

<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: 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>▶ 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; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">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>WESTLAKE MASTER DEFINED BENEFIT TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>007</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>WESTLAKE MANAGEMENT SERVICES, INC.</u></p> <p><u>2801 POST OAK BLVD</u> <u>SUITE 600</u> <u>HOUSTON, TX 77056</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>76-0321065</u></p> <p>2c Plan Sponsor's telephone number <u>713-960-9111</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	Filed with authorized/valid electronic signature.	10/14/2025	RENEE GULIHUR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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) 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 WESTLAKE MASTER DEFINED BENEFIT TRUST	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 WESTLAKE MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 76-0321065	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

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

CAPITAL RESEARCH & MANAGEMENT CO

95-1411037

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

DELAWARE MANAGEMENT COMPANY

23-2859589

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

FIRST PACIFIC ADVISORS, LLC

20-1362771

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

HARBOR CAPITAL ADVISORS, INC.

34-1953397

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

METROPOLITAN WEST ASSET MANAGEMENT

95-3703295

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

PIMCO

33-0629048

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

DODGE & COX

94-1441976

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

NORTHERN TRUST CORPORATION

36-2723087

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

HARBOR FUNDS DISTRIBUTORS, INC

34-1953393

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

HARBOR SERVICES GROUP, INC

34-1953399

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

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

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

(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"/>

(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>WESTLAKE MASTER DEFINED BENEFIT TRUST</u>	B Three-digit plan number (PN)	<u>007</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WESTLAKE MANAGEMENT SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>76-0321065</u>	

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>WTC-CIF QUALITY VALUE PORTFOLIO SER</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST CO., NA</u>		
c EIN-PN <u>04-6913417-101</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>31286026</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLTV GOVT STIF REGISTERED</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-068</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>13090502</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COL MSCI EX-US INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-103</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>19497348</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WA TOTAL RETURN BOND LLC FD</u>		
b Name of sponsor of entity listed in (a): <u>WESTERN ASSET MANAGEMENT CO.</u>		
c EIN-PN <u>20-1226970-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL RUSSELL 2000 IND FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-096</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>9342888</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL S&P500 INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-003</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>55391028</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK INTR GOV BOND INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO, NA</u>		
c EIN-PN <u>94-3118548-001</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>5851727</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LON DUR CORP CR SCR FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO, NA

c EIN-PN 27-4520291-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41984785
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LT GOV BOND INDEX FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO, NA

c EIN-PN 94-3118547-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133595587
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a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOR COLLECTIVE INVT TR CAP

b Name of sponsor of entity listed in (a): HARBOR CAPITAL ADVISORS, INC

c EIN-PN 34-1953397-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25549363
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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)
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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	WESTLAKE DEFINED BENEFIT PLAN	
b Name of plan sponsor	WESTLAKE MANAGEMENT SERVICES, INC.	c EIN-PN 76-0321065-001

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 WESTLAKE MASTER DEFINED BENEFIT TRUST	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 WESTLAKE MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 76-0321065

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	273840	182593
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	270347213	335589255
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	156208390	81591593
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	426829443	417363441
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	230706	85459
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	230706	85459
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	426598737	417277982

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)	-2510	
(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)		-2510
(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)	3807464	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1143	
(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)	13954694
(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)	13689761
c Other income	2c	4
d Total income. Add all income amounts in column (b) and enter total.....	2d	31450556

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)	
(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)	0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	31450556
l Transfers of assets:		
(1) To this plan.....	2l(1)	368927
(2) From this plan	2l(2)	41140238

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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 _____.

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

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Account Name
GEORGIA GULF RETIREMENT PLAN

Account Number
GGULF

Questions?
If you have any questions about this report, call your
Northern Trust account administrator.

*You may have the right under applicable federal banking
law to receive, at no additional cost, separate
notifications of securities transactions effected for your account.
If you wish to receive separate notifications, please
contact your relationship officer.*

*No Data Available

Northern Trust

- Dol

Generated by Northern Trust from periodic data on 26 Feb 25

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account number GGULF
Account Name GEORGIA GULF RETIREMENT PLAN

◆ Notifications

Please note that this report has been created using the best available data. This report may also contain information provided by third parties, derived by third parties or derived from third party data and/or data that may have been categorized or otherwise reported based upon client direction - Northern Trust assumes no responsibility for the accuracy, timeliness or completeness of any such information. If you have questions regarding third party data or direction as it relates to this report, please contact your Northern Trust relationship team.

The term "Tax Credit" refers to local market terminology for the taxation associated with an income event. It makes no representation or warranty relating to the ability of the recipient to utilise the value as a "credit", "offset" or other benefit for their own tax purposes. Investors should seek their own tax advice relating to the specific tax considerations of investments in such markets. The Tax Credit is informational only data in the context of this report.

Please note where a client may be eligible to reclaim taxes, these are calculated and accrued for as a tax recoverable on ex date. The net amount may include the accrual of withholding taxes, tax credits or both.

◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
Receivable Income - USD						
Income	0.000	0.000000	182,592.66	182,592.66	0.00	0.00
Total - all currencies			182,592.66	182,592.66	0.00	0.00
Total Receivable Income - USD			182,592.66	182,592.66	0.00	0.00

Value of Interest in Common/Collective Trusts**International Region - USD**

MFB NT COLLECTIVE MSCI ACWI EX-US INDEX FUND-NON LENDING C003999323	86,369.670	225.743000	19,497,348.41	18,465,317.23	0.00	1,032,031.18
Total International Region - USD			19,497,348.41	18,465,317.23	0.00	1,032,031.18

United States - USD

CF BLACKROCK INTERMEDIATE GOVERNMENT BOND INDEX FUND C205991FH0	125,285.050	46.707308	5,851,727.42	5,740,393.41	0.00	111,334.01
CF BLACKROCK LONG DURATION CORP CR SCREENED FD C336992052	2,297,182.160	18.276646	41,984,785.14	42,429,922.41	0.00	-445,137.27
CF BLACKROCK LONG TERM GOVERNMENT BOND INDEX FUND C173996T58	1,778,115.180	75.133258	133,595,586.57	139,360,196.88	0.00	-5,764,610.31
CF WTC-CIF QUALITY VALUE PORTFOLIO SER 1FUND C586992968	1,133,141.120	27.610000	31,286,026.32	29,078,829.17	0.00	2,207,197.15
MFB NT COLLECTIVE RUSSELL 2000 INDEX FUND - NON LENDING C003999315	151,675.190	61.598000	9,342,888.35	8,376,565.72	0.00	966,322.63
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING C658991310	2,443.610	22,667.704000	55,391,028.17	44,309,936.13	0.00	11,081,092.04
NT COLLECTIVE GOVT SHORT TERM INVT FD C66586U445	13,090,501.900	1.000000	13,090,501.90	13,090,500.16	0.00	1.74
Total United States - USD			290,542,543.87	282,386,343.88	0.00	8,156,199.99
Total Value of Interest in Common/Collective Trusts			310,039,892.28	300,851,661.11	0.00	9,188,231.17

Value of Interest in Registered Investment Companies**International Region - USD**

