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 01/01/2025 and ending 12/31/2025

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) _____

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 FUNDED PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1956

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 & COMPANY, L.P.

ONE FINANCIAL CENTER
BOSTON, MA 02111

2b Employer Identification Number (EIN)
04-3200030

2c Plan Sponsor's telephone number
617-346-9877

2d Business code (see instructions)
523900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	ESTELLE BURTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	401
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)**	110
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	102
b	Retired or separated participants receiving benefits	**6b**	177
c	Other retired or separated participants entitled to future benefits	**6c**	84
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	363
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	31
f	Total. Add lines **6d** and **6e**.	**6f**	394
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**	0
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:

1A 1I

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
LOOMIS-SAYLES FUNDED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LOOMIS, SAYLES & COMPANY, L.P.

D Employer Identification Number (EIN)
04-3200030

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	125673077
b Actuarial value	**2b**	125673077

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	213	72716411	72716411
b For terminated vested participants	86	14295794	14295794
c For active participants	110	42550737	43875845
d Total	409	129562942	130888050

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	336911
c Target normal cost	**6c**	336911

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/02/2026
Date

JASON CONKEY
Type or print name of actuary

26-08458
Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES
Firm name

737-900-3705
Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD, OH 44286-9369
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	845410
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	835010
9	Amount remaining (line 7 minus line 8)	0	10400
10	Interest on line 9 using prior year's actual return of 2.02 %	0	210
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		938860
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.18 %		5379
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		16867
c	Total available at beginning of current plan year to add to prefunding balance		961106
d	Portion of (c) to be added to prefunding balance		961056
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	971666

Part III Funding Percentages

14	Funding target attainment percentage	14	95.27 %
15	Adjusted funding target attainment percentage	15	95.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2026	243000				
07/14/2026	243000				
08/28/2026	101000				
			Totals ► 18(b)	587000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	544453

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	336911
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6186639	631827
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	968738

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	971197	971197

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	544453

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	544453
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	544453
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LOOMIS-SAYLES FUNDED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOOMIS, SAYLES & COMPANY, L.P.

D Employer Identification Number (EIN)
04-3200030

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

LOOMIS SAYLES & COMPANY, LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	239300	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC. AND AFFIL	59	

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHMENT 94-1737782	SEE ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LOOMIS-SAYLES FUNDED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LOOMIS, SAYLES & COMPANY, L.P.

D Employer Identification Number (EIN)
04-3200030

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 LONG DURATION CORP BOND TRUST

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

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)
20-8080381-006	C	30063337

a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE DISCIPLINED ALPHA TRUST

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

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)
20-8080381-029	C	30696489

a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT US HIGH YIELD BOND

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

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)
20-8080381-008	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES SMALL CAP GROWTH TRUS

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

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)
84-6391546-022	C	2151149

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

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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)

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 01/01/2025 and ending 12/31/2025

A Name of plan
LOOMIS-SAYLES FUNDED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOOMIS, SAYLES & COMPANY, L.P.

D Employer Identification Number (EIN)
04-3200030

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1014000	587000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2301407	1564320
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	61390717	62910975
(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)	37532073	37254196
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	23518521	28022180

		(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	125756718	130338671
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	57135	50454
1k Total liabilities (add all amounts in lines 1g through1j)	1k	57135	50454
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	125699583	130288217

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)	587000	
(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)		587000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	85358	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		85358
(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)	1219102	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1219102
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3389580
(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)		4833699
c Other income	2c		3003659
d Total income. Add all **income** amounts in column (b) and enter total	2d		13118398
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8070086	
(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)		8070086
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)	114630	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	67536	
(11) Other expenses	2i(11)	277512	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		459678
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8529764
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4588634
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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) [X] 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) [X] 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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
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**		X	
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**		X	
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**		X	
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**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
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 [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587370.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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 01/01/2025 and ending 12/31/2025

A Name of plan
LOOMIS-SAYLES FUNDED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOOMIS, SAYLES & COMPANY, L.P.

D Employer Identification Number (EIN)
04-3200030

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 82-3967259

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

CBIZ CPAs

Loomis-Sayles Funded Pension Plan
Financial Statements
and
Supplementary Schedules
For the Years Ended
December 31, 2025 and 2024

Loomis-Sayles Funded Pension Plan
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* Other supplementary schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

CBIZ CPAs

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Independent Auditors' Report

To the Participants and Administrator
Loomis-Sayles Funded Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed the audits of the financial statements of the Loomis-Sayles Funded Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and (2) Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

Boston, Massachusetts
October 12, 2026

Loomis-Sayles Funded Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at Fair Value	$ 129,751,671	$ 124,742,718
Employer Contributions	587,000	1,014,000
Total assets	130,338,671	125,756,718
Liabilities		
Accrued administrative expenses	50,454	57,135
Total liabilities	50,454	57,135
Net assets available for benefits	$ 130,288,217	$ 125,699,583

See Independent Auditors' Report and accompanying notes to financial statements.

Loomis-Sayles Funded Pension Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

Additions to net assets:		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	$	11,226,938
Dividends and interest		1,304,460
Total investment income		12,531,398
Employer contribution		587,000
Total additions		13,118,398
Deductions from net assets:		
Benefits paid to participants		(8,070,086)
Administrative fees		(459,678)
Total deductions		(8,529,764)
Net increase in net assets available for benefits		4,588,634
Net assets available for benefits:		
Beginning of year		125,699,583
End of year	$	130,288,217

See Independent Auditors' Report and accompanying notes to financial statements.

Note 1 – Description of the Plan

General

Loomis, Sayles & Company, L.P. (the "Company") is organized as a Delaware limited partnership. The Company sponsors the Loomis-Sayles Funded Pension Plan (the "Plan"), a defined benefit plan, for the benefit of current and retired employees of the Company. The following is a brief description of the Plan. Participants should refer to the Plan documents for a complete description of the Plan's provisions.

The Plan is a Non-Contributory Defined Benefit Pension Plan for the benefit of each full-time employee of the Company who was employed prior to May 3, 2003, at which time the Plan was closed to new participants. Plan benefit accruals froze as of December 31, 2020. Employees were eligible to participate in the Plan on the first day of the calendar month after reaching age 21 and completing one year of service. Participant benefits are fully vested after 5 years of service with the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All investments are non-participant directed.

