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.)
- [X] 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:
- [X] 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
LOOP LLC EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1978

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)
LOOP LLC

137 NORTHPARK BLVD.
COVINGTON, LA 70433

2b Employer Identification Number (EIN)
72-1335490

2c Plan Sponsor's telephone number
985-276-6100

2d Business code (see instructions)
486000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	EUGENE A. PRIESTLEY
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	349
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)**	166
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	181
b	Retired or separated participants receiving benefits	**6b**	135
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	349
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f	Total. Add lines **6d** and **6e**.	**6f**	362
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**	2
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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [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 0
- **(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
LOOP LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LOOP LLC

D Employer Identification Number (EIN)
72-1335490

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**	113425509
b Actuarial value	**2b**	110742289

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	144	56067319	56067319
b For terminated vested participants	24	2829058	2829058
c For active participants	179	33989985	37005078
d Total	347	92886362	95901455

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2354700
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	2354700

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

10/02/2026
Date

THOMAS A. VAUGHT
Type or print name of actuary

23-06120
Most recent enrollment number

USI CONSULTING
Firm name

629-895-7861
Telephone number (including area code)

5301 VIRGINIA WAY
SUITE 400
BRENTWOOD, TN 37027
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)	167697	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	167697	0
10	Interest on line 9 using prior year's actual return of 5.50 %	9223	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1172801
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 5.26 %		61689
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		1234490
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	176920	0

Part III Funding Percentages

14	Funding target attainment percentage	14	115.29 %
15	Adjusted funding target attainment percentage	15	115.47 %
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	124.50 %
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
10/29/2025	500000	0			
10/31/2025	500000	0			
			Totals ► 18(b)	1000000	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	957644

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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**	61

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**	2354700
b Excess assets, if applicable, but not greater than line 31a	**31b**	2354700

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

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

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**	957644

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

a Total (excess, if any, of line 37 over line 36)	**38a**	957644
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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
LOOP LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOOP LLC

D Employer Identification Number (EIN)
72-1335490

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).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

(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 ☐

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
LOOP LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LOOP LLC

D Employer Identification Number (EIN)
72-1335490

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:	LIABILITY DRIVEN SOLUTION CIT II N		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 80-6049172-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	60483682
a Name of MTIA, CCT, PSA, or 103-12 IE:	LIABILITY DRIVEN SOLUTION CIT III N		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 46-7074916-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9762298
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERNATIONAL EQUITY INDEX CIT N		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 52-2265229-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4407097
a Name of MTIA, CCT, PSA, or 103-12 IE:	S&P MIDCAP INDEX CIT N		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 52-2265235-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5415316
a Name of MTIA, CCT, PSA, or 103-12 IE:	S&P 500 INDEX CIT N		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 94-3224211-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22756718
a Name of MTIA, CCT, PSA, or 103-12 IE:	MULTI-MANAGER SMALL CAP		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 45-6648658-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2993499
a Name of MTIA, CCT, PSA, or 103-12 IE:	FEDERATED TOTAL RETURN BOND CIT N		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 46-6584317-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	180552

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US AGG BOND

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 20-5699010-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180607

a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INTERMEDIATE BOND CIT F

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 47-6566265-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180514

a Name of MTIA, CCT, PSA, or 103-12 IE: LIABILITY DRIVEN SOLUTION CIT I

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 94-9907455-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11476656

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
LOOP LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOOP LLC

D Employer Identification Number (EIN)
72-1335490

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4703	3811
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	998621	812962
(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)	111204029	117836939
(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)	1219621	1304001
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	113426974	119957713
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1465	1696
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1465	1696
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	113425509	119956017

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)	1000000	
(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)		1000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	31024	
(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)	192	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31216
(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)	36139	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		36139
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		10214943
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		210764
d Total income. Add all **income** amounts in column (b) and enter total	2d		11493062
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4961602	
(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)		4961602
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	952	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		952
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4962554
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6530508
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: MCCONNELL & JONES LLP **(2)** EIN: 76-0488832

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		500000
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**		X	
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 584103.

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
LOOP LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOOP LLC

D Employer Identification Number (EIN)
72-1335490

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): 92-2984230 42-1466678

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_____.

LOOP LLC
EMPLOYEES' RETIREMENT PLAN

Independent Auditor's Report
and Financial Statements
with Supplemental Schedules

December 31, 2025 and 2024

LOOP LLC
EMPLOYEES' RETIREMENT PLAN

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McConnell Jones

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants of
LOOP LLC Employees' Retirement Plan

Opinion

We have audited the financial statements of LOOP LLC Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2025 and 2024 and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's 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 audit opinion.

