

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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

1a Name of plan: LOOMIS SAYLES CORE PLUS FIXED INCOME FUND
1b Three-digit plan number (PN): 010
1c Effective date of plan: 07/23/2010
2a Plan sponsor's name (employer, if for a single-employer plan): LOOMIS SAYLES TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 84-6391546
2c Plan Sponsor's telephone number: 617-482-2450
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

| | |
|---|---|
| 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 |
|--|--|

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 _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
|---|---|

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|---|--|---|

For calendar plan year 2024 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

| | | |
|--|--|------------|
| A Name of plan <u>LOOMIS SAYLES CORE PLUS FIXED INCOME FUND</u> | B Three-digit plan number (PN) | <u>010</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LOOMIS SAYLES TRUST COMPANY, LLC.</u> | D Employer Identification Number (EIN) <u>84-6391546</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) |
|---------------|--|

| | | | | | |
|---|--|---|---|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT AGENCY MBS TRUST</u> | b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY</u> | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>20-8080381-024</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2256785463</u></td> </tr> </table> | c EIN-PN <u>20-8080381-024</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>2256785463</u> | | |
| c EIN-PN <u>20-8080381-024</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>2256785463</u> | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT CLO TRUST</u> | b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY</u> | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>20-8080381-037</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>427551217</u></td> </tr> </table> | c EIN-PN <u>20-8080381-037</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>427551217</u> | | |
| c EIN-PN <u>20-8080381-037</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>427551217</u> | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | b Name of sponsor of entity listed in (a): | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN</td> <td style="width:15%;">d Entity code</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> </table> | 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) | | |
| 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): | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN</td> <td style="width:15%;">d Entity code</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> </table> | 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) | | |
| 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): | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN</td> <td style="width:15%;">d Entity code</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> </table> | 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) | | |
| 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): | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN</td> <td style="width:15%;">d Entity code</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> </table> | 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) | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | | | |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | OREGON LABORERS- EMPLOYERS DEFINED | |
| b | Name of plan sponsor | BD OF TTEES, OREGON LABORERS | c EIN-PN 93-6025363-001 |
| a | Plan name | BAYER CORPORATION SAVINGS AND RETIR | |
| b | Name of plan sponsor | BAYER CORPORATION | c EIN-PN 25-1339219-051 |
| a | Plan name | CWA ITU NEGOTIATED PENSION PLAN | |
| b | Name of plan sponsor | CWA ITU NEGOTIATED PENSION PLAN | c EIN-PN 13-6212879-001 |
| a | Plan name | PENSION FUND OF CEMENT MASONS | |
| b | Name of plan sponsor | LOCAL UNION 502 | c EIN-PN 51-6034597-001 |
| a | Plan name | OSRAM SYLVANIA SAVINGS PLAN | |
| b | Name of plan sponsor | OSRAM SYLVANIA | c EIN-PN 04-3349012-002 |
| a | Plan name | ROCKY MOUNTAIN UFCW UNIONS AND EMPL | |
| b | Name of plan sponsor | ROCKY MOUNTAIN UFCW UNIONS AND EMPL | c EIN-PN 84-6045986-001 |
| a | Plan name | PLUMBERS PENSION FUND LOCAL 130 | |
| b | Name of plan sponsor | PLUMBERS PENSION FUND | c EIN-PN 36-6489579-001 |
| a | Plan name | IBEW LOCAL UNION NO 90 PENSION FUND | |
| b | Name of plan sponsor | IBEW LOCAL UNION NO 90 | c EIN-PN 06-6077020-001 |
| a | Plan name | PIPEFITTERS LOCAL 120 PENSION FUND | |
| b | Name of plan sponsor | PIPEFITTERS LOCAL 120 | c EIN-PN 34-6711591-001 |
| a | Plan name | CROWN CORK AND SEAL CO MASTER RETIREMENT TRUST | |
| b | Name of plan sponsor | CROWN CORK AND SEAL CO | c EIN-PN 36-2885278-001 |
| a | Plan name | TEXAS IRON WORKERS PENSION FUND | |
| b | Name of plan sponsor | TEXAS IRON WORKERS | c EIN-PN 74-1905198-001 |
| a | Plan name | KINDER MORGAN SAVINGS PLAN | |
| b | Name of plan sponsor | KINDER MORGAN INC | c EIN-PN 80-0682103-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | BECHTEL NR PROGRAM DEFINED CONTRIBUTION MASTER TRUST | |
| b | Name of plan sponsor | BECHTEL NR PROGRAM DC MASTER TRUST | c EIN-PN 45-3559445-004 |
| a | Plan name | DISCOVER FINANCIAL SERVICES 401K PLAN | |
| b | Name of plan sponsor | DISCOVER FINANCIAL SERVICES, INC | c EIN-PN 36-2517428-003 |
| a | Plan name | IGT RETIREMENT PLAN | |
| b | Name of plan sponsor | IGT | c EIN-PN 88-0173041-001 |
| a | Plan name | LEIDOS INC RETIREMENT PLAN | |
| b | Name of plan sponsor | LEIDOS, INC | c EIN-PN 95-3630868-004 |
| a | Plan name | T-MOBILE USA INC 401K RETIREMENT PLAN & TRUST | |
| b | Name of plan sponsor | T-MOBILE US | c EIN-PN 91-1983600-001 |
| a | Plan name | CANON EMPLOYEES SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor | CANON USA INC | c EIN-PN 13-2561772-001 |
| a | Plan name | CANON BUSINESS PROCESS SERVICE RETIREMENT AND INVESTMENT PLAN | |
| b | Name of plan sponsor | CANON USA INC | c EIN-PN 13-3978583-001 |
| a | Plan name | CONSTRUCTION WORKERS PENSION TRUST FUND- LAKE CITY AND VICINITY | |
| b | Name of plan sponsor | LABORERS LOCAL #41,#81 | c EIN-PN 35-6030666-011 |
| a | Plan name | TRIAD DEFINED CONTRIBUTION PLANS MASTER TRUST | |
| b | Name of plan sponsor | BECHTEL NR PROGRAM DC MASTER TRUST | c EIN-PN 45-3246495-001 |
| a | Plan name | LLNS DEFINED CONTRIBUTION PLANS MASTER TRUST | |
| b | Name of plan sponsor | BECHTEL NR PROGRAM DC MASTER TRUST | c EIN-PN 45-3246656-001 |
| a | Plan name | MDU RESOURCES GROUP, INC 401K RETIREMENT PLAN | |
| b | Name of plan sponsor | MDU RESOURCES GROUP, INC | c EIN-PN 30-1133956-004 |
| a | Plan name | STANLEY BLACK AND DECKER RETIREMENT PLAN | |
| b | Name of plan sponsor | STANLEY BLACK AND DECKER | c EIN-PN 94-1347393-009 |