Administration

The named fiduciaries of the Plan are the Company, the Retirement Committee and Charles Schwab Trust Bank (the "Trustee"). The Retirement Committee consists of Company employees and retirees who are appointed by the Board of Directors of the Company and are responsible for directing the day-to-day administration of the Plan.

The Trustee has custody of the Plan's assets. The Trustee makes purchases and sales of investments at the direction of the Retirement Committee, and payments to participants and beneficiaries on instructions from the Retirement Committee.

Pension Benefits

Employees with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) that have terminated their employment, equal to 1.00% of his or her final average compensation for each of the first 25 years of service, plus 0.45% of his or her final average compensation in excess of his or her Social Security Covered Compensation (as defined in the Plan document) for each of the first 35 years of service, plus 0.50% of his or her final average compensation for each year of service in excess of 25 years, plus 0.10% of final average compensation earned after December 31, 2000 through December 31, 2002.

Note 1 – Description of the Plan (continued)

The annual normal retirement benefit after December 31, 1993 is at least equal to the benefit as calculated under the "extended wear-away" grandfathering provisions of the Internal Revenue Code with respect to application of the Plan compensation limitation in effect as of January 1, 1994.

The Plan permits early retirement to members who have reached age 55 and have completed 10 years of service. Employees may elect to receive their pension benefits in one of the following methods:

- Life annuity with 120 monthly payments guaranteed;
- Joint annuity with 50% or 100% continued to the participant's surviving beneficiary;
- Joint annuity with 66 2/3% continued to the survivor if either the participant or beneficiary dies;
- Life annuity; or
- Lump sum.

If employees terminated before rendering 5 years of service, they would have forfeited the right to receive any benefits under the Plan. Currently, since the Plan is closed to new members, all active members have the required 5 years of service.

Note 2 – Summary of Significant Accounting Policies

The following is a summary of significant accounting policies which are in conformity with accounting principles generally accepted in the United States of America ("US GAAP") and are consistently followed by the Plan in the preparation of its financial statements.

Basis of Accounting

The accompanying financial statements are prepared on the accrual method of accounting.

Note 2 – Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants and the measurement date. See Note 6 for a discussion of fair value measurements.

Security transactions are accounted for on the trade date. Dividend income is recorded on the ex-dividend date and interest income is recorded on an accrual basis. The cost basis of investments is increased by expenses directly incurred in connection with their purchase.

The Plan presents in the Statement of Changes in Net Assets Available for Benefits, the net realized and unrealized appreciation in the fair value of its investments, which consists of the realized gains and losses on investments sold during the year and the change in unrealized gains and losses on those investments held during the year.

Unit Values

Individual investor accounts for the collective trust investments are maintained on a unit value basis. Investors do not have beneficial ownership in their specific underlying securities or other assets in the trusts, but do have an interest therein represented by units valued daily. The trusts earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each trust are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the investors' accounts are charged or credited with the number of units properly attributable to each investor.

Benefit Payments

Benefit payments are recorded when paid.

Note 2 – Summary of Significant Accounting Policies (continued)

Administrative Expenses

All administrative expenses, principally Trustee, record keeping, professional and other fees are borne by the Plan and are recorded on an accrual basis.

Note 3 – Funding Policy

It is the policy of the Company to make contributions to the Plan subject to the established limitations under the Employee Retirement Income Security Act of 1974 ("ERISA"). Annual provisions for funding are calculated by the Plan's actuary and are designed to cover (a) the estimated cost of benefits earned in the current year and (b) an amortization of unfunded liability of benefits earned in prior years. Such contributions, when required, meet the minimum ERISA standards.

Company contributions, when required, are made on a quarterly basis throughout the year, and customarily the full payment of estimated annual pension cost has been completed by the year end. In the event that a contribution, based on year-end valuations, is made subsequent to year end, the contribution will be recorded as a contribution receivable, so long as the Plan records the contribution in its Internal Revenue Service ("IRS") tax filings. This amount is subject to IRS limitations. The Company made a $587,000 contribution for 2025.

Note 4 – Plan Termination

Although it is expected the Company will continue the Plan as a permanent retirement program for the benefit of its employees, the Company reserves the right at any time, by action of its Board of Directors, to terminate the Plan or discontinue its contributions, subject to the provisions of ERISA.

In the event of termination, all benefits accrued to the date of such termination (to the extent funded as of such date) will become non-forfeitable and the assets in the Plan will be applied to provide benefits in the following order or priority: (1) retirement benefits for employees (and spouses and beneficiaries) who retired, or were entitled to retire, three years or more prior to such termination date; (2) the benefits guaranteed by the Pension Benefit Guaranty Corporation as described below; (3) vested retirement benefits not provided for under (1) or (2) above; and (4) all accrued but non-vested benefits. Any assets remaining in the Plan after providing all benefits will be returned to the Company.

Note 4 – Plan Termination (continued)

Benefits under this Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency, if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, if benefits have been increased within the five years before Plan termination, the whole amount of the benefit increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefit the PBGC guarantees, which is adjusted periodically. The maximum PBGC monthly benefit guarantee was $7,432 in 2025. Annual costs to the PBGC were $227,058 in 2025 and are included in administrative expenses on the Statement of Changes in Net Assets Available for Benefits.

Note 5 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service rendered by the Plan's participants. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, retirement, death, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 5 – Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits represents the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment. The significant actuarial assumptions are as follows.

- Life expectancy of participants, using the SOA White Collar Pri-2012 base mortality table using the MP-2021 improvement scale. Previously, the SOA White Collar Pri-2012 base mortality table using the MP-2020 improvement scale was used;
- Normal form of payment is 10 year certain & life annuity for single employees; 100% joint and survivor annuity for married employees;
- Fiscal year 2025 and 2024 retirement ages, varying from age 55 to 70, with an average age of approximately 65; and
- Assumed interest rate for change in liability, 5.0% at December 31, 2025 and 2024.