MFO AMERICAN EUROPACIFIC GRTH-R6 C298706821	353,666.630	53.720000	18,998,971.36	19,363,001.87	0.00	-364,030.51
MFO DODGE & COX INTL STK FD C256206103	433,576.310	49.900000	21,635,457.87	21,320,830.72	0.00	314,627.15
Total International Region - USD			40,634,429.23	40,683,832.59	0.00	-49,403.36

◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Value of Interest in Registered Investment Companies</i>						
United States - USD						
MFO FPA FDS TR FPA CRESCENT PORTFOLIO INSTL CL SHS C30254T759	764,309.430	40.200000	30,725,239.09	30,423,240.50	0.00	301,998.59
MFO HARBOR COLLECTIVE INVT TR CAP APPRECIATION CIT CL R C41150L691	1,432,139.170	17.840000	25,549,362.79	23,386,832.58	0.00	2,162,530.21
MFO METROPOLITAN WEST FDS UNCONSTRAINED BD FD CL I SHS C592905749	0.000	10.270000	0.00	0.00	0.00	0.00
MFO PIMCO FUNDS STOCKSPUS SMALL INSTL C72201F797	1,293,543.000	7.910000	10,231,925.13	9,517,613.70	0.00	714,311.43
Total United States - USD			66,506,527.01	63,327,686.78	0.00	3,178,840.23
Total Value of Interest in Registered Investment Companies			107,140,956.24	104,011,519.37	0.00	3,129,436.87

Other Liabilities

Pending trade purchases: United States dollar	0.000	0.000000	-85,458.59	-85,458.59	0.00	0.00
Total - all currencies			-85,458.59	-85,458.59	0.00	0.00
Total Other Liabilities			-85,458.59	-85,458.59	0.00	0.00
Total			417,277,982.59	404,960,314.55	0.00	12,317,668.04

◆ Schedule of Realized Gains & Losses

Security Description / Asset ID	Shares/Par Value	Proceeds	ERISA Cost	Current Value Gain/Loss
Corporate Stock - Common				
United States - USD				
#REORG/WILMINGTON STK MERGER M & T BK CORP COM 2519316 E CUSIP: 971807102	0.00	92.29	0.00	92.29
BANK OF AMERICA CORP CUSIP: 060505104	0.00	680.28	0.00	680.28
COGNIZANT TECH SOLUTIONS CORP CL A CUSIP: 192446102	0.00	219.32	0.00	219.32
ORACLE CORP COM CUSIP: 68389X105	0.00	145.74	0.00	145.74
U.S CL ACTIONS (DELISTED/VAR CUSIPS) CUSIP: 181994104	0.00	5.37	0.00	5.37
Total United States - USD		1,143.00	0.00	1,143.00
Total Corporate Stock - Common		1,143.00	0.00	1,143.00
Value of Interest in Common/Collective Trusts				
International Region - USD				
MFB NT COLLECTIVE MSCI ACWI EX-US INDEX FUND-NON LENDING CUSIP: 003999323	-22,234.02	5,050,000.00	4,753,500.07	296,499.93
Total International Region - USD		5,050,000.00	4,753,500.07	296,499.93
United States - USD				
CF WA TOTAL RETURN UNCONSTRAINED (TRU) BOND LLC FD CUSIP: 558999553	-678,222.39	15,660,554.25	15,211,680.38	448,873.87
CF WTC-CIF QUALITY VALUE PORTFOLIO SER 1FUND CUSIP: 586992968	-202,626.63	5,500,000.00	5,194,090.86	305,909.14
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING CUSIP: 658991310	-773.69	16,500,000.00	14,029,306.86	2,470,693.14
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	-204,784,690.70	204,784,690.70	204,784,692.44	-1.74
Total United States - USD		242,445,244.95	239,219,770.54	3,225,474.41
Total Value of Interest in Common/Collective Trusts		247,495,244.95	243,973,270.61	3,521,974.34
Value of Interest in Registered Investment Companies				
Emerging Markets Region - USD				
MFO VANGUARD EMERGING MARKETS STK INDEX INSTL CUSIP: 922042601	-798,159.23	22,864,550.60	20,747,598.87	2,116,951.73
Total Emerging Markets Region - USD		22,864,550.60	20,747,598.87	2,116,951.73
Global Region - USD				
MFO MACQUARIE DIVERSIFIED INCOME FUND CLASS R6 CUSIP: 245917612	-1,825,090.85	13,834,188.57	14,065,433.33	-231,244.76
Total Global Region - USD		13,834,188.57	14,065,433.33	-231,244.76

◆ Schedule of Realized Gains & Losses

Security Description / Asset ID	Shares/Par Value	Proceeds	ERISA Cost	Current Value Gain/Loss
<i>Value of Interest in Registered Investment Companies</i>				
International Region - USD				
MFO AMERICAN EUROPACIFIC GRTH-R6 CUSIP: 298706821	-88,364.61	6,133,793.58	4,840,615.92	1,293,177.66
MFO DODGE & COX INTL STK FD CUSIP: 256206103	-124,996.18	6,300,000.00	6,145,906.55	154,093.45
Total International Region - USD		12,433,793.58	10,986,522.47	1,447,271.11
United States - USD				
MFO FPA FDS TR FPA CRESCENT PORTFOLIO INSTL CL SHS CUSIP: 30254T759	-48,635.93	3,649,788.54	1,880,212.55	1,769,575.99
MFO HARBOR COLLECTIVE INVT TR CAP APPRECIATION CIT C CUSIP: 41150L691	-240,659.17	4,250,000.00	3,929,964.25	320,035.75
MFO HARBOR FDS CAP APPRECIATION FD RETIREMENT CL CUSIP: 411512528	-274,099.08	31,566,796.83	26,521,826.98	5,044,969.85
MFO METROPOLITAN WEST FDS UNCONSTRAINED BD FD CL I SHS CUSIP: 592905749	-1,404,212.24	14,435,301.16	14,530,005.53	-94,704.37
MFO PIMCO FUNDS STOCKSPPLUS SMALL INSTL CUSIP: 72201F797	-314,545.62	2,500,000.00	2,312,531.63	187,468.37
Total United States - USD		56,401,886.53	49,174,540.94	7,227,345.59
Total Value of Interest in Registered Investment Companies		105,534,419.28	94,974,095.61	10,560,323.67
Total Realized Gains and Losses		353,030,807.23	338,947,366.22	14,083,441.01

◆ **Summary of Gains and Losses**

Asset Category	Total Market Value	Unrealized Gain/Loss	Realized Gain/Loss	Total Gain/Loss
Receivable Income - USD	182,592.66	0.00	0.00	0.00
Corporate Stock - Common	0.00	0.00	1,143.00	1,143.00
Value of Interest in Common/Collective Trusts	310,039,892.28	9,188,231.17	3,521,974.34	12,710,205.51
Value of Interest in Registered Investment Companies	107,140,956.24	3,129,436.87	10,560,323.67	13,689,760.54
Other Liabilities	-85,458.59	0.00	0.00	0.00
Account Totals	417,277,982.59	12,317,668.04	14,083,441.01	26,401,109.05