| 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 | TRUSTAGE 401K PLAN FOR REPRESENTED EMPLOYEES | |
| b | Name of plan sponsor | CUNA MUTUAL GROUP | c EIN-PN 39-6053142-004 |
| a | Plan name | TRUSTAGE 401K PLAN FOR NON-REPRESENTED EMPLOYEES | |
| b | Name of plan sponsor | CUNA MUTUAL GROUP | c EIN-PN 42-1427107-008 |
| a | Plan name | STEPTOE AND JOHNSON LLP 401K PLAN AND TRUST AGREEMENT | |
| b | Name of plan sponsor | STEPTOE AND JOHNSON LLP | c EIN-PN 52-1379790-001 |
| a | Plan name | NEXTERA ENERGY INC EMPLOYEE RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | NEXTERA ENERGY INC | c EIN-PN 59-2449419-002 |
| a | Plan name | KEYSIGHT TECHNOLOGIES INC 401K PLAN | |
| b | Name of plan sponsor | KEYSIGHT TECHNOLOGIES | c EIN-PN 30-6445866-001 |
| a | Plan name | NORDSTROM 401K PLAN | |
| b | Name of plan sponsor | NORDSTROM INC | c EIN-PN 91-0515058-001 |
| a | Plan name | EDISON PENSION PLAN | |
| b | Name of plan sponsor | IBEW LOCAL UNION 48 | c EIN-PN 93-6061681-001 |
| a | Plan name | RICOH AMERICAS CORPORATION RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | RICOH AMERICAS CORPORATION | c EIN-PN 23-0334400-099 |
| a | Plan name | SMITH & NEPHEW US SAVINGS PLAN | |
| b | Name of plan sponsor | SMITH & NEPHEW US PENSION PLAN | c EIN-PN 51-0123924-008 |
| a | Plan name | ORANGE BUSINESS SERVICES 401K PLAN | |
| b | Name of plan sponsor | ORANGE BUSINESS SERVICES | c EIN-PN 58-2261454-001 |
| a | Plan name | EMERSON ELECTRIC CO RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | EMERSON ELECTRIC CO | c EIN-PN 43-0259330-101 |
| a | Plan name | EMERSON ELECTRIC CO EMPLOYEE SAVINGS INVESTMENT PLAN | |
| b | Name of plan sponsor | EMERSON ELECTRIC CO | c EIN-PN 43-0259330-016 |