The foregoing actuarial assumptions are based on a presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

	January 1st	
	2026	**2025**
Vested benefits:		
Retired participants and beneficiaries	$ 78,615,916	$ 76,524,688
Active participants	45,367,302	46,232,991
Participants with deferred benefits	16,423,219	15,691,580
Total vested benefits	140,406,437	138,449,259
Non-vested benefits	771,210	1,395,167
	$ 141,177,647	$ 139,844,426

Note 5 – Actuarial Present Value of Accumulated Plan Benefits (continued)

Changes in actuarial present value of accumulated plan benefits during 2025 and 2024 were as follows:

	2025	2024
Actuarial present value of accumulated plan benefits, beginning of the year	$ 139,844,426	$ 145,555,901
Increase (decrease) during the year attributable to:		
Benefit accruals and actuarial experience	2,612,838	1,255,061
Interest due to change in discount period	6,790,469	6,930,372
Benefits paid	(8,070,086)	(13,896,908)
Net change	1,333,221	(5,711,475)
Actuarial present value of accumulated plan benefits, end of the year	$ 141,177,647	$ 139,844,426

Note 6 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – quoted prices in active markets for identical investments;

Level 2 – other significant observable inputs (including quoted prices for similar investments in active markets, interest rates and yield curves, prepayment speeds, credit risks, etc.); and

Level 3 – significant unobservable inputs (including the Fund's own assumptions about the assumptions that market participants would use in determining the fair value of investments).

Note 6 – Fair Value Measurements (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

The Plan has allocated a significant amount of its investments to the Loomis Sayles sponsored Mutual Funds (the "LS Funds") and three Loomis Sayles Collective Trusts (the "Collective Trusts"). The LS Funds are advised by the Company; with custodian and shareholder agency services performed by State Street Bank and Trust Company (or its affiliates) and Natixis Asset Management Services, Inc., respectively. The Collective Trusts are advised by the Company; with custodian and shareholder agency services performed by State Street Bank and Trust Company (or its affiliates).

Mutual fund investments are recorded at fair value, valued at end of day; published net asset values (representing the value at which shares of the fund may be purchased or redeemed on the open market) are multiplied by the number of shares held by the Plan.

Collective trust investments are recorded at fair value, valued at the trust's net asset value per unit ("NAV"), as determined by the Trustee on the appropriate date ("Valuation Dates"). The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities. For the Loomis Sayles Long Duration Corporate Bond Trust (the "NHIT: Long Duration Corporate Bond Trust"), the NAV is determined on the day prior to the 1st and the 15th of each month. Purchases and redemptions from the trust may be made on such Valuation Dates and are based on the NAV as determined on the relevant Valuation Dates. The Collective Trust investments are New Hampshire Investment trusts.

The NHIT: Long Duration Corporate Bond Trust's investment objective is total investment return through investment in fixed income securities and to outperform the Barclays Long Corporate Bond Index. The NHIT: Long Duration Corporate Bond Trust allows purchases and redemptions on the 1st and 15th of each month with a 15-day notification requirement. The Plan would need to submit a letter by an authorized signer to the trustee, Loomis Sayles Trust Company, LLC, with the applicable redemption instructions.

Note 6 – Fair Value Measurements (continued)

In 2018, the Plan allocated a portion of its investments in the Loomis Sayles U.S. High Yield Bond Trust (the "NHIT: U.S. High Yield Bond Trust"). The NHIT: U.S. High Yield Bond Trust's investment objective is total return and to outperform the Bloomberg Barclays U.S. Corporate High Yield 2% Capped Index. The NHIT: U.S. High Yield Bond Trust allows purchases and redemptions on the 1st and 15th of each month with a 15-day notification requirement. The Plan would need to submit a letter by an authorized signer to the trustee, Loomis Sayles Trust Company, LLC, with the applicable redemption instructions. This trust was fully liquidated in 2025.

In 2020, the Plan allocated a portion of its investments in the Loomis Sayles Long Corporate Disciplined Alpha Trust (the "CIT: Long Corporate Disciplined Alpha Trust"). The CIT: Long Corporate Disciplined Alpha Trust's investment objective is total return and to outperform the Bloomberg Barclays Long U.S. Corporate Index. The CIT: Long Corporate Disciplined Alpha Trust allows purchases and redemptions on a daily basis.

In 2025, the Plan also allocated a portion of its investment in the Loomis Sayles Small Cap Growth Trust (the CIT: Small Cap Growth Trust). The CIT: Small Cap Growth Trust's investment objective is total return and to outperform the Russell 2000 Growth Index. The CIT: Small Cap Growth Trust allows purchases and redemptions on a daily basis.

The Plan also holds U.S. treasury futures investments. These exchange traded derivatives are priced based on inputs using quoted prices in active markets using observable inputs. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from outside sources independent of the reporting entity. Therefore, these investments have been categorized as Level 1. Cash collateral held is assigned to Level 1. Pricing sources for these securities include Bloomberg, IDC, JP Morgan, and other commonly-used vendors. The investments in futures are settled on a daily basis. As such, there are no fair values or unrecognized gains or losses included in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024 for futures investments.

Note 6 – Fair Value Measurements (continued)

The following tables summarize the Plan's investments as of December 31, 2025 and 2024, based on the inputs used to value them.

The fair value measurements at December 31, 2025 and their related inputs are as follows

	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Fair Value
Mutual Funds	$37,254,196	$ -	$ -	$37,254,196
Cash Equivalents	1,564,320	-	-	1,564,320
Exchange Traded Derivatives	28,022,180	-	-	28,022,180
Total assets in the fair value hierarchy	$66,840,696	$ -	$ -	66,840,696
Investments measured at NAV practical expedient [(a)]				62,910,975
Investments at fair value				$129,751,671

The fair value measurements at December 31, 2024 and their related inputs are as follows

	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Fair Value
Mutual Funds	$37,532,073	$ -	$ -	$ 37,532,073
Cash Equivalents	2,301,407	-	-	2,301,407
Exchange Traded Derivatives	23,518,521	-	-	23,518,521
Total assets in the fair value hierarchy	$63,352,001	$ -	$ -	63,352,001
Investments measured at NAV practical expedient [(a)]				61,390,717
Investments at fair value				$ 124,742,718

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Note 6 – Fair Value Measurements (continued)

Changes in valuation techniques may result in transfers in or out of an assigned level within the disclosure hierarchy. During the years ended December 31, 2025 and 2024, there were no significant transfers in or out of Level 1 or Level 2 assets.

Note 7 – Summary of Certified Financial Data

The following is a summary of the Plan's financial information and data certified by Charles Schwab Trust Bank, the Trustee, as complete and accurate as of December 31, 2025 and 2024 and for the year ended December 31, 2025, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31,	
	2025	2024
Investments, at fair value	$ 129,751,671	$ 124,742,718

	Year Ended December 31, 2025
Dividends and interest	$ 1,304,460
Net realized and unrealized appreciation in fair value of investments	$ 11,226,938

In addition, financial information presented in the attached Schedule of Assets (Held at End of Year) as of December 31, 2025 is certified as complete and accurate by the Trustee. The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental Schedule of Assets (Held at End of Year).