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
CF BLACKROCK LONG TERM GOVERNMENT BOND I NDEX FUND CUSIP: 173996T58	674,078.650	20 Dec 24	75.6580			0.00	51,000,000.00	51,000,000.00	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	52,984,040.330	19 Dec 24	1.0000			0.00	52,984,040.33	52,984,040.33	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	64,034,040.350	20 Dec 24	1.0000			0.00	64,034,040.35	64,034,040.35	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	-52,984,040.330	20 Dec 24		1.0000		0.00	52,984,040.33	52,984,040.33	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	-64,466,076.630	23 Dec 24		1.0000		0.00	64,466,076.63	64,466,076.63	0.00
Value of Interest in Registered Investment Companies									
Emerging Markets Region - USD									
MFO VANGUARD EMERGING MARKETS STK INDEX INSTL CUSIP: 922042601	-744,668.910	18 Dec 24		28.6900		0.00	20,433,639.39	21,364,550.60	930,911.21
United States - USD									
MFO HARBOR COLLECTIVE INVT TR CAP APPRECIATION CIT CL R CUSIP: 41150L691	1,672,798.340	16 Aug 24	0.0000			0.00	27,316,796.83	27,316,796.83	0.00
MFO HARBOR FDS CAP APPRECIATION FD RETIREMENT CL CUSIP: 411512528	-236,039.020	16 Aug 24		0.0000		0.00	18,614,687.90	27,316,796.83	8,702,108.93

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 426,598,736.60

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 426,598,736.60

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
MFO HARBOR COLLECTIVE INVT TR CAP APPRECIATION CIT CL R CUSIP: 41150L691	Total acquisitions	1	27,316,796.83		0.00	27,316,796.83	27,316,796.83
	Total dispositions	2			0.00	3,929,964.24	4,250,000.00
MFO HARBOR FDS CAP APPRECIATION FD RETIREMENT CL CUSIP: 411512528	Total dispositions	3	31,566,796.83		0.00	21,616,209.16	31,566,796.83
MFO VANGUARD EMERGING MARKETS STK INDEX INSTL CUSIP: 922042601	Total acquisitions	3	162,430.05		0.00	162,430.05	162,430.05
	Total dispositions	3			0.00	21,901,232.27	22,864,550.60
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	81	208,394,388.54		0.00	208,394,388.54	208,394,388.54
	Total dispositions	60			0.00	204,784,690.70	204,784,690.70

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 426,598,736.60

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 426,598,736.60

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
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NO DATA TO REPORT

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Common/Collective Trusts</i>			
International Region - USD			
MFB NT COLLECTIVE MSCI ACWI EX-US INDEX FUND-NON LENDING CUSIP: 003999323	86,369.670	12,431,815.34	19,497,348.41 ■
Total International Region - USD		12,431,815.34	19,497,348.41
United States - USD			
CF BLACKROCK INTERMEDIATE GOVERNMENT BOND INDEX FUND CUSIP: 205991FH0	125,285.050	5,677,251.20	5,851,727.42 ■
CF BLACKROCK LONG DURATION CORP CR SCREENED FD CUSIP: 336992052	2,297,182.160	35,357,604.96	41,984,785.14 ■
CF BLACKROCK LONG TERM GOVERNMENT BOND INDEX FUND CUSIP: 173996T58	1,778,115.180	148,101,174.63	133,595,586.57 ■
CF WTC-CIF QUALITY VALUE PORTFOLIO SER 1FUND CUSIP: 586992968	1,133,141.120	16,994,722.10	31,286,026.32 ■
MFB NT COLLECTIVE RUSSELL 2000 INDEX FUND - NON LENDING CUSIP: 003999315	151,675.190	3,565,396.38	9,342,888.35 ■
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING CUSIP: 658991310	2,443.610	14,662,983.72	55,391,028.17 ■
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	13,090,501.900	13,090,501.90	13,090,501.90 ■
Total United States - USD		237,449,634.89	290,542,543.87
Total Value of Interest in Common/Collective Trusts		249,881,450.23	310,039,892.28
<i>Value of Interest in Registered Investment Companies</i>			
International Region - USD			
MFO AMERICAN EUROPACIFIC GRTH-R6 CUSIP: 298706821	353,666.630	16,418,629.27	18,998,971.36
MFO DODGE & COX INTL STK FD CUSIP: 256206103	433,576.310	20,654,378.30	21,635,457.87
Total International Region - USD		37,073,007.57	40,634,429.23
United States - USD			
MFO FPA FDS TR FPA CRESCENT PORTFOLIO INSTL CL SHS CUSIP: 30254T759	764,309.430	28,307,066.65	30,725,239.09

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
United States - USD			
MFO HARBOR COLLECTIVE INVT TR CAP APPRECIATION CIT CL R CUSIP: 41150L691	1,432,139.170	23,386,832.59	25,549,362.79
MFO METROPOLITAN WEST FDS UNCONSTRAINED BD FD CL I SHS CUSIP: 592905749	0.000	0.00	0.00
MFO PIMCO FUNDS STOCKSPPLUS SMALL INSTL CUSIP: 72201F797	1,293,543.000	11,299,092.14	10,231,925.13
Total United States - USD		62,992,991.38	66,506,527.01
Total Value of Interest in Registered Investment Com		100,065,998.95	107,140,956.24
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-85,458.59	-85,458.59
Total - all currencies		-85,458.59	-85,458.59
Total Other Liabilities		-85,458.59	-85,458.59
Total		349,861,990.59	417,095,389.93

** All or a portion of this security participates in Securities Lending.

◆ **Schedule C - Part A**

Vendor	Employer Identification Number	Fees and Expenses Paid	Service Code
<i>Allocated Fees for Service Providers (Greater than or Equal to \$5,000)</i>			
WILLIS TOWERS WATSON	53-0181291	481,638.27	ACTURAL
NORTHERN TRUST COMPANY	36-1561860	261,246.58	TRTE-DIR
BLACKROCK	94-3112180	243,535.25	INV-MGMT
LCG ASSOCIATES, INC.	75-1680350	108,750.00	CONSULTG
WESTERN ASSET MANAGEMENT COMPANY	95-2705767	41,376.25	INV-MGMT
HAM, LANGSTON & BREZINA, LLP	76-0448495	39,005.00	ACCNTG
LEGG MASON, INC AND SUBSIDIARIES	52-1200960	37,055.13	INV-MGMT
GARY A. NAGLER, PLLC	76-0622745	19,154.00	LEGAL
Total Allocated Fees for Service Providers (Greater than or Equal to \$5,000)		1,231,760.48	
<i>Allocated Fees for Payments to Federal, State, Local Governments and Agencies</i>			
PENSION BENEFIT GUARANTY CORP	52-1042410	2,586,869.00	INSRNCSV
Total Allocated Fees for Payments to Federal, State, Local Governments and Agencies		2,586,869.00	
Total Fees and Expenses Paid		3,818,629.48	

Please Note: Employer Identification Numbers (EINs) that are 77-7777777, 99-9999999 and 44-4444444 are Northern Trust assigned EINs for the purpose of aggregating transaction activity.