| 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 PROFIT SHARING PLAN FOR DIVISIONS AND SUBSIDIARIES OF EMERSON ELECTRIC | |
| b | Name of plan sponsor EMERSON ELECTRIC CO | c EIN-PN 43-0259330-114 |
| a | Plan name AVIENT RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor POLYONE | c EIN-PN 34-1730488-010 |
| a | Plan name ROSEMOUNT INC PROFIT SHARING RETIREMENT PLAN | |
| b | Name of plan sponsor EMERSON ELECTRIC CO | c EIN-PN 41-0766812-001 |
| a | Plan name SCIENCE APPLICATIONS INTERNATIONAL CORPORATION RETIREMENT PLAN | |
| b | Name of plan sponsor SAIC | c EIN-PN 30-6419427-001 |
| a | Plan name MCKESSON CORP PROFIT SHARING INVESTMENT PLAN | |
| b | Name of plan sponsor MCKESSON CORPORATION | c EIN-PN 94-6114480-002 |
| a | Plan name LEDVANCE LLC 401K SAVING TRUST | |
| b | Name of plan sponsor OSRAM SYLVANIA | c EIN-PN 81-6451567-001 |
| a | Plan name ELEVATOR CONSTRUCTORS ANNUITY AND 401K PLAN | |
| b | Name of plan sponsor NATIONAL ELEVATOR INDUSTRY BENEFIT | c EIN-PN 52-2125995-001 |
| a | Plan name INTER-AMERICAN DEVELOPMENT BANK FOR ITS STAFF RETIREMENT | |
| b | Name of plan sponsor INTER-AMERICAN DEVELOPMENT BANK | c EIN-PN 52-6040854-001 |
| a | Plan name INTER-AMERICAN DEVELOPMENT BANK FOR ITS LOCAL RETIREMENT | |
| b | Name of plan sponsor INTER-AMERICAN DEVELOPMENT BANK | c EIN-PN 52-6040854-001 |
| a | Plan name INTER-AMERICAN DEVELOPMENT BANK FOR ITS COMPLEMENTARY STAFF RETIREMENT | |
| b | Name of plan sponsor INTER-AMERICAN DEVELOPMENT BANK | c EIN-PN 52-6040854-001 |
| a | Plan name EMPLOYER TEAMSTERS LOCAL NO 175/505 PENSION TRUST FUND | |
| b | Name of plan sponsor EMPLOYER TEAMSTERS LOCAL 175/505 | c EIN-PN 55-6021850-001 |
| a | Plan name CSX CORP MASTER RETIREMENT SAVINGS PLAN AND TRUST | |
| b | Name of plan sponsor CSX CORPORATION | c EIN-PN 54-1352997-003 |

| 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 | ORACLE CORP 401K SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor | ORACLE | c EIN-PN 54-2185193-001 |
| a | Plan name | HASBRO INC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | HASBRO INC | c EIN-PN 50-1550090-004 |
| a | Plan name | CLEARWATER PAPER 401K PLAN | |
| b | Name of plan sponsor | CLEARWATER PAPER CORP | c EIN-PN 20-3594554-022 |
| a | Plan name | CLEARWATER PAPER REPRESENTED 401K PLAN | |
| b | Name of plan sponsor | CLEARWATER PAPER CORP | c EIN-PN 20-3594554-039 |
| a | Plan name | COVESTRO SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor | BAYER CORP | c EIN-PN 06-1653740-544 |
| a | Plan name | MILLERCOORS LLC ESRP CRTSP PLANS | |
| b | Name of plan sponsor | MILLERCOORS LLC | c EIN-PN 26-2387410-065 |
| a | Plan name | SUNBELT BEVERAGE CO LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THE CHARMER SUNBELT GROUP | c EIN-PN 52-2050859-747 |
| a | Plan name | LEIDOS INC RETIREMENT PLAN FOR BARGAINING EMPLOYEES | |
| b | Name of plan sponsor | LEIDOS, INC | c EIN-PN 81-1219786-001 |
| a | Plan name | LSC SAVINGS TRUST | |
| b | Name of plan sponsor | RR DONNELLEY AND SONS CO, INC | c EIN-PN 81-6668467-001 |
| a | Plan name | EXPEDIA RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | EXPEDIA INC | c EIN-PN 91-1996083-002 |
| a | Plan name | TOYOTA MOTOR NORTH AMERICA INC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | TOYOTA MOTOR ENGINEERING AND MANU N | c EIN-PN 95-3141669-002 |
| a | Plan name | ABX AIR INC PILOTS INVESTMENT PLAN | |
| b | Name of plan sponsor | ABX AIR INC | c EIN-PN 91-1091619-005 |