Note 8 – Tax Status

The Plan has received a favorable determination letter, dated April 6, 2017, from the IRS verifying that the design of the Plan is in accordance with the requirements of the Internal Revenue Code for tax-qualification as of the date of the determination letter. The Plan has since been amended. Management has asserted that the Plan, as amended, and its operations have been and continue to be in accordance with all applicable provisions of the Internal Revenue Code and ERISA. The Plan sponsor has taken necessary corrective action on certain operational issues identified with the acceptable corrections methods of the Employee Plans Compliance Resolution System (EPCRS). The Plan Sponsor believes the Plan has maintained its tax-exempt status. Therefore, no provision for income taxes is included in the Plan's financial statements.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 10 – Related Party Transactions

Most Plan investments are shares of registered investment companies and collective trusts managed by either Loomis, Sayles & Company, L.P., a related affiliate of the Company, or a related affiliate of the Trustee and, therefore, the investments and transactions qualify as party-in-interest.

Note 10 – Related Party Transactions (continued)

Fees paid to Charles Schwab Trust Bank, the Trustee, are recognized by the Plan and for 2025 there were $73,136 in fees expensed in addition to fees paid to other service providers. In addition, expenses related to investments in mutual funds, including investment management fees and administration fees, are generally paid out of the applicable fund and may be paid to related parties. Fees paid out of a fund reduce the return of that fund.

Note 11 – Voluntary Correction Program ("VCP")

On December 30, 2024, the Plan Sponsor filed a VCP application addressing two separate failures regarding the "Supplemental Retirement Income" benefit (the "Supplemental Benefit") under the Plan. The VCP seeks to retroactively amend the plan to conform to the terms of the Plan's prior operations. On May 8th, 2026, the VCP application was accepted and corrections are in process.

Note 12 – Subsequent Events

The Plan has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued.

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2025 and 2024 AFTAP for the Plan is 93.57% and 89.88%, respectively. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

Supplemental Schedules

Loomis-Sayles Funded Pension Plan
Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(E.I.N. 04-3200030 - Plan Number 001)
December 31, 2025

	(a) Identity of issuer, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost	(d) Current value
	MUTUAL FUNDS			
*	Loomis Sayles	Loomis Sayles Growth Fund	$ 9,619,638	$ 11,250,502
*	Loomis Sayles	Loomis Sayles Small Cap Value Fund	2,639,764	2,073,039
	Vanguard	Vanguard Developed Markets	4,230,948	9,758,998
	Vanguard	Vanguard Emerging Markets	1,497,844	3,286,536
	Vanguard	Vanguard Value Index	8,304,612	10,885,121
			26,292,806	37,254,196
	COLLECTIVE TRUSTS			
*	Loomis Sayles	NHIT: Long Duration Corporate Bond Trust	20,445,376	30,063,337
*	Loomis Sayles	CIT: Long Corporate Disciplined Alpha Trust	32,078,411	30,696,489
*	Loomis Sayles	Loomis Sayles Small Cap Growth Cit C	1,953,213	2,151,149
			54,477,000	62,910,975
	OTHER INVESTMENTS			
*	Charles Schwab	Vanguard Treasury Advantage Money Market	2,301,407	1,564,320
*	Futures	JP Morgan Futures	13,250,000	28,022,180
		Total Assets	$ 96,321,213	$ 129,751,671

* Party-In-Interest as defined by ERISA

See Independent Auditors' Report.

Loomis-Sayles Funded Pension Plan
Form 5500 - Schedule H, Line 4j - Schedule of Reportable Transactions*
(E.I.N. 04-3200030 - Plan Number 001)
For the Year Ended December 31, 2025