◆ Fee and Expense Detail

Vendor ID/Date	Vendor/Narrative	Asset ID/Description	Fees and Expenses Paid	Service Code
Allocated Fees for Service Providers				
53-0181291	WILLIS TOWERS WATSON			
2024-11-29	PAID WILLIS TOWERS WATSON FOR SERVICES FOR INVOICE# 100066403377 PLAN #104		48,152.57	ACTURAL
2024-10-02	PAID WILLIS TOWERS WATSON FOR SERVICES FOR INVOICE# 100066333348 RE: SERVICES FOR THE PERIOD PLAN #104		35,411.21	ACTURAL
2024-08-19	PAID TOWERS WATSON DELAWARE INC PAID WILLIS TOWERS WATSON FOR SERVICES FOR INVOICE # 1000662883258 PLAN #104		45,883.06	ACTURAL
2024-07-18	PAID TOWERS WATSON RE:SERVICES FOR INV # 100066241837 PLAN #104		33,232.18	ACTURAL
2024-06-25	PAID TOWERS WATSON RE:SERVICES FOR THE PERIOD OF MAY 2024 INV # 100066188944 PLAN #104		33,787.59	ACTURAL
2024-05-21	PAID WILLIS TOWERS WATSON FOR SERVICES FOR INV # 100066118155		56,357.45	ACTURAL
2024-05-02	PAID WILLIS TOWERS WATSON RE:SERVICES FOR INV #100066052831 PLAN #104		56,981.12	ACTURAL
2024-04-03	PAID TOWERS WATSON RE:SERVICES FOR INV # 100065954733 PLAN #104		43,320.24	ACTURAL
2024-02-21	PAID WILLIS TOWERS WATSON FOR SERVICES FOR INV # 100065792761 PLAN #104		54,767.41	ACTURAL
2024-01-22	PAID TOWERS WATSON RE:SERVICES FOR INV # 100065673527 PLAN #104		73,745.44	ACTURAL
	Total Expenses -WILLIS TOWERS WATSON		481,638.27	
36-1561860	NORTHERN TRUST COMPANY			
2024-12-20	CITI SPONSORED ADRS (CITIBANK) SERVICE CHARGE FOR CLASS ACTION DISTRIBUTION FOR PERIOD 12/30/2005 TO 09/04/2018 FILED ACCOUNT 2281632 ZZGEORGIA GULF		2.26	TRTE-DIR
2024-12-13	PAID NORTHERN TRUST COMPANY CUSTODY FEES FOR PERIOD ENDING 06/30/2024 A/R #29873 INVOICE #520655119268, 520656866814		31,746.49	TRTE-DIR

◆ Fee and Expense Detail

Vendor ID/Date	Vendor/Narrative	Asset ID/Description	Fees and Expenses Paid	Service Code
Allocated Fees for Service Providers				
36-1561860	NORTHERN TRUST COMPANY			
2024-12-13	PAID NORTHERN TRUST COMPANY CUSTODY FEES FOR PERIOD ENDING 06/30/2024 A/R #29873 INVOICE #520655119268, 520656866814		27,697.66	TRTE-DIR
2024-12-10	PAID NORTHERN TRUST COMPANY CUSTODY FEES A/R #29570 INVOICE #622446975750		10,696.09	TRTE-DIR
2024-12-04	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	668.90	TRTE-DIR
2024-12-03	PAID NORTHERN TRUST COMPANY CUSTODY FEES FOR PERIOD ENDING 06/30/2024 A/R #29570 INVOICE #01943365		10,188.84	TRTE-DIR
2024-11-05	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	1,158.77	TRTE-DIR
2024-10-11	WILMINGTON TRUST (SEC) DISTRIBUTION SERVICE CHARGE FOR CLASS ACTION DISTRIBUTION FOR PERIOD 01/18/2008 TO 10/31/2010 FILED ACCOUNT 22816		25.00	TRTE-DIR
2024-10-03	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	829.43	TRTE-DIR
2024-10-03	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	24.59	TRTE-DIR
2024-10-01	JPMORGAN CHASE BANK N.A. ADR FX SERVICE CHARGE FOR CLASS ACTION DISTRIBUTION FOR PERIOD 11/19/2010 TO 07/18/2018 FILED ACCOUNT 2281631 ZZGEORGIA GULF		3.11	TRTE-DIR
2024-09-05	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	925.60	TRTE-DIR
2024-08-05	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	1,314.34	TRTE-DIR
2024-07-18	COGNIZANT TECHNOLOGY SOLUTIONS CORP. SERVICE CHARGE FOR CLASS ACTION DISTRIBUTION FOR PERIOD 02/26/2015 TO 12/28/2016 FILED ACCOUNT 22816		25.00	TRTE-DIR

◆ Fee and Expense Detail

Vendor ID/Date	Vendor/Narrative	Asset ID/Description	Fees and Expenses Paid	Service Code
Allocated Fees for Service Providers				
36-1561860	NORTHERN TRUST COMPANY			
2024-07-15	PAID NORTHERN TRUST COMPANY CUSTODY FEES A/R #29570 INVOICE #019252029, INVOICE #01918602, INVOICE #01909413, INVOICE #01900228, INVOICE #01931730		10,247.69	TRTE-DIR
2024-07-15	PAID NORTHERN TRUST COMPANY CUSTODY FEES A/R #29570 INVOICE #019252029, INVOICE #01918602, INVOICE #01909413, INVOICE #01900228, INVOICE #01931730		10,098.80	TRTE-DIR
2024-07-15	PAID NORTHERN TRUST COMPANY CUSTODY FEES A/R #29570 INVOICE #019252029, INVOICE #01918602, INVOICE #01909413, INVOICE #01900228, INVOICE #01931730		10,066.27	TRTE-DIR
2024-07-15	PAID NORTHERN TRUST COMPANY CUSTODY FEES A/R #29570 INVOICE #019252029, INVOICE #01918602, INVOICE #01909413, INVOICE #01900228, INVOICE #01931730		10,049.14	TRTE-DIR
2024-07-15	PAID NORTHERN TRUST COMPANY CUSTODY FEES A/R #29570 INVOICE #019252029, INVOICE #01918602, INVOICE #01909413, INVOICE #01900228, INVOICE #01931730		9,481.56	TRTE-DIR
2024-07-03	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	1,081.77	TRTE-DIR
2024-07-03	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	20.49	TRTE-DIR
2024-07-03	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	14.34	TRTE-DIR
2024-06-05	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	677.16	TRTE-DIR
2024-05-10	ORACLE CORPORATION (2018) SERVICE CHARGE FOR CLASS ACTION DISTRIBUTION FOR PERIOD 05/09/2017 TO 09/17/2018 FILED ACCOUNT 2281631 ZZGEORGIA GULF-MONTAG		25.00	TRTE-DIR
2024-05-03	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	1,072.82	TRTE-DIR
2024-05-03	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	0.11	TRTE-DIR