| 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 | CAPITAL ACCUMULATION PLAN | |
| b | Name of plan sponsor | ABX AIR INC | c EIN-PN 91-1091619-002 |
| a | Plan name | HAGERSTOWN MOTOR CARRIERS AND TEAMSTERS PENSION PLAN | |
| b | Name of plan sponsor | TEAMSTERS LOCAL 992 HAGERSTOWN MOTO | c EIN-PN 52-6045424-001 |
| a | Plan name | MARYLAND ELECTRICAL INDUSTRY PENSION PLAN | |
| b | Name of plan sponsor | ELECTRICAL WORKERS, IBEW, LOCALS 24 | c EIN-PN 52-1057284-001 |
| a | Plan name | WESTERN STATES OFFICE AND PROFESSIONAL EMPLOYEE PENSION FUND | |
| b | Name of plan sponsor | OFFICE AND PROFESSIONAL EMPLOYEES, | c EIN-PN 94-6076144-001 |
| a | Plan name | VALLEY NATIONAL BANK | |
| b | Name of plan sponsor | VALLEY NATIONAL BANCORP | c EIN-PN 22-1186387-002 |
| a | Plan name | UNITED ASSOCIATION NATIONAL PENSION FUND STAFF RETIREMENT PLAN | |
| b | Name of plan sponsor | PLUMBERS & PIPEFITTERS NATIONAL PEN | c EIN-PN 52-6088636-001 |
| a | Plan name | NEWSDAY 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | ALTICE USA | c EIN-PN 26-2913233-001 |
| a | Plan name | ROCKFORD AREA DAIRY INDUSTRY LOCAL #754 IB OF T RETIREMENT PENSION FUN | |
| b | Name of plan sponsor | TEAMSTERS, LOCAL #754, ROCKFORD ARE | c EIN-PN 36-6561253-001 |
| a | Plan name | NNPP CONTRACTOR DC MASTER TRUST | |
| b | Name of plan sponsor | BECHTEL NR PROGRAM DC MASTER TRUST | c EIN-PN 35-7220852-001 |
| a | Plan name | ALASKA ELECTRICAL PENSION FUND | |
| b | Name of plan sponsor | ELECTRICAL WORKERS, IBEW-NECA, ALAS | c EIN-PN 92-6005171-001 |
| a | Plan name | ALTICE USA 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | ALTICE USA | c EIN-PN 27-0726696-010 |
| a | Plan name | COCA-COLA COMPANY MASTER TRUST FOR 401(K) PLANS | |
| b | Name of plan sponsor | THE COCA-COLA COMPANY | c EIN-PN 87-6272550-004 |