SCHEDULE OF REPORTABLE 5% TRANSACTIONS

TRADE DATE	SHARES/PV	PURCHASE/SALE	PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
	VANGUARD TRSY MONEY MKT FD INV SHRS TICKER: VUSXX					
12/31/24	668,960.930	SOLD	1.00	0.00	668,960.93	668,960.93
1/21/25	31,633.670	SOLD	1.00	0.00	31,633.67	31,633.67
1/31/25	6,028.020	PURCHASED	0.00	0.00	-6,028.02	6,028.02
1/31/25	668,960.930	SOLD	1.00	0.00	668,960.93	668,960.93
2/ 4/25	2,000,000.000	PURCHASED	1.00	0.00	-2,000,000.00	2,000,000.00
2/19/25	1,014.340	PURCHASED	1.00	0.00	-1,014.34	1,014.34
2/28/25	8,839.230	PURCHASED	0.00	0.00	-8,839.23	8,839.23
2/28/25	9,356.440	PURCHASED	1.00	0.00	-9,356.44	9,356.44
2/28/25	668,960.930	SOLD	1.00	0.00	668,960.93	668,960.93
3/ 5/25	3,942.480	PURCHASED	1.00	0.00	-3,942.48	3,942.48
3/ 7/25	8,712.130	PURCHASED	1.00	0.00	-8,712.13	8,712.13
3/12/25	9,558.670	PURCHASED	1.00	0.00	-9,558.67	9,558.67
3/31/25	8,465.160	PURCHASED	0.00	0.00	-8,465.16	8,465.16
3/31/25	667,247.730	SOLD	1.00	0.00	667,247.73	667,247.73
4/11/25	215,000.000	PURCHASED	1.00	0.00	-215,000.00	215,000.00
4/16/25	29,925.410	SOLD	1.00	0.00	29,925.41	29,925.41
4/30/25	6,117.640	PURCHASED	0.00	0.00	-6,117.64	6,117.64
4/30/25	663,785.630	SOLD	1.00	0.00	663,785.63	663,785.63
5/ 8/25	6,584.060	PURCHASED	1.00	0.00	-6,584.06	6,584.06
5/23/25	1,200,000.000	PURCHASED	1.00	0.00	-1,200,000.00	1,200,000.00
5/30/25	4,949.200	PURCHASED	0.00	0.00	-4,949.20	4,949.20
5/30/25	663,785.630	SOLD	1.00	0.00	663,785.63	663,785.63
6/ 3/25	9,938.350	PURCHASED	1.00	0.00	-9,938.35	9,938.35
6/ 4/25	5,891.720	PURCHASED	1.00	0.00	-5,891.72	5,891.72
6/ 5/25	10,508.320	PURCHASED	1.00	0.00	-10,508.32	10,508.32
6/30/25	6,135.670	PURCHASED	0.00	0.00	-6,135.67	6,135.67
6/30/25	652,787.650	SOLD	1.00	0.00	652,787.65	652,787.65
7/ 9/25	347.230	PURCHASED	1.00	0.00	-347.23	347.23
7/15/25	215,000.000	PURCHASED	1.00	0.00	-215,000.00	215,000.00
7/22/25	4,565.570	SOLD	1.00	0.00	4,565.57	4,565.57
7/31/25	4,341.770	PURCHASED	0.00	0.00	-4,341.77	4,341.77
7/31/25	651,736.360	SOLD	1.00	0.00	651,736.36	651,736.36
8/ 1/25	2,000,000.000	PURCHASED	1.00	0.00	-2,000,000.00	2,000,000.00
8/ 4/25	27,213.310	SOLD	1.00	0.00	27,213.31	27,213.31
8/ 6/25	5,503,325.630	PURCHASED	1.00	0.00	-5,503,325.63	5,503,325.63
8/11/25	500,000.000	PURCHASED	1.00	0.00	-500,000.00	500,000.00
8/11/25	6,000,000.000	SOLD	1.00	0.00	6,000,000.00	6,000,000.00
8/14/25	584,000.000	PURCHASED	1.00	0.00	-584,000.00	584,000.00
8/26/25	700.400	PURCHASED	1.00	0.00	-700.40	700.40
8/28/25	6,600.000	PURCHASED	1.00	0.00	-6,600.00	6,600.00
8/29/25	13,187.330	PURCHASED	0.00	0.00	-13,187.33	13,187.33
8/29/25	691,168.390	SOLD	1.00	0.00	691,168.39	691,168.39
9/ 8/25	227,058.000	SOLD	1.00	0.00	227,058.00	227,058.00
9/30/25	8,249.780	PURCHASED	0.00	0.00	-8,249.78	8,249.78
9/30/25	787,707.650	SOLD	1.00	0.00	787,707.65	787,707.65
10/24/25	1,500,000.000	PURCHASED	1.00	0.00	-1,500,000.00	1,500,000.00
10/31/25	6,122.350	PURCHASED	0.00	0.00	-6,122.35	6,122.35
10/31/25	678,448.950	SOLD	1.00	0.00	678,448.95	678,448.95
11/18/25	25,857.540	SOLD	1.00	0.00	25,857.54	25,857.54
11/28/25	7,562.170	PURCHASED	0.00	0.00	-7,562.17	7,562.17
11/26/25	678,448.950	SOLD	1.00	0.00	678,448.95	678,448.95
12/24/25	124,670.520	SOLD	1.00	0.00	124,670.52	124,670.52
12/31/25	5,359.370	PURCHASED	0.00	0.00	-5,359.37	5,359.37
				0.00	28,488,761.21	

Schedule SB, line 26a – Schedule of Active Participant Data

Age Versus Service Distribution for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	1	-	-	-	-	1
45 to 49	-	-	-	-	4	6	-	-	-	-	10
50 to 54	-	-	-	1	8	22	8	-	-	-	39
55 to 59	-	-	-	-	7	14	8	3	1	-	33
60 to 64	-	-	-	-	5	8	2	1	2	-	18
65 to 69	-	-	-	-	1	2	1	-	-	-	4
over 70	-	-	-	-	-	-	2	1	1	1	5
Total	-	-	-	1	25	53	21	5	4	1	110

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the funding methods and actuarial assumptions used in the valuation is presented below:

Participant Data

Based on the census data as of January 1, 2025 provided by Loomis.

Funding Methods

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the Unit Credit cost method as defined by the Pension Protection Act of 2006.

Asset Method – The Market Value of Assets represents the fair value of assets plus receivable contributions (if any) discounted to the valuation date using the prior year's effective interest rate. The Actuarial Value of Assets is equal to the Market Value of Assets.

Actuarial Assumptions

Funding Target Discount Rates – The assumed discount rates on benefits paid in the future are based on the January 2025 PPA Segments rates, reflecting the Funding Stabilization provisions under ARPA and its regulations:

Segment	Rate	Applicable to benefit payments made:
1	5.00%	During first 5 years starting from the valuation date.
2	5.27%	During years 6-20 starting from the valuation date.
3	5.50%	During years 21 and beyond starting from the valuation date.

Mortality – The IRS 2025 Generational Mortality Table.

Salary Increases – N/A

Late Retirement Benefits – For those active and vested terminated participants currently over age 65 as of the valuation date, the benefit valued includes a 'greater of' comparison of the actuarial equivalent of the normal retirement benefit and the participant's accrued benefit as of the valuation date.

Retirement Rates

Age	Rate	Age	Rate
55	10.00%	63	6.00%
56-59	2.00%	64	8.00%
60	10.00%	65	40.00%
61	2.00%	66-69	20.00%
62	10.00%	70+	100.00%

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Turnover

	Age 25	Age 40	Age 55
1 year of service	17.0%	17.0%	17.0%
2 years of service	15.0%	15.0%	15.0%
3 years of service	13.0%	13.0%	13.0%
4 or more years of service	12.5%	5.9%	0.0%

Disability Rates – None assumed.

Form of Payment – 10 years certain and life.

Percent Married – 70% of males and 70% of females were assumed to be married.

Age of Spouse – The female spouse is assumed to be 3 years younger than the male spouse.

Administrative Expenses – Equal to last year's actual non-investment related administrative expenses.

