATE STREET CORP	2.901%/VAR 03/30/2026	18,905
	STATE STREET CORP	4.53%/VAR 02/20/2029	147,291
	SUMITOMO MITSUI FINL GRP INC	1.402% 09/17/2026	378,234
	TAUBMAN CENTERS COMMERCIAL MORTGAGE TRUST	24-DPM A	99,937
	TESLA	2024-A A3 5.3% 06/21/2027 144A	120,698
	TESLA ELEC VEH TR	2023-1 5.38% 06/20/2028 144A	134,312
	TORONTO DOMINION BANK	2.8% 03/10/2027	309,822
	TOYOTA MOTOR CREDIT CORP	4.55% 08/09/2029	33,584
	TOYOTA AUTO RECEIVABLES	2023-D OWNER TR 5.54% 08/1	167,419
	TRUIST FINANCIAL CORP	4.26%/VAR 07/28/2026	398,445
	USAA AUTO OWNER TRUST	2023-A 5.58% 05/15/2028 144A	295,788
	US BANCORP DEL	5.727%/VAR 10/21/2026	352,354
	VERIZON MASTER TRUST	4.62% 11/20/2030	249,735
	VIRGINIA ELECTRIC AND POWER CO	3.75% 05/15/2027	324,156

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	VOLKSWAGEN GROUP AMER FIN LLC	4.35% 06/08/2027 144	195,944
	VOLKSWAGEN AUTO LEASE TRUST	2023-A 5.81% 10/20/202	303,549
	VOLKSWAGEN AUTO LOAN ENHANCED TRUST	2023-1 5.02% 0	149,859
	VOLKSWAGEN AUTO LOAN ENHANCED TRUST	2023-2 5.48% 1	196,141
	VOLKSWAGEN AUTO LOAN ENHANCED TRUST	2024-1 4.63% 0	260,517
	WELLS FARGO CARD ISSUANCE TRUST	4.94% 02/15/2029	282,641
	WFCM	2016-C34 A2 2.603% 06/49	18,464
	WELLS FARGO & CO NEW	2.188%/VAR 04/30/2026	333,949
	WELLS FARGO & CO NEW	3.526%/VAR 03/24/2028	188,166
	WELLS FARGO & CO NEW	4.808%/VAR 07/25/2028	298,936
	WELLS FARGO & CO NEW	5.67%/VAR 04/22/2028	355,757
	WILLIAMS COS INC	4.8% 11/15/2029	130,230
	WORLD OMNI AUTO RECEIVABLES TR	2023-D 5.79% 02/15/	188,246
	WORLD OMNI AUTO RECEIVABLES TRUST	2023-C 5.15% 11/	31,221
	WORLD OMNI AUTO RECEIVABLES TR	2024-B 5.27% 09/17/	130,623
	WORLD OMNI AUTO RECEIVABLES TR	2024-A 4.86% 03/15/	281,241
	WORLD OMNI AUTOMOBILE LEASE SECURITIZATION TR	2024	120,359
	Total corporate debt		41,132,624
	U.S. Government Security:		
	FHLG	15YR 2.5% 12/01/2031#SB0093	8,117
	FHLG	15YR 3% 02/01/2034#SB0179	5,138
	FHLG	15YR 3% 03/01/2033#SB0181	97,392
	FHLG	5.50% 5/34 #Z40042	77,947

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	FHLG	20YR 3% 11/01/2033#G30872	20,395
	FHLG	20YR 3.5% 07/01/2032#G31067	140,276
	FHR	2365 C 6 9/31	137,424
	FNR	2013-16 GP 3% 1/1/33	235,879
	FEDERAL NAT MTG ASN GTD REM PA	1.85% 05/25/2033	58,311
	FNR	2015-49 LE 3% 07/45	95,492
	FEDERAL NAT MTG ASN GTD REM PA	3.0% 04/25/2044	40,054
	FEDERAL NAT MTG ASN GTD REM PA	2.5% 05/25/2045	6,410
	FNR	2015-42 LE 3.0% 06/25/45	13,710
	FNR	2015-54 GA 2.5% 07/25/2045	73,663
	FNR	2016-26 CG 3% 05/46	68,894
	FNR	2016-19 AH 3% 04/46	37,563
	FNR	2016-37 BK 3% 06/25/46	151,212
	FNR	2016-34 GH 3% 06/46	84,043
	FEDERAL NATL MTG AS GTD RE PTT	2016-105 PA 3.5% 04	47,839
	FNR	2017-20 AP 3.5% 03/25/2045	185,137
	FEDERAL NAT MTG ASN GTD REM PA	2017-11 HA 3.5% 12/	70,312
	FEDERAL NAT MTG ASN GTD REM	2017-97 P 3% 01/25/204	198,167
	FEDERAL NAT MTG ASN GTD REM PA	2018-3 LP 3% 02/25/	171,209
	FNR	2018-16 NB 3.25% 12/25/2044	53,495
	FEDERAL NATL MTG AS GTD RE PTT	2018-11 LA 3.5% 07/	131,975
	FEDERAL NAT MTG ASN GTD REM PA	3.5% 02/25/2046	112,118
	FNMA GTD MTG PASS THRU CTF	3.5% 10/25/2044	122,142
	FEDERAL NAT MTG ASN GTD REM PA	3% 03/25/2048	187,850