| 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 SHEET METAL WORKERS' LOCAL 73 PENSION FUND | |
| b | Name of plan sponsor SHEET METAL WORKERS, LOCAL #73 | c EIN-PN 51-6126221-001 |
| a | Plan name GATES MATCHMAKER PLAN | |
| b | Name of plan sponsor GATES RETIREMENT BOARD | c EIN-PN 84-0857401-334 |
| a | Plan name QTC MANAGEMENT INC., RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor LEIDOS, INC. | c EIN-PN 95-3948968-003 |
| a | Plan name LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS PENSION PLAN | |
| b | Name of plan sponsor TEAMSTERS, LOCAL #705 | c EIN-PN 36-6492502-001 |
| a | Plan name LEIDOS BIOMEDICAL RESEARCH, INC. 401(K) PLAN | |
| b | Name of plan sponsor LEIDOS, INC | c EIN-PN 33-0653185-003 |
| a | Plan name MASTER TRUST FOR DEFINED CONTRIBUTION PLANS OF AA INC AND ITS AFFILIAT | |
| b | Name of plan sponsor AMERICAN AIRLINES GROUP | c EIN-PN 47-5241301-001 |
| a | Plan name STEPTOE & JOHNSON LLP CASH BALANCE PENSION PLAN | |
| b | Name of plan sponsor STEPTOE & JOHNSON, LLP | c EIN-PN 52-1349790-007 |
| a | Plan name BOILERMAKERS NATIONAL ANNUITY TRUST | |
| b | Name of plan sponsor BOILERMAKERS-BLACKSMITH NATIONAL PE | c EIN-PN 48-1029345-001 |
| a | Plan name APPLE 401(K) PLAN | |
| b | Name of plan sponsor APPLE, INC. | c EIN-PN 94-2404110-001 |
| a | Plan name COUNTY OF ORANGE 1.62 PLANS | |
| b | Name of plan sponsor COUNTY OF ORANGE | c EIN-PN 95-6000928-004 |
| a | Plan name COUNTY OF ORANGE 401(A) DEFINED CONTRIBUTION PLAN | |
| b | Name of plan sponsor COUNTY OF ORANGE | c EIN-PN 95-6000928-002 |
| a | Plan name COUNTY OF ORANGE 457 DEFINED CONTRIBUTION PLAN | |
| b | Name of plan sponsor COUNTY OF ORANGE | c EIN-PN 95-6000928-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | LEIDOS BIOMEDICAL RESEARCH, INC. EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor | LEIDOS, INC | c EIN-PN 33-0653185-002 |
| a | Plan name | T-MOBILE PUERTO RICO 1165(E) PLAN | |
| b | Name of plan sponsor | T-MOBILE US, INC | c EIN-PN 66-0649631-001 |
| a | Plan name | BOILERMAKER-BLACKSMITH NATIONAL PENSION TRUST | |
| b | Name of plan sponsor | BOILERMAKERS-BLACKSMITH NATIONAL PE | c EIN-PN 48-6168020-001 |
| a | Plan name | SAVINGS PLAN FOR EMPLOYEES OF AMERICAN WATER WORKS COMPANY, | |
| b | Name of plan sponsor | AMERICAN WATER | c EIN-PN 51-0063696-003 |
| a | Plan name | THE ADJUSTABLE PLAN OF THE UNITE HERE RETIREMENT FUND | |
| b | Name of plan sponsor | UNITE HERE, UNITED FUND ADMINISTRAT | c EIN-PN 82-0994119-002 |
| a | Plan name | GEORGIA SYSTEM OPERATIONS CORPORATION RETIREMENT PLAN | |
| b | Name of plan sponsor | OGLETHORPE POWER CORP. | c EIN-PN 58-2231207-003 |
| a | Plan name | OGLETHORPE POWER CORPORATION RETIREMENT PLAN | |
| b | Name of plan sponsor | OGLETHORPE POWER CORP. | c EIN-PN 58-1211925-002 |
| a | Plan name | GEORGIA TRANSMISSION CORPORATION RETIREMENT PLAN | |
| b | Name of plan sponsor | VALLEY NATIONAL BANCORP | c EIN-PN 58-2231201-003 |
| a | Plan name | IBEW LOCAL 223 PENSION PLAN | |
| b | Name of plan sponsor | ELECTRICAL WORKERS, IBEW, LOCAL #22 | c EIN-PN 04-2780301-005 |
| a | Plan name | TUCKPOINTERS LOCAL 52 PENSION TRUST FUND | |
| b | Name of plan sponsor | TUCKPOINTERS, LOCAL #52 | c EIN-PN 36-6122163-001 |
| a | Plan name | GALLO PENSION FOR NON-UNION EMPLOYEES | |
| b | Name of plan sponsor | E. & J. GALLO WINERY | c EIN-PN 94-1409660-001 |
| a | Plan name | PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE GALLO GLASS COMPANY | |
| b | Name of plan sponsor | E. & J. GALLO WINERY | c EIN-PN 94-1384142-001 |