Loomis-Sayles Funded Pension Plan
Form 5500 - Schedule H, Line 4j - Schedule of Reportable Transactions*
(E.I.N. 04-3200030 - Plan Number 001)
For the Year Ended December 31, 2025

SCHEDULE OF REPORTABLE 5% TRANSACTIONS

TRADE DATE	SHARES/PV	PURCHASE/SALE	PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
	VANGUARD TRSY MONEY MKT FD INV SHRS TICKER: VUSXX					
12/31/24	668,960.930	SOLD	1.00	0.00	668,960.93	668,960.93
1/21/25	31,633.670	SOLD	1.00	0.00	31,633.67	31,633.67
1/31/25	6,028.020	PURCHASED	0.00	0.00	-6,028.02	6,028.02
1/31/25	668,960.930	SOLD	1.00	0.00	668,960.93	668,960.93
2/ 4/25	2,000,000.000	PURCHASED	1.00	0.00	-2,000,000.00	2,000,000.00
2/19/25	1,014.340	PURCHASED	1.00	0.00	-1,014.34	1,014.34
2/28/25	8,839.230	PURCHASED	0.00	0.00	-8,839.23	8,839.23
2/28/25	9,356.440	PURCHASED	1.00	0.00	-9,356.44	9,356.44
2/28/25	668,960.930	SOLD	1.00	0.00	668,960.93	668,960.93
3/ 5/25	3,942.480	PURCHASED	1.00	0.00	-3,942.48	3,942.48
3/ 7/25	8,712.130	PURCHASED	1.00	0.00	-8,712.13	8,712.13
3/12/25	9,558.670	PURCHASED	1.00	0.00	-9,558.67	9,558.67
3/31/25	8,465.160	PURCHASED	0.00	0.00	-8,465.16	8,465.16
3/31/25	667,247.730	SOLD	1.00	0.00	667,247.73	667,247.73
4/11/25	215,000.000	PURCHASED	1.00	0.00	-215,000.00	215,000.00
4/16/25	29,925.410	SOLD	1.00	0.00	29,925.41	29,925.41
4/30/25	6,117.640	PURCHASED	0.00	0.00	-6,117.64	6,117.64
4/30/25	663,785.630	SOLD	1.00	0.00	663,785.63	663,785.63
5/ 8/25	6,584.060	PURCHASED	1.00	0.00	-6,584.06	6,584.06
5/23/25	1,200,000.000	PURCHASED	1.00	0.00	-1,200,000.00	1,200,000.00
5/30/25	4,949.200	PURCHASED	0.00	0.00	-4,949.20	4,949.20
5/30/25	663,785.630	SOLD	1.00	0.00	663,785.63	663,785.63
6/ 3/25	9,938.350	PURCHASED	1.00	0.00	-9,938.35	9,938.35
6/ 4/25	5,891.720	PURCHASED	1.00	0.00	-5,891.72	5,891.72
6/ 5/25	10,508.320	PURCHASED	1.00	0.00	-10,508.32	10,508.32
6/30/25	6,135.670	PURCHASED	0.00	0.00	-6,135.67	6,135.67
6/30/25	652,787.650	SOLD	1.00	0.00	652,787.65	652,787.65
7/ 9/25	347.230	PURCHASED	1.00	0.00	-347.23	347.23
7/15/25	215,000.000	PURCHASED	1.00	0.00	-215,000.00	215,000.00
7/22/25	4,565.570	SOLD	1.00	0.00	4,565.57	4,565.57
7/31/25	4,341.770	PURCHASED	0.00	0.00	-4,341.77	4,341.77
7/31/25	651,736.360	SOLD	1.00	0.00	651,736.36	651,736.36
8/ 1/25	2,000,000.000	PURCHASED	1.00	0.00	-2,000,000.00	2,000,000.00
8/ 4/25	27,213.310	SOLD	1.00	0.00	27,213.31	27,213.31
8/ 6/25	5,503,325.630	PURCHASED	1.00	0.00	-5,503,325.63	5,503,325.63
8/11/25	500,000.000	PURCHASED	1.00	0.00	-500,000.00	500,000.00
8/11/25	6,000,000.000	SOLD	1.00	0.00	6,000,000.00	6,000,000.00
8/14/25	584,000.000	PURCHASED	1.00	0.00	-584,000.00	584,000.00
8/26/25	700.400	PURCHASED	1.00	0.00	-700.40	700.40
8/28/25	6,600.000	PURCHASED	1.00	0.00	-6,600.00	6,600.00
8/29/25	13,187.330	PURCHASED	0.00	0.00	-13,187.33	13,187.33
8/29/25	691,168.390	SOLD	1.00	0.00	691,168.39	691,168.39
9/ 8/25	227,058.000	SOLD	1.00	0.00	227,058.00	227,058.00
9/30/25	8,249.780	PURCHASED	0.00	0.00	-8,249.78	8,249.78
9/30/25	787,707.650	SOLD	1.00	0.00	787,707.65	787,707.65
10/24/25	1,500,000.000	PURCHASED	1.00	0.00	-1,500,000.00	1,500,000.00
10/31/25	6,122.350	PURCHASED	0.00	0.00	-6,122.35	6,122.35
10/31/25	678,448.950	SOLD	1.00	0.00	678,448.95	678,448.95
11/18/25	25,857.540	SOLD	1.00	0.00	25,857.54	25,857.54
11/28/25	7,562.170	PURCHASED	0.00	0.00	-7,562.17	7,562.17
11/26/25	678,448.950	SOLD	1.00	0.00	678,448.95	678,448.95
12/24/25	124,670.520	SOLD	1.00	0.00	124,670.52	124,670.52
12/31/25	5,359.370	PURCHASED	0.00	0.00	-5,359.37	5,359.37
				0.00	28,488,761.21	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
LOOMIS-SAYLES FUNDED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LOOMIS, SAYLES & COMPANY, L.P.

D Employer Identification Number (EIN)
04-3200030

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	125673077
b Actuarial value	**2b**	125673077

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	213	72716411	72716411
b For terminated vested participants	86	14295794	14295794
c For active participants	110	42550737	43875845
d Total	409	129562942	130888050

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	336911
c Target normal cost	**6c**	336911

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

JC

Signature of actuary

09/02/2026

Date

Jason Conkey

Type or print name of actuary

26-08458

Most recent enrollment number

Schwab Retirement Plan Services

Firm name

(737) 900-3705

Telephone number (including area code)

4150 Kinross Lakes Parkway

Richfield, OH 44286-9369

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	845410
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	835010
9	Amount remaining (line 7 minus line 8)	0	10400
10	Interest on line 9 using prior year's actual return of 2.02 %	0	210
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		938860
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.18 %		5379
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		16867
	c Total available at beginning of current plan year to add to prefunding balance		961106
	d Portion of (c) to be added to prefunding balance		961056
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	971666

Part III Funding Percentages

14	Funding target attainment percentage	14	95.27 %
15	Adjusted funding target attainment percentage	15	95.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04-14-2026	243000				
07-14-2026	243000				
08-28-2026	101000				
			Totals ► 18(b)	587000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	544453

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ..... ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ..... ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	336911
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	6186639	631827
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	968738

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	971197	971197

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	544453

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	544453
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	544453
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB, line 22 – Description of Weighted Average Retirement Age