◆ Fee and Expense Detail

Vendor ID/Date	Vendor/Narrative	Asset ID/Description	Fees and Expenses Paid	Service Code
Allocated Fees for Service Providers				
36-1561860	NORTHERN TRUST COMPANY			
2024-04-16	PAID NORTHERN TRUST COMPANY CUSTODY FEES FOR PERIOD ENDING 1Q 2024 A/R #29873 INVOICE #520653450859		26,845.19	TRTE-DIR
2024-04-12	PAID NORTHERN TRUST COMPANY CUSTODY FEES FOR PERIOD ENDING 2024 1ST QUARTER INVOICE #01931730 PLAN#102		10,066.27	TRTE-DIR
2024-04-04	PAID NORTHERN TRUST COMPANY CUSTODY FEES FOR PERIOD ENDING 2Q 2023 A/R #29873 INVOICE#520659318493		30,130.55	TRTE-DIR
2024-04-04	PAID NORTHERN TRUST COMPANY CUSTODY FEES FOR PERIOD ENDING 4Q 2023 A/R #29873 INVOICE#520652804020		26,463.87	TRTE-DIR
2024-04-04	PAID NORTHERN TRUST COMPANY CUSTODY FEES FOR PERIOD ENDING 3Q 2023 A/R #29873 INVOICE#520657075107		26,259.05	TRTE-DIR
2024-04-03	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	837.76	TRTE-DIR
2024-04-03	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	28.69	TRTE-DIR
2024-04-03	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	0.31	TRTE-DIR
2024-03-05	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	373.17	TRTE-DIR
2024-03-05	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	0.29	TRTE-DIR
2024-02-07	BANK OF AMERICA CORP (2011) SERVICE CHARGE FOR CLASS ACTION DISTRIBUTION FOR PERIOD 02/26/2009 TO 01/14/2011 FILED ACCOUNT 2281632 ZZGEORGIA GULF		25.00	TRTE-DIR
2024-02-05	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	844.09	TRTE-DIR
2024-02-05	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	0.31	TRTE-DIR

◆ Fee and Expense Detail

Vendor ID/Date	Vendor/Narrative	Asset ID/Description	Fees and Expenses Paid	Service Code
Allocated Fees for Service Providers				
36-1561860	NORTHERN TRUST COMPANY			
2024-01-04	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	1,230.49	TRTE-DIR
2024-01-04	NORTHERN TRUST SWEEP FEE	C66586U445 NT COLLECTIVE GOVT SHORT TERM INVT FD	0.31	TRTE-DIR
Total Expenses -NORTHERN TRUST COMPANY			261,246.58	
94-3112180	BLACKROCK			
2024-04-12	PAID BLACKROCK INSTITUTIONAL TRUST COMPANY FOR SERVICES RENDERED PER STATEMENT DATED: 04/11/2024 CHECK PAID TO BLACKROCK INSTITUTIONAL TRU		41,693.08	INV-MGMT
2024-04-12	PAID BLACKROCK INSTITUTIONAL TRUST COMPANY FOR SERVICES RENDERED PER STATEMENT DATED: 04/05/2024 CHECK PAID TO BLACKROCK INSTITUTIONAL TRU		37,291.61	INV-MGMT
2024-02-22	PAID BLACKROCK INSTITUTIONAL TRUST COMPANY FOR SERVICES RENDERED PER STATEMENT DATED: 02/20/2024 FOR MANAGEMENT FEE REGADING THE EA		41,993.23	INV-MGMT
2024-02-22	PAID BLACKROCK INSTITUTIONAL TRUST COMPANY FOR SERVICES RENDERED PER STATEMENT DATED: 02/21/2024 FOR MANAGEMENT FEE REGADING THE EA		41,636.25	INV-MGMT
2024-02-22	PAID BLACKROCK INSTITUTIONAL TRUST COMPANY FOR SERVICES RENDERED PER STATEMENT DATED: 02/20/2024 FOR MANAGEMENT FEE REGARDING THE E		40,769.30	INV-MGMT
2024-02-22	PAID BLACKROCK INSTITUTIONAL TRUST COMPANY FOR SERVICES RENDERED PER STATEMENT DATED: 02/21/2024 FOR MANAGEMENT FEE REGARDING THE E		40,151.78	INV-MGMT
Total Expenses -BLACKROCK			243,535.25	

◆ Fee and Expense Detail

Vendor ID/Date	Vendor/Narrative	Asset ID/Description	Fees and Expenses Paid	Service Code
Allocated Fees for Service Providers				
75-1680350	LCG ASSOCIATES, INC.			
2024-10-02	PAID LCG ASSOCIATES FOR SERVICES RENDERED PER STATEMENT DATED: 10/01/2024 LCG ASSOCIATES FOR GGC/AXIALL GREEN RETIREMENT PLAN: SERVICES FOR		21,750.00	CONSULTG
2024-09-27	PAID LCG ASSOCIATES FOR SERVICES RENDERED PER STATEMENT DATED: 09/26/2024 LCG ASSOCIATES FOR GGC/AXIALL GREEN RETIREMENT PLAN: SERVICES FOR		21,750.00	CONSULTG
2024-04-04	PAID LCG ASSOCIATES FOR SERVICES RENDERED PER STATEMENT DATED: 04/03/2024 LCG ASSOCIATES FOR GGC/AXIALL GREEN RETIREMENT PLAN: SERVICES FOR		21,750.00	CONSULTG
2024-02-21	PAID LCG ASSOCIATES FOR SERVICES RENDERED PER STATEMENT DATED: 01/08/2024 LCG ASSOCIATES FOR GGC/AXIALL GREEN RETIREMENT PLAN:104 SERVICES F		21,750.00	CONSULTG
2024-02-21	PAID LCG ASSOCIATES FOR SERVICES RENDERED PER STATEMENT DATED: 10/01/2023 LCG ASSOCIATES FOR GGC/AXIALL GREEN RETIREMENT PLAN:104 SERVICES F		21,750.00	CONSULTG
Total Expenses -LCG ASSOCIATES, INC.			108,750.00	
95-2705767	WESTERN ASSET MANAGEMENT COMPANY			
2024-04-18	PAID WESTERN ASSET MANAGEMENT COMPANY FOR 2024 2ND QUARTER INVESTMENT MANAGEMENT SERVICES INVOICE #34500624_7368 PLAN #104		19,791.69	INV-MGMT
2024-01-24	PAID WESTERN ASSET MANAGEMENT COMPANY FOR 2024 1ST QUARTER INVESTMENT MANAGEMENT SERVICES INVOICE #34500324-6796 PLAN: 104		21,584.56	INV-MGMT
Total Expenses -WESTERN ASSET MANAGEMENT COMPANY			41,376.25	