| 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 CITIGROUP PENSION PLAN | |
| b | Name of plan sponsor CITIGROUP INC. | c EIN-PN 52-1568099-020 |
| a | Plan name HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST | |
| b | Name of plan sponsor HALLIBURTON COMPANY | c EIN-PN 80-6176426-001 |
| a | Plan name UFCW INTERNATIONAL UNION - INDUSTRY VARIABLE ANNUITY PENSION FUND | |
| b | Name of plan sponsor UNITED FOOD & COMMERCIAL WORKERS IN | c EIN-PN 85-3177950-001 |
| a | Plan name UFCW INTERNATIONAL UNION - ALBERTSONS VARIABLE ANNUITY PENSION FUND | |
| b | Name of plan sponsor UNITED FOOD & COMMERCIAL WORKERS IN | c EIN-PN 85-3326342-001 |
| a | Plan name CANON NANOTECHNOLOGIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor CANON U.S.A., INC. | c EIN-PN 74-2994370-001 |
| a | Plan name CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL PENSION PLAN | |
| b | Name of plan sponsor CHICAGO LABORERS PENSION & WELFARE | c EIN-PN 36-2514514-002 |
| a | Plan name TELEDYNE TECHNOLOGIES INCORPORATED 401(K) PLAN | |
| b | Name of plan sponsor TELEDYNE TECHNOLOGIES INCORPORATED | c EIN-PN 25-1843385-002 |
| a | Plan name ASSOCIATED MATERIALS, LLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor ASSOCIATED MATERIALS, LLC | c EIN-PN 85-2597506-001 |
| a | Plan name MERRILL LYNCH PIERCE FENNER & SMITH FOR THE SOLE BENEFIT OF ITS CUSTOM | |
| b | Name of plan sponsor MERRILL LYNCH & CO., INC. | c EIN-PN 13-5674085-001 |
| a | Plan name UPS/IBT LOCAL 2727 DEFINED CONTRIBUTION MONEY PURCHASE PENSION PLAN | |
| b | Name of plan sponsor UNITED PARCEL AIR MAINTENANCE AND R | c EIN-PN 36-2407381-001 |
| a | Plan name UPS/IBT LOCAL 2727 401(K) PLAN | |
| b | Name of plan sponsor UNITED PARCEL AIR MAINTENANCE AND R | c EIN-PN 36-2407381-004 |
| a | Plan name GENERAL PENSION PLAN OF THE I.U.O.E | |
| b | Name of plan sponsor THE GENERAL PENSION PLAN OF THE INT | c EIN-PN 52-6124299-001 |

| 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 SALESFORCE 401(K) PLAN | |
| b | Name of plan sponsor SALESFORCE, INC. | c EIN-PN 94-3320693-001 |
| a | Plan name MARSH & MCLENNAN AGENCY 401(K) SAVINGS & INVESTMENT PLAN | |
| b | Name of plan sponsor MARSH & MCLENNAN COMPANIES, INC. | c EIN-PN 13-2854946-006 |
| a | Plan name MARSH & MCLENNAN COMPANIES 401(K) SAVINGS & INVESTMENT PLAN | |
| b | Name of plan sponsor MARSH & MCLENNAN COMPANIES, INC. | c EIN-PN 13-2854946-003 |
| a | Plan name KNIFE RIVER CORPORATION 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor KNIFE RIVER CORPORATION 401(K) RETI | c EIN-PN 92-1008893-001 |
| a | Plan name INDIANA LABORERS PENSION FUND | |
| b | Name of plan sponsor INDIANA LABORERS PENSION FUND | c EIN-PN 35-6027150-001 |
| a | Plan name CITI RETIREMENT SAVINGS PLAN TRUST | |
| b | Name of plan sponsor CITIGROUP INC. | c EIN-PN 81-6780735-004 |
| a | Plan name COPELAND EMPLOYEE SAVINGS INVESTMENT PLAN | |
| b | Name of plan sponsor COPELAND LP | c EIN-PN 34-4210902-001 |
| a | Plan name DAIMLER TRUCK NORTH AMERICA LLC MASTER SAVINGS PLAN TRUST | |
| b | Name of plan sponsor DAIMLER TRUCKS NORTH AMERICA LLC | c EIN-PN 88-3814963-025 |
| a | Plan name KENAN ADVANTAGE GROUP, INC. 401(K) PLAN | |
| b | Name of plan sponsor KENAN ADVANTAGE GROUP | c EIN-PN 34-1950439-002 |
| a | Plan name RBS AND AFFILIATES DEFINED CONTRIBUTION PLANS MASTER TRUST | |
| b | Name of plan sponsor RETAIL BUSINESS SERVICES, LLC | c EIN-PN 27-3756754-002 |
| a | Plan name HAVI GROUP, LP PROFIT SHARING AND SAVINGS PLAN | |
| b | Name of plan sponsor HAVI GROUP, LP | c EIN-PN 36-3600106-001 |
| a | Plan name 1ST FRANKLIN FINANCIAL 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor 1ST FRANKLIN FINANCIAL CORPORATION | c EIN-PN 58-0521233-003 |