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	FEDERAL NAT MTG ASN GTD REM PA	2019-14 DA 4% 03/25	7,817
	FEDERAL NAT MTG ASN GTD REM PA	4% 11/25/2048	73,135
	FEDERAL NAT MTG ASN GTD REM PA	2019-38 AB 3% 07/25	58,618
	FEDERAL NAT MTG ASN GTD REM PA	2.5% 10/25/2039	83,907
	FEDERAL NAT MTG ASN GTD REM PA	2% 06/25/2035	258,090
	FNMA	5.50% 11/34 #310105	58,681
	FEDERAL HOME LN MTG MLT CTF GT	3.0% 05/15/2045	70,245
	FREDDIE MAC REMICS	2018-4766 MA 3.5% 02/15/2046	154,798
	FEDERAL HOME LN MTGE CORP	4765 QA 3% 02/15/2046	82,152
	FEDERAL HOME LN MTG MLT CTF GT	4847 CA 3.5% 11/15/	171,224
	FEDERAL HOME LN MTG MLT CTF GT	4% 07/15/2047	41,338
	FEDERAL HOME LN MTG MLT CTF GT	2019-4872 AB 4% 08/	62,244
	FEDERAL HOME LN MTG MLT CTF GT	3% 07/25/2039	125,374
	FREDDIE MAC REMICS	3% 10/25/2048	133,049
	FNMA	6.50% 7/32 #545759	41,259
	FNMA	6.50% 7/32 #545762	83,847
	FNMA	20YR 2.5% 01/01/2033#AL2982	85,381
	FNMA	20YR 2.5% 01/01/2033#AL2974	119,789
	FNMA	20YR 2.5% 01/01/2033#AL2975	124,335
	FNMA	20YR 2.5% 01/01/2033#AL2976	2,317
	FNMA	15YR 4.5% 11/01/2025#AL8242	1,931
	FNMA	15YR 2.5% 10/01/2031#AS8010	20,505
	FEDERAL NAT MTG ASN GTD REM	2011-26 PA 4.5% 04/25/	25,170
	FNMA	6.50% 12/32 #735415	31,495

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	FNMA	6.50% 7/35 #745092	17,806
	FNMA	15YR 3% 02/01/2033#BM5108	154
	FNMA	15YR 3% 12/01/2032#BM5109	60,529
	FNMA	20YR 4.5% 03/01/2039#FM1774	36,293
	FNMA	20YR 4.5% 06/01/2039#FM1045	1,955
	FNMA	20YR 4.5% 08/01/2039#FM1353	2,149
	FNMA	15YR 4% 03/01/2034#FM2867	300,433
	FNMA	15YR 4% 02/01/2034#FM3001	327,460
	FNMA	15YR 2% 02/01/2028#FS3865	17,948
	FNMA	15YR 2.5% 01/01/2028#FS3867	9,169
	FNMA	15YR 2.5% 01/01/2029#	25,202
	FNMA	6.50% 8/36 #888034	359,546
	FNMA	6.50% 8/36 #888544	161,733
	FNMA	20YR 3.00% 11/32 #MA1237	24,321
	FNMA	6.50% 12/35 #AD0723	28,008
	FNMA	6.50% 8/36 #AE0746	56,444
	FNMA	6.50% 7/35 #745092	1,981
	FNMA	15YR 3% 02/01/2033#BM5108	4,255
	FNMA	15YR 3% 12/01/2032#BM5109	238,204
	FNMA	15YR 3.5% 02/01/2035#FM0065	7,488
	FNMA	20YR 4.5% 03/01/2039#FM1774	4,079
	UST NOTES	4.125% 10/31/2027	1,545,976
	UST NOTES	3.5% 04/30/2028	2,974,672
	UST NOTES	4.125% 07/31/2028	3,590,747

* Denotes a party-in-interest

CITGO Petroleum Corporation Defined Contribution Master Trust

EIN: 04-6814720 Plan No. 008

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

December 31, 2024

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Descriptions of investment including maturity date, rate of interest, collateral , par or maturity value	Current Value
	UST NOTES	4.625% 09/30/2028	5,636,617
	UST NOTES	3.75% 12/31/2028	1,732,221
	UST NOTES	4.25% 02/28/2029	12,987,112
	UST NOTES	4.5% 05/15/2027	1,884,138
	UST NOTES	4% 07/31/2029	1,987,230
	UST NOTES	3.625% 08/31/2029	3,268,133
	UST NOTES	3.875% 10/15/2027	8,856,427
	UST NOTES	4.125% 10/31/2029	1,987,247
	Total U.S. Government Securities		\$ 52,684,542
		Total fixed income	\$ 93,817,166
		Total investments	\$ 1,330,872,485

* Denotes a party-in-interest