Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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) C

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

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)
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)
LOOMIS SAYLES TRUST COMPANY, LLC.

ONE FINANCIAL CENTER
33RD FLOOR
BOSTON, MA 02111

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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	01/13/2026	JOSHUA LOPES
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

c Plan Name

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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] 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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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) 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 **2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan LOOMIS SAYLES CORE PLUS FIXED INCOME FUND	**B** Three-digit plan number (PN) ▶ 010
C Plan or DFE 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 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: NHIT AGENCY MBS TRUST

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY

c EIN-PN 20-8080381-024	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2350040104

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

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY

c EIN-PN 20-8080381-037	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 585599641

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	OREGON LABORERS- EMPLOYERS DEFINED		
b Name of plan sponsor	BD OF TTEES, OREGON LABORERS	**c** EIN-PN	93-6075363-001
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	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
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

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	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
a Plan name	TRUSTAGE 401K PLAN FOR REPRESENTED EMPLOYEES		
b Name of plan sponsor	CUNA MUTUAL GROUP	**c** EIN-PN	39-6053142-004

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	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	52-1349790-001
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
a Plan name	AVIENT RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	POLYONE	**c** EIN-PN	34-1730488-010

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	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION RETIREMENT PLAN		
b Name of plan sponsor	SAIC	**c** EIN-PN	30-6419427-001
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
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	05-0155090-004
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

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	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	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
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

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	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
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

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	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	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

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	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
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

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	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
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

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	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
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

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	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
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

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	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
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	IMERYS USA 401(K) PLAN		
b Name of plan sponsor	IMERYS USA INC.	**c** EIN-PN	23-2617050-003

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	IMERYS 401(K) PLAN FOR BARGAINING EMPLOYEES		
b Name of plan sponsor	IMERYS USA INC.	**c** EIN-PN	23-2617050-004
a Plan name	CEDARS-SINAI HEALTH SYSTEM DEFINED CONTRIBUTION RET PLAN		
b Name of plan sponsor	CEDARS-SINAI MEDICAL CENTER	**c** EIN-PN	95-1644600-002
a Plan name	ALASKA AIRLINES, INC. ALASKASAVER PLAN		
b Name of plan sponsor	ALASKA AIRLINES, INC.	**c** EIN-PN	92-0009235-017
a Plan name	ALASKA AIRLINES, INC. COPS, MRP AND DISPATCH PLAN		
b Name of plan sponsor	ALASKA AIRLINES, INC.	**c** EIN-PN	92-0009235-013
a Plan name	ALASKA AIRLINES, INC. FLIGHT ATTENDANT PLAN		
b Name of plan sponsor	ALASKA AIRLINES, INC.	**c** EIN-PN	92-0009235-012
a Plan name	ALASKA AIRLINES, INC. PILOTS INVESTMENT AND SAVINGS PLAN		
b Name of plan sponsor	ALASKA AIRLINES, INC.	**c** EIN-PN	92-0009235-011
a Plan name	HORIZON AIR INDUSTRIES, INC. HORIZON AIR SAVINGS INVESTMENT		
b Name of plan sponsor	ALASKA AIRLINES, INC.	**c** EIN-PN	91-1201373-002
a Plan name	SPOKANE EMPLOYEES RETIREMENT SYSTEM DEFINED BENEFIT PLAN		
b Name of plan sponsor	SPOKANE EMPLOYEES RETIREMENT SYSTEM	**c** EIN-PN	45-3552738-001
a Plan name	CISCO SYSTEMS, INC. 401(K) PLAN		
b Name of plan sponsor	CISCO SYSTEMS, INC.	**c** EIN-PN	77-0059951-001
a Plan name	BRUNSWICK RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BRUNSWICK CORPORATION	**c** EIN-PN	36-0848180-154
a Plan name	ENPRO INDUSTRIES, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ENPRO INDUSTRIES, INC.	**c** EIN-PN	01-0573945-004
a Plan name	EVERUS 401(K) PLAN		
b Name of plan sponsor	MDU RESOURCES GROUP, INC.	**c** EIN-PN	30-1133956-001