| 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 | THE SCOTTS COMPANY LLC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | THE SCOTTS COMPANY LLC | c EIN-PN 31-1414921-001 |
| a | Plan name | W.R. GRACE & CO. SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor | W. R. GRACE & CO. | c EIN-PN 65-0773649-123 |
| a | Plan name | W.R. GRACE & CO. RETIREMENT CONTRIBUTION PLAN | |
| b | Name of plan sponsor | W. R. GRACE & CO. | c EIN-PN 65-0773649-124 |
| a | Plan name | DAYTON CHILDREN'S MEDICAL CENTER OF DAYTON 401(K) PLAN | |
| b | Name of plan sponsor | DAYTON CHILDREN'S HOSPITAL | c EIN-PN 31-0672132-002 |
| a | Plan name | CRAWFORD & COMPANY SAVINGS & INVESTMENT PLAN | |
| b | Name of plan sponsor | CRAWFORD & COMPANY | c EIN-PN 58-0506554-002 |
| a | Plan name | INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION LOCAL NO. 710 PENSION FUN | |
| b | Name of plan sponsor | TRUSTEES OF I. B. OF T. UNION LOCAL | c EIN-PN 36-2377656-001 |
| a | Plan name | RYERSON SAVINGS PLAN MASTER TRUST | |
| b | Name of plan sponsor | JOSEPH T. RYERSON & SON, INC. | c EIN-PN 36-1717960-005 |
| a | Plan name | LOCAL 697 IBEW & ELECTRICAL INDUSTRY PENSION FUND | |
| b | Name of plan sponsor | ELECTRICAL WORKERS, IBEW, LOCAL #69 | c EIN-PN 35-1115299-001 |
| a | Plan name | GENESIS HEALTH SYSTEM EMPLOYER CONTRIBUTION PLAN | |
| b | Name of plan sponsor | GENESIS HEALTH SYSTEM | c EIN-PN 42-1418847-011 |
| a | Plan name | ONCOR THRIFT PLAN | |
| b | Name of plan sponsor | ONCOR ELECTRIC DELIVERY COMPANY LLC | c EIN-PN 75-2967830-002 |
| a | Plan name | IRON WORKERS DISTRICT COUNCIL OF ST. LOUIS PENSION FUND | |
| b | Name of plan sponsor | IRON WORKERS, DISTRICT COUNCIL, ST. | c EIN-PN 43-6052659-001 |
| a | Plan name | HEXAGON EMPLOYEE RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | INTERGRAPH CORPORATION | c EIN-PN 63-0573222-002 |