◆ Fee and Expense Detail

Vendor ID/Date	Vendor/Narrative	Asset ID/Description	Fees and Expenses Paid	Service Code
Allocated Fees for Service Providers				
76-0448495	HAM, LANGSTON & BREZINA, LLP			
2024-10-07	PAID HAM, LANGSTON & BREZINA FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 71879 CLIENT #6980 PLAN #104		4,280.00	ACCNTG
2024-09-13	PAID HAM, LANGSTON & BREZINA LLP FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICES #71128/CLIENT #6980 PLAN: 104		15,615.00	ACCNTG
2024-02-21	PAID HAM, LANGSTON & BREZINA, LLP FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 64131,64469,65988/CLIENT #6980 PLAN #104		19,110.00	ACCNTG
Total Expenses -HAM, LANGSTON & BREZINA, LLP			39,005.00	
52-1200960	LEGG MASON, INC AND SUBSIDIARIES			
2024-11-13	TO REFLECT ADVISORY/MGMT FEES FOR WESTERN ASSETS CF ON 11/13/2024 VIN 99-9999999		16,903.20	INV-MGMT
2024-08-12	TO REFLECT ADVISORY/MGMT FEES FOR WESTERN ASSETS CF ON 08/12/2024 VIN 99-9999999		20,151.93	INV-MGMT
Total Expenses -LEGG MASON, INC AND SUBSIDIARIES			37,055.13	
76-0622745	GARY A. NAGLER, PLLC			
2024-12-09	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30715 PLAN # 104		2,400.00	LEGAL
2024-12-09	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30717 PLAN # 104		960.00	LEGAL
2024-11-04	CHECK PAID TO GARY A. NAGLER, PLLC FOR WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30690 PLAN #104		1,212.00	LEGAL
2024-10-07	PAID GARY A. NAGLER PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30651 PLAN #104		1,740.00	LEGAL

◆ Fee and Expense Detail

Vendor ID/Date	Vendor/Narrative	Asset ID/Description	Fees and Expenses Paid	Service Code
Allocated Fees for Service Providers				
76-0622745	GARY A. NAGLER, PLLC			
2024-09-13	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICES #30610 PLAN # 104		900.00	LEGAL
2024-08-19	CHECK PAID TO GARY A. NAGLER, PLLC FOR SALARIED AND WAGE PLAN PAID GARY A. NAGLER PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30566 PL		1,100.00	LEGAL
2024-07-23	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30534 PLAN # 104		160.00	LEGAL
2024-07-15	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE #30515 PLAN #104		260.00	LEGAL
2024-06-12	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30470 PLAN # 104		560.00	LEGAL
2024-05-08	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30416 PLAN # 104		2,212.00	LEGAL
2024-04-10	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30215 PLAN # 104		560.00	LEGAL
2024-04-08	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30363 PLAN # 104		400.00	LEGAL
2024-02-27	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30276 PLAN # 104		1,000.00	LEGAL
2024-02-27	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30305 PLAN # 104		160.00	LEGAL
2024-01-02	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30167 PLAN # 104		3,325.00	LEGAL

◆ Fee and Expense Detail

Vendor ID/Date	Vendor/Narrative	Asset ID/Description	Fees and Expenses Paid	Service Code
Allocated Fees for Service Providers				
76-0622745	GARY A. NAGLER, PLLC			
2024-01-02	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30082 PLAN # 104		1,977.50	LEGAL
2024-01-02	CHECK PAID TO GARY A. NAGLER, PLLC FOR THE WESTLAKE DEFINED BENEFIT PLAN INVOICE# 30182 PLAN # 104		227.50	LEGAL
Total Expenses -GARY A. NAGLER, PLLC			19,154.00	
Total Allocated Fees for Service Providers			1,231,760.48	
Allocated Fees for Payments to Federal, State, Local Governments and Agencies				
52-1042410	PENSION BENEFIT GUARANTY CORP			
2024-10-09	TRANSFERRED VIA FED FUND WIRE TO TREAS NYC/FUNDS TRANSFER DIVISION REPRESENTING PBGC PREMIUM PAYMENT FOR EIN/PN #76-0321065/001 PYC 01/01/2024		2,586,869.00	INSRNCVS
Total Expenses -PENSION BENEFIT GUARANTY CORP			2,586,869.00	
Total Allocated Fees for Payments to Federal, State, Local Governments and Agencies			2,586,869.00	
Total Fees and Expenses Paid			3,818,629.48	

Please Note: Employer Identification Numbers (EINs) that are 77-7777777, 99-9999999 and 44-4444444 are Northern Trust assigned EINs for the purpose of aggregating transaction activity.

5500 Supplemental Schedules

01 JAN 24 - 31 DEC 24

Account Name GEORGIA GULF RETIREMENT PLAN
Account number GGULF

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◆ Schedule C - Broker Commission

Broker	Amount	Service Code
NO DATA TO REPORT		

◆ Income Reconciliation Schedule - Part A

	Income Received /Expense Paid	Current Year Accruals	Prior Year Accruals	Accrual Receipts /Deliveries	Amortization/ Accretion	Total Income/ /Expense
Interest						
A Interest Bearing Cash - USD	-2,509.67	0.00	0.00	0.00	0.00	-2,509.67
B Certificate of Deposit	0.00	0.00	0.00	0.00	0.00	0.00
C U.S. Government Securities	0.00	0.00	0.00	0.00	0.00	0.00
D Corporate Debt Instruments	0.00	0.00	0.00	0.00	0.00	0.00
E Participant Loans	0.00	0.00	0.00	0.00	0.00	0.00
F Other Loans	0.00	0.00	0.00	0.00	0.00	0.00
G Other Interest	0.00	0.00	0.00	0.00	0.00	0.00
Dividends						
A Corporate Stocks - Preferred	0.00	0.00	0.00	0.00	0.00	0.00
B Corporate Stocks - Common	0.00	0.00	0.00	0.00	0.00	0.00
C Registered Investment Companies	3,897,581.34	48,866.69	127,983.75	0.00	0.00	3,818,464.28
Rents						
Common/Collective Trusts	1,170,132.09	133,725.97	145,856.24	0.00	0.00	1,158,001.82
Pooled Separate Accounts	0.00	0.00	0.00	0.00	0.00	0.00
Master Trust Investment Accounts	0.00	0.00	0.00	0.00	0.00	0.00
103-12 Entities	0.00	0.00	0.00	0.00	0.00	0.00
Other Income	3.72	0.00	0.00	0.00	0.00	3.72
Expense Accruals	0.00	0.00	0.00	0.00	0.00	0.00
Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
Total	5,065,207.48	182,592.66	273,839.99	0.00	0.00	4,973,960.15

◆ **Income Reconciliation Schedule - Part B**

	Total Income	Unrealized Gain/Loss	Realized Gain/Loss	Net Investment Gain/Loss
Net Investment Gain/Loss From Common/Collective Trusts				
- Total Net G/L Com/Coll Trusts	1,158,001.82	9,188,231.17	3,521,974.34	13,868,207.33
Net Investment Gain/Loss From Pooled Separate Accounts				
- Total Net G/L Pooled Sep AC	0.00	0.00	0.00	0.00
Net Investment Gain/Loss From Master Trust Investment Accounts				
- Total Net Inv G/L Master Trust Investment Accts	0.00	0.00	0.00	0.00
Net Investment Gain/Loss From 103-12 Entities				
- Total Net Inv G/L 103-12 Entities	0.00	0.00	0.00	0.00
Net Investment Gain/Loss From Registered Investment Companies				
- Total Net Inv G/L Reg Inv Cmpys	3,818,464.28	3,129,436.87	10,560,323.67	17,508,224.82