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	DUPONT SPECIALTY PROD. AND RELATED CO SAV. PLAN MASTER TRUST		
b Name of plan sponsor	DUPONT CAPITAL MANAGEMENT	**c** EIN-PN	83-3846995-001
a Plan name	CKE SAVINGS PLAN		
b Name of plan sponsor	CKE RESTAURANTS, INC.	**c** EIN-PN	90-0941003-001
a Plan name	DYKEMA GOSSETT PLLC SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	DYKEMA GOSSETT, PLLC	**c** EIN-PN	38-1446628-002
a Plan name	FMC CORPORATION SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	FMC CORPORATION	**c** EIN-PN	94-0479804-061
a Plan name	CHICAGO AND VICINITY LABORERS DIST. COUNCIL OFFICE STAFF PP		
b Name of plan sponsor	CHICAGO LABORERS PENSION & WELFARE	**c** EIN-PN	36-6550487-001
a Plan name	SAVINGS PLAN FOR FMC EMPLOYEES IN PUERTO RICO		
b Name of plan sponsor	FMC CORPORATION	**c** EIN-PN	66-0550990-099
a Plan name	IADB - STABILIZATION RESERVE FUND FOR THE LOCAL RET. PLAN		
b Name of plan sponsor	INTER-AMERICAN DEVELOPMENT BANK	**c** EIN-PN	52-6040854-001
a Plan name	IADB - STABILIZATION RESERVE FUND FOR THE STAFF RET. PLAN		
b Name of plan sponsor	INTER-AMERICAN DEVELOPMENT BANK	**c** EIN-PN	52-6040854-001
a Plan name	THE 401(K) SAV. AND PSP OF S AND P GLOBAL INC. AND ITS SUB.		
b Name of plan sponsor	S&P GLOBAL	**c** EIN-PN	13-1026995-002
a Plan name	MCKESSON CORPORATION PROFIT SHARING INVESTMENT PLAN - FIIOC		
b Name of plan sponsor	MCKESSON CORPORATION	**c** EIN-PN	94-6114480-002
a Plan name	ALLIANCE COMPRESSORS, LLC 401(K) PLAN		
b Name of plan sponsor	COPELAND LP	**c** EIN-PN	13-3757304-001
a Plan name	TWIN CITY HOSPITALS MINNESOTA NURSES ASSOCIATION PENSION PL.		
b Name of plan sponsor	TWIN CITY HOSPITAL WORKERS PENSION	**c** EIN-PN	41-6184922-001

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	GLOBAL INFRASTRUCTURE SAVINGS PLAN		
b Name of plan sponsor	T.Y. LIN INTERNATIONAL	**c** EIN-PN	94-3277448-004
a Plan name	SEATTLE CHILDRENS HEALTHCARE SYSTEM EMPLOYEES RET. PLAN		
b Name of plan sponsor	SEATTLE CHILDREN'S HOSPITAL	**c** EIN-PN	91-1250116-003
a Plan name	UNITED ASSOCIATION NATIONAL PENSION FUND		
b Name of plan sponsor	UNITED ASSOCIATION NATIONAL PENSION	**c** EIN-PN	52-6152779-001
a Plan name	HEIDRICK AND STRUGGLES 401K PROFIT SHARING AND RETIREMENT PL		
b Name of plan sponsor	HEIDRICK & STRUGGLES INTERNATIONAL,	**c** EIN-PN	36-4277938-001
a Plan name	WARREN AVERETT COMPANY LLC PROFIT SHARING PLAN		
b Name of plan sponsor	WARREN AVERETT COMPANIES, LLC	**c** EIN-PN	45-4084397-004
a Plan name	SAS INSTITUTE INC. RETIREMENT PLAN		
b Name of plan sponsor	SAS INSTITUTE, INC.	**c** EIN-PN	56-1133017-001
a Plan name	HAWAIIAN AIRLINES, INC. 401(K) PLAN FOR FLIGHT ATTENDANTS		
b Name of plan sponsor	HAWAIIAN AIRLINES, INC.	**c** EIN-PN	99-0042880-005
a Plan name	HAWAIIAN AIRLINES, INC. PILOTS 401(K) PLAN		
b Name of plan sponsor	HAWAIIAN AIRLINES, INC.	**c** EIN-PN	99-0042880-007
a Plan name	HAWAIIAN AIRLINES, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	HAWAIIAN AIRLINES, INC.	**c** EIN-PN	99-0042880-008
a Plan name	MACERICH PROPERTY MANAGEMENT COMPANY 401K PROFIT SHARING PL		
b Name of plan sponsor	MACERICH MANAGEMENT CO.	**c** EIN-PN	95-4448705-001
a Plan name	BRUNSWICK REWARDS PLAN		
b Name of plan sponsor	BRUNSWICK CORPORATION	**c** EIN-PN	36-0848180-170
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4810849	29730447
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	801961950	623444360
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	76556770	19964199
(2) U.S. Government securities	1c(2)	3047601425	3955910699
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	563705595	714051414
(B) All other	1c(3)(B)	1595615470	2209807604
(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)	142730372	161775240
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2684336680	2935639745
(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)	390634235	443970638

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	9307953346	11094294346
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	523131268	435695426
1k Total liabilities (add all amounts in lines 1g through1j)	1k	523131268	435695426
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8784822078	10658598920

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)	4182200	
(B) U.S. Government securities	2b(1)(B)	149816323	
(C) Corporate debt instruments	2b(1)(C)	137867506	
(D) Loans (other than to participants)	2b(1)(D)	7039260	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	36558961	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		335464250
(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)	14850422307	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14835807355	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		14614952
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	264862391	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		264862391

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		18230547
(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		2060619
d Total income. Add all **income** amounts in column (b) and enter total	2d		635232759
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)	31517	
(5) Investment advisory and investment management fees	2i(5)	11912519	
(6) Bank or trust company trustee/custodial fees	2i(6)	2004608	
(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)	23914	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		13973139
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13973139
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		621259620
l Transfers of assets:			
(1) To this plan	2l(1)		3478050116
(2) From this plan	2l(2)		2225532894

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.)	**4a**			
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.)	**4b**			
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.)	**4c**			
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.)	**4d**			
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
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.)	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 _____.