| 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 | WELLMARK, INC. SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor | WELLMARK, INC. | c EIN-PN 42-0318333-002 |
| a | Plan name | COLUMBUS MCKINNON CORPORATION THRIFT 401(K) PLAN | |
| b | Name of plan sponsor | COLUMBUS MCKINNON CORPORATION | c EIN-PN 16-0547600-013 |
| a | Plan name | AEROSPACE CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | THE AEROSPACE CORPORATION | c EIN-PN 95-2102389-505 |
| a | Plan name | SNELL & WILMER PROFIT SHARING AND SAVINGS PLAN | |
| b | Name of plan sponsor | SNELL & WILMER, LLP | c EIN-PN 04-3819870-001 |
| a | Plan name | TEXAS HOSPITAL ASSOCIATION RETIREMENT PLAN FOR MEMBER HOSPITALS | |
| b | Name of plan sponsor | TEXAS HOSPITAL ASSOCIATION | c EIN-PN 74-2672021-001 |
| a | Plan name | PUBLICIS BENEFITS CONNECTION 401K PLAN | |
| b | Name of plan sponsor | MMS USA HOLDINGS, INC | c EIN-PN 36-2677628-002 |
| a | Plan name | HONDA 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | AMERICAN HONDA MOTOR CO., INC. | c EIN-PN 95-2041006-335 |
| a | Plan name | POTLATCHDELTIC HOURLY 401(K) PLAN | |
| b | Name of plan sponsor | POTLATCHDELTIC CORPORATION | c EIN-PN 82-0156045-106 |
| a | Plan name | POTLATCHDELTIC SALARIED 401(K) PLAN | |
| b | Name of plan sponsor | POTLATCHDELTIC CORPORATION | c EIN-PN 82-0156045-105 |
| a | Plan name | HARRIS TEETER SUPERMARKETS, INC. RETIREMENT AND SAVINGS PLAN | |
| b | Name of plan sponsor | HARRIS TEETER SUPERMARKETS, INC. | c EIN-PN 56-0905940-003 |
| a | Plan name | NCAA RETIREMENT PLAN | |
| b | Name of plan sponsor | NCAA FOUNDATION, INC. | c EIN-PN 44-0567264-001 |
| a | Plan name | NCAA QUALIFIED SAVINGS PLAN | |
| b | Name of plan sponsor | NCAA FOUNDATION, INC. | c EIN-PN 44-0567264-002 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs) | | |
|---|----------------------|--|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | |
| a | Plan name | MASTER TRUST AGREEMENT FOR THE ADM 401(K) AND EMPLOYEE STOCK OWNERSHIP |
| b | Name of plan sponsor | ARCHER DANIELS MIDLAND COMPANY |
| c | EIN-PN | 27-1701330-031 |
| a | Plan name | EMPLOYEE SAVINGS PLAN OF KOPPERS INC. AND SUBSIDIARIES |
| b | Name of plan sponsor | KOPPERS INC. |
| c | EIN-PN | 25-1588399-001 |
| a | Plan name | KOPPERS INC. SAVINGS PLAN FOR UNION HOURLY EMPLOYEES |
| b | Name of plan sponsor | KOPPERS INC. |
| c | EIN-PN | 25-1588399-004 |
| a | Plan name | NORDSON CORPORATION DEFINED CONTRIBUTION PLAN MASTER TRUST |
| b | Name of plan sponsor | NORDSON CORPORATION |
| c | EIN-PN | 34-0590250-001 |
| a | Plan name | RETIREMENT PLAN OF HENKEL PUERTO RICO, INC. |
| b | Name of plan sponsor | HENKEL PUERTO RICO, INC. |
| c | EIN-PN | 66-0266147-001 |
| a | Plan name | HENKEL OF AMERICA MASTER TRUST |
| b | Name of plan sponsor | HENKEL OF AMERICA, INC. |
| c | EIN-PN | 41-1372525-100 |
| a | Plan name | CHICO'S FAS, INC. 401(K) ELECTIVE DEFERRAL PLAN |
| b | Name of plan sponsor | CHICO'S FAS, INC. |
| c | EIN-PN | 59-2389435-001 |
| a | Plan name | HENKEL PUERTO RICO, INC. SAVINGS PLAN |
| b | Name of plan sponsor | HENKEL PUERTO RICO, INC. |
| c | EIN-PN | 66-0266147-002 |
| a | Plan name | |
| b | Name of plan sponsor | |
| c | EIN-PN | |
| a | Plan name | |
| b | Name of plan sponsor | |
| c | EIN-PN | |
| a | Plan name | |
| b | Name of plan sponsor | |
| c | EIN-PN | |
| a | Plan name | |
| b | Name of plan sponsor | |
| c | EIN-PN | |

| | | |
|--|--|--|
| 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 |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024 | |
| A Name of plan LOOMIS SAYLES CORE PLUS FIXED INCOME FUND | B Three-digit plan number (PN) ▶ 010 |
| C Plan sponsor's name as shown on line 2a of Form 5500 LOOMIS SAYLES TRUST COMPANY, LLC. | D Employer Identification Number (EIN) 84-6391546 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 3184491 | 4810849 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 254634045 | 801961950 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 51597326 | 76556770 |
| (2) U.S. Government securities | 1c(2) | 2474802674 | 3047601425 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 704937714 | 563705595 |
| (B) All other | 1c(3)(B) | 1295285129 | 1595615470 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | 125149312 | 142730372 |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | 1715738011 | 2684336680 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | 256718195 | 390634235 |

| 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 | 6882046897 | 9307953346 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 220527781 | 523131268 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 220527781 | 523131268 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 6661519116 | 8784822078 |

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) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 3775243 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 108245499 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 97135535 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | 6633067 | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | 26957913 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 242747257 |
| (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) | | |
| (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) | 12414495225 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 12424410208 | |
| (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) | -15875971 | |
| (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) | 122090 |
| (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) | |
| c Other income | 2c | 1561859 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | 218640252 |

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) | |
| 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) | 29380 |
| (5) Investment advisory and investment management fees | 2i(5) | 9497189 |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 1510315 |
| (7) Actuarial fees | 2i(7) | |
| (8) Legal fees | 2i(8) | 581 |
| (9) Valuation/appraisal fees | 2i(9) | |
| (10) Other trustee fees and expenses | 2i(10) | |
| (11) Other expenses | 2i(11) | 21583 |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 11059048 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | 11059048 |

Net Income and Reconciliation

| | | |
|---|-------|------------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | 207581204 |
| l Transfers of assets: | | |
| (1) To this plan | 2l(1) | 4480159844 |
| (2) From this plan | 2l(2) | 2564438086 |

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.) | | | |
| 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.) | | | |
| 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.) | | | |
| 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.) | | | |
| 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.) | | | |
| 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 _____.