◆ Schedule H - Part 1 Asset & Liability

		(a) Beginning of Year	(b) End of Year
Assets			
a	Total noninterest-bearing cash	0.00	0.00
b	Receivables (less allowance for doubtful accounts):		
	(1) Employers	0.00	0.00
	(2) Participants	0.00	0.00
	(3) Other	273,839.99	182,592.66
c	General investments:		
	(1) Interest-bearing cash (including money market accounts and CDs):	0.00	0.00
	(2) U.S. Government securities	0.00	0.00
	(3) Corporate debt instruments (other than employer securities):		
	(A) Preferred	0.00	0.00
	(B) All other	0.00	0.00
	(4) Corporate stocks (other than employer securities):		
	(A) Preferred	0.00	0.00
	(B) Common	0.00	0.00
	(5) Partnership/joint venture interests	0.00	0.00
	(6) Real estate (other than employer real property)	0.00	0.00
	(7) Loans (other than to participants)	0.00	0.00
	(8) Participant loans	0.00	0.00
	(9) Value of interest in common/collective trusts	270,347,212.88	310,039,892.28
	(10) Value of interest in pooled separate accounts	0.00	0.00
	(11) Value of interest in master trust investment accounts	0.00	0.00
	(12) Value of interest in 103-12 investment entities	0.00	0.00
	(13) Value of interest in registered investment companies (e.g. mutual fund)	156,208,389.87	107,140,956.24
	(14) Value of funds held in insurance co. general account (unallocated)	0.00	0.00
	(15) Other	0.00	0.00
d	Employer-related investments:		
	(1) Employer securities	0.00	0.00
	(2) Employer real property	0.00	0.00
e	Buildings and other property used in plan operation	0.00	0.00
f	Total assets (add all amounts in lines 1a through 1e)	426,829,442.74	417,363,441.18

◆ **Schedule H - Part 1 Asset & Liability**

		(a) Beginning of Year	(b) End of Year
	Liabilities		
g	Benefit claims payable	0.00	0.00
h	Operating payables	0.00	0.00
i	Acquisition indebtedness	0.00	0.00
j	Other liabilities	-230,706.14	-85,458.59
k	Total liabilities (add all amount in lines 1g through 1j)	-230,706.14	-85,458.59
	Net Assets		
l	Net assets (subtract line 1k from line 1f)	426,598,736.60	417,277,982.59

◆ Schedule H - Part 2 Income & Expense

	(a) Amount	(b) Total
Income		
a Contributions:		
(1) Received or receivable in cash from:		
(A) Employers	a(1)(A) 0.00	
(B) Participants	a(1)(B) 0.00	
(C) Others (including rollovers)	a(1)(C) 0.00	
(2) Noncash contributions	a(2) 0.00	
(3) Total contributions. Add 2a(1)(A), (B) and (C) and 2a(2)	a(3)	0.00
b Earnings on investments		
(1) Interest:		
(A) Interest bearing cash (including money market accounts and CDs)	b(1)(A) -2,509.67	
(B) U. S. Government securities	b(1)(B) 0.00	
(C) Corporate debt instruments	b(1)(C) 0.00	
(D) Loans (other than to participants)	b(1)(D) 0.00	
(E) Participant loans	b(1)(E) 0.00	
(F) Other	b(1)(F) 0.00	
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	-2,509.67
(2) Dividends:		
(A) Preferred stock	b(2)(A) 0.00	
(B) Common stock	b(2)(B) 0.00	
(C) Registered investment company shares	b(2)(C) 3,818,464.28	
(D) Total dividends. Add lines 2b(2)(A),(B) and (C)	b(2)(D)	3,818,464.28
(3) Rents	b(3)	0.00
(4) Net gain(loss) on sale of assets:		
(A) Aggregate proceeds	b(4)(A) 1,143.00	
(B) Aggregate carrying amount (see instructions)	b(4)(B) 0.00	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)	1,143.00
(5) Unrealized appreciation(depreciation) of assets		
(A) Real estate	b(5)(A) 0.00	
(B) Other	b(5)(B) 0.00	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	0.00
(6) Net inv gain(loss) from common/collective trusts	b(6)	13,868,207.33
(7) Net inv gain(loss) from pooled separate accounts	b(7)	0.00
(8) Net inv gain(loss) from master trust investment accounts	b(8)	0.00
(9) Net inv gain(loss) from 103-12 investment entities	b(9)	0.00
(10) Net inv gain(loss) from registered investment companies (excluding div)	b(10)	13,689,760.54
c Other income	c	3.72

◆ Schedule H - Part 2 Income & Expense

		(a) Amount	(b) Total
d Total income. Add all income amounts in column (b) and enter total	d		31,375,069.20
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants of beneficiaries, including direct rollovers	e(1)	0.00	
(2) To insurance carriers for the provision of benefits	e(2)	0.00	
(3) Other	e(3)	0.00	
(4) Total payments. Add 2e(1) through (3)	e(4)		0.00
f Corrective distributions	f		0.00
g Deemed distributions of participant loans	g		0.00
h Interest expense	h		0.00
i Administrative expenses:			
(1) Salaries and allowances	i(1)	0.00	
(2) Contract administrator fees	i(2)	-147,755.00	
(3) Recordkeeping fees	i(3)	0.00	
(4) IQPA audit fees	i(4)	0.00	
(5) Investment advisory and management fees	i(5)	-2,908,835.63	
(6) Bank or trust company trustee or custodian fees	i(6)	-261,246.58	
(7) Actuarial fees	i(7)	-481,638.27	
(8) Legal fees	i(8)	-19,154.00	
(9) Valuation or appraisal fees	i(9)	0.00	
(10) Other trustee fees or expenses	i(10)	0.00	
(11) Other expenses	i(11)	0.00	
(12) Total administrative expenses. Add 2i(1) through 2i(11)	i(12)		-3,818,629.48
j Total expenses. Add all expense amounts in column (b) and enter total	j		-3,818,629.48
Net Income and Reconciliation			
k Net income (loss) (subtract line 2j from line 2d)	k		27,556,439.72
l Transfers of assets			
(1) To this plan	l(1)		173,259,429.27
(2) From this plan	l(2)		-210,136,623.00

◆ **Transfers Reconciliation Schedule**

Transaction Type	Receipts	Disbursements	Market Value	Total Transfers
Transfers to the Plan				
Miscellaneous Cash Receipts	85,674.55	0.00	0.00	85,674.55
Lump Sum Redeposits	46,848.18	0.00	0.00	46,848.18
Interportfolio Transfers In	172,890,501.02	0.00	0.00	172,890,501.02
Benefit Payment Redeposits	236,405.52	0.00	0.00	236,405.52
Total Transfers to the Plan	173,259,429.27	0.00	0.00	173,259,429.27
Transfers from the Plan				
Security Deliveries	0.00	0.00	0.00	0.00
Lump Sum Payments	0.00	-1,375,085.98	0.00	- 1,375,085.98
Interportfolio Transfers Out	0.00	-172,890,501.02	0.00	- 172,890,501.02
Benefit Payments / Beneficiary Payments	0.00	-35,871,036.00	0.00	- 35,871,036.00
Total Transfers from the Plan	0.00	-210,136,623.00	0.00	-210,136,623.00
Total Transfers	173,259,429.27	-210,136,623.00	0.00	-36,877,193.73

To satisfy Schedule R reporting requirements, data presented is as of the end of the plan year.