(A) Age	(B) Retirement Decrement	(C) Lx	(D) Number Retiring	(E) Weighting (A) times (D)
55	10.0%	100,000	10,000	550,000
56	2.0%	90,000	1,800	100,800
57	2.0%	88,200	1,800	102,600
58	2.0%	86,400	1,700	98,600
59	2.0%	84,700	1,700	100,300
60	10.0%	83,000	8,300	498,000
61	2.0%	74,700	1,500	91,500
62	10.0%	73,200	7,300	452,600
63	6.0%	65,900	4,000	252,000
64	8.0%	61,900	5,000	320,000
65	40.0%	56,900	22,800	1,482,000
66	20.0%	34,100	6,800	448,800
67	20.0%	27,300	5,500	368,500
68	20.0%	21,800	4,400	299,200
69	20.0%	17,400	3,500	241,500
70	100.0%	13,900	13,900	973,000
			100,000	6,379,400

Weighted Average Retirement Age =	64

Schedule SB, line 26a – Schedule of Active Participant Data

Age Versus Service Distribution for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	1	-	-	-	-	1
45 to 49	-	-	-	-	4	6	-	-	-	-	10
50 to 54	-	-	-	1	8	22	8	-	-	-	39
55 to 59	-	-	-	-	7	14	8	3	1	-	33
60 to 64	-	-	-	-	5	8	2	1	2	-	18
65 to 69	-	-	-	-	1	2	1	-	-	-	4
over 70	-	-	-	-	-	-	2	1	1	1	5
Total	-	-	-	1	25	53	21	5	4	1	110

Schedule SB, line 32 – Schedule of Amortization Bases

Date Established	Annual Installment	Years Remaining	Balance Outstanding
1/1/2011	N/A	1	N/A
1/1/2012	N/A	2	N/A
1/1/2013	N/A	3	N/A
1/1/2014	N/A	4	N/A
1/1/2015	N/A	5	N/A
1/1/2016	N/A	6	N/A
1/1/2017	N/A	7	N/A
1/1/2018	N/A	8	N/A
1/1/2019	N/A	9	N/A
1/1/2020	N/A	10	N/A
1/1/2021	N/A	11	N/A
1/1/2022	0	12	0
1/1/2023	889,885	13	8,678,107
1/1/2024	(581,237)	14	(5,966,311)
Total for bases existing prior to the valuation date	308,648		2,711,796
1/1/2025	323,179	15	3,474,843
Total for all bases	631,827		6,186,639

charles SCHWAB

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the funding methods and actuarial assumptions used in the valuation is presented below:

Participant Data

Based on the census data as of January 1, 2025 provided by Loomis.

Funding Methods

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the Unit Credit cost method as defined by the Pension Protection Act of 2006.

Asset Method – The Market Value of Assets represents the fair value of assets plus receivable contributions (if any) discounted to the valuation date using the prior year's effective interest rate. The Actuarial Value of Assets is equal to the Market Value of Assets.

Actuarial Assumptions

Funding Target Discount Rates – The assumed discount rates on benefits paid in the future are based on the January 2025 PPA Segments rates, reflecting the Funding Stabilization provisions under ARPA and its regulations:

Segment	Rate	Applicable to benefit payments made:
1	5.00%	During first 5 years starting from the valuation date.
2	5.27%	During years 6-20 starting from the valuation date.
3	5.50%	During years 21 and beyond starting from the valuation date.

Mortality – The IRS 2025 Generational Mortality Table.

Salary Increases – N/A

Late Retirement Benefits – For those active and vested terminated participants currently over age 65 as of the valuation date, the benefit valued includes a 'greater of' comparison of the actuarial equivalent of the normal retirement benefit and the participant's accrued benefit as of the valuation date.

Retirement Rates

Age	Rate	Age	Rate
55	10.00%	63	6.00%
56-59	2.00%	64	8.00%
60	10.00%	65	40.00%
61	2.00%	66-69	20.00%
62	10.00%	70+	100.00%

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Turnover

	Age 25	Age 40	Age 55
1 year of service	17.0%	17.0%	17.0%
2 years of service	15.0%	15.0%	15.0%
3 years of service	13.0%	13.0%	13.0%
4 or more years of service	12.5%	5.9%	0.0%

Disability Rates – None assumed.

Form of Payment – 10 years certain and life.

Percent Married – 70% of males and 70% of females were assumed to be married.

Age of Spouse – The female spouse is assumed to be 3 years younger than the male spouse.

Administrative Expenses – Equal to last year's actual non-investment related administrative expenses.

Schedule SB, Part V - Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Definitions

Effective Date – The Plan was established January 1, 1956 and restated effective January 1, 2015.

Employer – Loomis, Sayles & Company, L.P.

Plan Year – The calendar year

Vesting Service and Benefit Service – A year of vesting service is credited to each Employee for each calendar year of employment for which 1,000 hours were worked. Benefit service is defined as the years and months of service as a covered Employee. Plan benefit accruals have been frozen effective December 31, 2020.

Eligibility – All salaried employees hired before May 2, 2003. Effective May 2, 2003, there are no new entrants into the Plan.

Average Compensation – The average monthly compensation in the highest 36 consecutive months of compensation during the last 120 months of employment, ending on the earlier of the participant's termination date or retirement date. Plan benefit accruals have been frozen effective December 31, 2020.

Normal Retirement

Normal Retirement Date (NRD) – The first of the month coinciding with or next following the attainment of age 65 with five years of benefit service.

Accrued Benefit
Basic Retirement Income = (a) + (b) + (c) where:
(a) 1.00% of Compensation times Years of Credited Service (up to 25 years)
(b) 0.45% of Compensation in excess of Covered Compensation times Years of Credited Service (up to 35 years)
(c) 0.50% of Compensation times Years of Credited Service in excess of 25 years

Supplemental Retirement Income = 0.10% of Compensation times Years of Credited Service earned between December 31, 2000 and December 31, 2002

Form of Payment – 10 Year Certain & Life Annuity for single employees and 100% Joint and Survivor Annuity for married employees.

Schedule SB, Part V - Summary of Plan Provisions (continued)

Early Retirement

Eligibility – The attainment of age 55 and completion of 10 Years of Vesting Service

Benefit – The Accrued Benefit at NRD (determined as if the participant continued employment to NRD, using compensation at termination and multiplied by the ratio of Years of Credited Service to projected service at NRD), reduced by 0.5% for each month of payment before age 60.