◆ Schedule R Summary

Description	Market Value	% of Total	Market Value Included	Market Value Excluded	Weighted Average Effective Duration
<i>Public Equity</i>					
Public Equity	212,426,322.36	50.93		212,426,322.36	
Total Public Equity including Funds	212,426,322.36	50.93		212,426,322.36	
<i>Investment Grade Debt and Interest Rate Hedging Assets</i>					
Funds-Investment Grade and Interest Rate Hedging Assets	16,083,652.55	3.86		16,083,652.55	
Total Investment Grade Debt and Interest Rate Hedging Assets including Funds	16,083,652.55	3.86		16,083,652.55	
<i>Cash and Cash Equivalents</i>					
Interest Bearing Cash	13,090,501.90	3.14		13,090,501.90	
Total Cash and Cash Equivalents including Funds	13,090,501.90	3.14		13,090,501.90	
<i>Other</i>					
Other	-85,458.59	-0.02		-85,458.59	
Funds - Other	175,580,371.71	42.10		175,580,371.71	
Total Other including Funds	175,494,913.12	42.08		175,494,913.12	
Total without Excluded Assets	417,095,389.93	100.00		417,095,389.93	

Notes: While this supplemental report was developed for large pension plans with > 1,000 plan participants, it is being included as part of the Form 5500 supplemental reporting package for other benefit plan clients who may find the information, such as credit ratings, helpful.

The Schedule R Instruction explicitly says to exclude receivables. Therefore, any of the Schedule R categories can be negative as they can include payables and not receivables. The Other category is the most likely to be negative due to pending payables.

Weighted Average Effective Duration for the portfolio is based on those debt instruments for which effective duration values are available.

Fund classification is based on the primary asset class within the fund according to information provided by the fund company.

This report is not intended, and may not be relied upon, as advice or direction about how to complete Form 5500 Schedule R. You should consult with your own accountants, auditors, and legal counsel, as appropriate, to ensure that your Form 5500 reporting complies with applicable rules and regulations. Decisions about Schedule R reporting should not be made without reference to the Form 5500 Schedule R Instructions.

5500 Supplemental Schedules

31 DEC 24

Account Name GEORGIA GULF RETIREMENT PLAN Account number GGULF

To satisfy Schedule R reporting requirements, data presented is as of the end of the plan year.

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◆ Schedule R Detail

Description Asset ID	Shares	Market Value	% of Total	S&P Rating	Moody Rating	Fitch Rating	Effective Duration	Market Value Included	Market Value Excluded	Effective Duration Factor**
Public Equity										
Public Equity										
CF WTC-CIF QUALITY VALUE PORTFOLIO SER 1FUND C586992968	1,133,141.120	31,286,026.32	7.50						31,286,026.32	
MFB NT COLLECTIVE MSCI ACWI EX-US INDEX FUND-NON LENDING C003999323	86,369.670	19,497,348.41	4.67						19,497,348.41	
MFB NT COLLECTIVE RUSSELL 2000 INDEX FUND - NON LENDING C003999315	151,675.190	9,342,888.35	2.24						9,342,888.35	
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING C658991310	2,443.610	55,391,028.17	13.28						55,391,028.17	
MFO AMERICAN EUROPACIFIC GRTH-R6 C298706821	353,666.630	18,998,971.36	4.56						18,998,971.36	
MFO DODGE & COX INTL STK FD C256206103	433,576.310	21,635,457.87	5.19						21,635,457.87	
MFO FPA FDS TR FPA CRESCENT PORTFOLIO INSTL CL SHS C30254T759	764,309.430	30,725,239.09	7.37						30,725,239.09	
MFO HARBOR COLLECTIVE INVT TR CAP APPRECIATION CIT CL R C41150L691	1,432,139.170	25,549,362.79	6.13						25,549,362.79	
Total Public Equity		212,426,322.36	50.93						212,426,322.36	
Total Public Equity including Funds		212,426,322.36	50.93						212,426,322.36	
Investment Grade Debt and Interest Rate Hedging Assets										
Funds-Investment Grade and Interest Rate Hedging Assets										
CF BLACKROCK INTERMEDIATE GOVERNMENT BOND INDEX FUND C205991FH0	125,285.050	5,851,727.42	1.40	*AGY	*AGY	*AGY			5,851,727.42	
MFO PIMCO FUNDS STOCKSPPLUS SMALL INSTL C72201F797	1,293,543.000	10,231,925.13	2.45	*AGY	*AGY	*AGY			10,231,925.13	
Total Funds-Investment Grade and Interest Rate Hedging Assets		16,083,652.55	3.86						16,083,652.55	
Total Investment Grade Debt and Interest Rate Hedging Assets including Funds		16,083,652.55	3.86						16,083,652.55	

5500 Supplemental Schedules

31 DEC 24

Account Name GEORGIA GULF RETIREMENT PLAN Account number GGULF

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To satisfy Schedule R reporting requirements, data presented is as of the end of the plan year.

◆ Schedule R Detail

Description Asset ID	Shares	Market Value	% of Total	S&P Rating	Moody Rating	Fitch Rating	Effective Duration	Market Value Included	Market Value Excluded	Effective Duration Factor**
Cash and Cash Equivalents										
Interest Bearing Cash										
NT COLLECTIVE GOVT SHORT TERM INVT FD C66586U445	13,090,501.900	13,090,501.90	3.14						13,090,501.90	
Total Interest Bearing Cash		13,090,501.90	3.14						13,090,501.90	
Total Cash and Cash Equivalents including Funds		13,090,501.90	3.14						13,090,501.90	
Other										
Other										
United States dollar - Adjustments to Cash	0.000	-85,458.59	-0.02						-85,458.59	
Total Other		-85,458.59	-0.02						-85,458.59	
Funds - Other										
CF BLACKROCK LONG DURATION CORP CR SCREENED FD C336992052	2,297,182.160	41,984,785.14	10.07						41,984,785.14	
CF BLACKROCK LONG TERM GOVERNMENT BOND INDEX FUND C173996T58	1,778,115.180	133,595,586.57	32.03						133,595,586.57	
Total Funds - Other		175,580,371.71	42.10						175,580,371.71	
Total Other including Funds		175,494,913.12	42.08						175,494,913.12	
Total without Excluded Assets		417,095,389.93	100.00						417,095,389.93	0.0000***

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* Where an issue rating from a rating agency is unavailable, TSY and AGY designations are used by Northern Trust for U.S. government debt and U.S. agency debt respectively. Positions with a TSY or AGY designation are explicitly or implicitly guaranteed by the U.S. Government and are classified as investment grade debt within the Schedule R report.

** Effective Duration Factor is calculated for each position as Effective Duration * Market Value of the Security /Market Value of all debt securities for which an effective duration value is available.

*** Weighted Average Effective Duration for the portfolio debt instruments (for which an effective duration value is available) is the sum of all the Effective Duration factors.

Fund classification is based on the primary asset class within the fund according to information provided by the fund company.

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