Form of Payment – Same as for Normal Retirement

Deferred Retirement

Eligibility – Retirement after Normal Retirement Date

Benefit – Pension benefits are determined at the Deferred Retirement Date. Benefits for those active and terminated vested participants age 65 and older as of the valuation date are the greater of the benefit calculated on the Deferred Retirement Date and the benefit as of the Normal Retirement Date actuarially increased to the Deferred Retirement Date.

Form of Payment – Same as for Normal Retirement

Termination Benefit

Eligibility – Termination of employment due to plan termination, partial plan termination, or after completion of at least 5 Years of Vesting Service and before early retirement eligibility.

Benefit – The benefit on the participant's Normal Retirement Date determined as if the participant had continued employment to NRD, using compensation at termination, multiplied by the ratio of the number of years of Credited Service to projected service at NRD.

Date and Form of Payment – A deferred annuity payable at Normal Retirement Date or a reduced immediate annuity at any Early Retirement Date.

Lump Sum Window – From August 15, 2014 to November 15, 2014, a terminated vested participant could receive a lump sum distribution without regard to the $50,000 limit on lump sum distributions. From August 16, 2024 to September 27, 2024, a terminated vested participant could elect to receive a lump sum distribution without regard to the $50,000 limit on lump sum distributions.

Pre-Retirement Death Benefit

Eligibility – The participant has 5 Years of Vesting Service at the time of death and has not commenced benefits under the plan.

Schedule SB, Part V - Summary of Plan Provisions (continued)

Benefit – For the surviving spouse, benefit payable is calculated had the participant terminated on their date of death (or actual termination, if earlier), survived to benefit commencement date, commenced benefit in the form of 100% Joint & Survivor and died immediately thereafter. If no surviving spouse and participant eligible for early retirement, the benefit payable is 60% of actuarial equivalent of early retirement benefit at death. If no surviving spouse and participant is not eligible for early retirement, benefit payable is the actuarial equivalent of the vested retirement benefit at death.

Date and Form of Payment – Payments are made monthly for the spouse's (or beneficiary's) life only. Lump sum option is also available.

Post-Retirement Death Benefit

The beneficiary's benefit will be determined depending on the form of benefit the participant elected at the time of retirement.

Disability Benefit

Eligibility – Participant must have a "permanent disability," meaning any medically determinable physical or mental impairment that can be expected to result in death or has lasted or can be expected to last for a period of at least two years and that renders the participant unable to engage in any occupation for which he or she is qualified by training, education or experience. Participant must also have three Years of Service.

Benefit – Participant is credited with additional Years of Credited Service and Years of Vesting Service (up to 5 years) even after termination because of a disability. The disability benefit is then the benefit payable at normal retirement calculated as of the completion of the applicable period of disability (i.e. up to 5 years).

Date and Form of Payment – The benefit is payable at early or normal retirement.

Schedule SB, line 22 – Description of Weighted Average Retirement Age

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63	6.0%	65,900	4,000	252,000
64	8.0%	61,900	5,000	320,000
65	40.0%	56,900	22,800	1,482,000
66	20.0%	34,100	6,800	448,800
67	20.0%	27,300	5,500	368,500
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			100,000	6,379,400

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Schedule SB, Part V - Summary of Plan Provisions (continued)

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Form of Payment – Same as for Normal Retirement

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Form of Payment – Same as for Normal Retirement

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Schedule SB, Part V - Summary of Plan Provisions (continued)

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Date and Form of Payment – Payments are made monthly for the spouse's (or beneficiary's) life only. Lump sum option is also available.

Post-Retirement Death Benefit

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Eligibility – Participant must have a "permanent disability," meaning any medically determinable physical or mental impairment that can be expected to result in death or has lasted or can be expected to last for a period of at least two years and that renders the participant unable to engage in any occupation for which he or she is qualified by training, education or experience. Participant must also have three Years of Service.

Benefit – Participant is credited with additional Years of Credited Service and Years of Vesting Service (up to 5 years) even after termination because of a disability. The disability benefit is then the benefit payable at normal retirement calculated as of the completion of the applicable period of disability (i.e. up to 5 years).

Date and Form of Payment – The benefit is payable at early or normal retirement.

Loomis-Sayles Funded Pension Plan
Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(E.I.N. 04-3200030 - Plan Number 001)
December 31, 2025

	(a) Identity of issuer, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost	(d) Current value
	MUTUAL FUNDS			
*	Loomis Sayles	Loomis Sayles Growth Fund	$ 9,619,638	$ 11,250,502
*	Loomis Sayles	Loomis Sayles Small Cap Value Fund	2,639,764	2,073,039
	Vanguard	Vanguard Developed Markets	4,230,948	9,758,998
	Vanguard	Vanguard Emerging Markets	1,497,844	3,286,536
	Vanguard	Vanguard Value Index	8,304,612	10,885,121
			26,292,806	37,254,196
	COLLECTIVE TRUSTS			
*	Loomis Sayles	NHIT: Long Duration Corporate Bond Trust	20,445,376	30,063,337
*	Loomis Sayles	CIT: Long Corporate Disciplined Alpha Trust	32,078,411	30,696,489
*	Loomis Sayles	Loomis Sayles Small Cap Growth Cit C	1,953,213	2,151,149
			54,477,000	62,910,975
	OTHER INVESTMENTS			
*	Charles Schwab	Vanguard Treasury Advantage Money Market	2,301,407	1,564,320
*	Futures	JP Morgan Futures	13,250,000	28,022,180
		Total Assets	$ 96,321,213	$ 129,751,671

* Party-In-Interest as defined by ERISA

See Independent Auditors' Report.

Schedule SB, line 32 – Schedule of Amortization Bases

Date Established	Annual Installment	Years Remaining	Balance Outstanding
1/1/2011	N/A	1	N/A
1/1/2012	N/A	2	N/A
1/1/2013	N/A	3	N/A
1/1/2014	N/A	4	N/A
1/1/2015	N/A	5	N/A
1/1/2016	N/A	6	N/A
1/1/2017	N/A	7	N/A
1/1/2018	N/A	8	N/A
1/1/2019	N/A	9	N/A
1/1/2020	N/A	10	N/A
1/1/2021	N/A	11	N/A
1/1/2022	0	12	0
1/1/2023	889,885	13	8,678,107
1/1/2024	(581,237)	14	(5,966,311)
Total for bases existing prior to the valuation date	308,648		2,711,796
1/1/2025	323,179	15	3,474,843
Total for all bases	631,827		6,186,639