Responsibilities of Management for the Financial Statements

Plan management (Management) is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, 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.

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 ability of the Plan to continue as a going concern for one year after the date that the financial statements are 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 transactions of the Plan 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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 auditor's report that

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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 US 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 the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 internal controls of the Plan. 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 ability of the Plan to continue as a going concern for a reasonable period of time.

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

Other Matter Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information in the accompanying Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule of Reportable Transactions for the year then ended, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor (DOL)'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 has been subjected to the auditing procedures applied in the audits 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 US GAAS.



McConnell Jones

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

McConnell & Jones LLP

Houston, Texas
October 14, 2026

LOOP LLC
EMPLOYEES' RETIREMENT PLAN
Statements of Net Assets Available for Benefits

	December 31 2025	December 31 2024
Assets		
Investments, at fair value	$ 119,953,902	$ 113,422,271
Accrued interest and dividends	3,811	4,703
Total assets	119,957,713	113,426,974
Liabilities		
Pending trades	(1,696)	(1,465)
Net Assets Available for Benefits	$ 119,956,017	$ 113,425,509

LOOP LLC
EMPLOYEES' RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

	2025	2024
Investment Income		
Net appreciation in fair value of investments	$ 10,425,766	$ 5,899,716
Interest and dividends	67,296	81,901
Net investment income	10,493,062	5,981,617
Contributions		
Employer	1,000,000	1,225,430
Total additions	11,493,062	7,207,047
Deductions		
Benefits paid directly to participants and beneficiaries	(4,962,554)	(4,790,878)
Total deductions	(4,962,554)	(4,790,878)
Net increase	6,530,508	2,416,169
Net Assets Available for Benefits, Beginning of Year	113,425,509	111,009,340
Net Assets Available for Benefits, End of Year	$ 119,956,017	$ 113,425,509

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the LOOP LLC Employees' Retirement Plan (the Plan) provides only general information. A complete description of the Plan and its provisions is provided in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

General

The Plan is a noncontributory defined-benefit plan that provides retirement, death, and disability benefits for substantially all the employees of LOOP LLC (the Company).

Eligibility

Each employee who is not a member of a collective bargaining unit is eligible to become a participant in the Plan upon employment. The Grandfathered Retirement Contribution method has been closed to new participants effective January 1, 2018. New employees will be eligible to participate in the Cash Balance Contribution method with Company contributions scaled on age and years of service and 3-year vesting rights (the Retirement Plan).

Pension Benefits

Under the Grandfathered Retirement benefit formula, a participant's accrued benefit is the monthly benefit, with payments beginning on the retirement date for normal retirement (the later of age 65 or 3 years of vesting service), that has been earned due to his/her compensation and service. A participant may retire early after attaining age 55 and completing 10 years of vesting service. Employees may elect to receive their pension benefits in the form of a straight life annuity, joint and survivor annuity, or single sum; however, the single sum option is only available if the amount does not exceed $75,000.

Under the Retirement Plan, a participant's accrued benefit is a full lump sum payment or rollover, with payment beginning upon the retirement date or termination at the earlier of completion of 3 years of service or attainment of age 65. Each plan year, a percentage of compensation allocation is made to a participant's account based upon the participant's age. Should a participant leave prior to completion of 3 years of service or attainment of age 65, the participant has no vested interest in the plan benefits.

Plan Expenses

Expenses incurred in the administration of the Plan were paid by the Company in 2025 and 2024. No administrative expenses were paid for with plan assets during 2025 and 2024. Additionally, certain investment-related expenses are netted against the related investment income.

Death and Disability Benefits

Under the Grandfathered Retirement Plan, if an active employee dies at age 55 or older with at least 10 years of service, a benefit equal to the value of the employee's monthly survivorship pension benefit is paid to the employee's beneficiary. Active employees, who become disabled, as defined by the Plan, receive disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. The disability benefits are computed as though the disabled participants had been employed to normal retirement age with their annual compensation remaining the same as at the time, they became disabled.

Under the Retirement Plan, if an employee is terminated, a full lump sum of the employee's vested benefit is available immediately in cash or rollover. An annuity option is also available equal to the actuarial equivalent of the account balance.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated 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 at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Interest and dividends received by the Plan are reinvested into the respective funds. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Accumulated Plan Benefits

Accumulated plan benefits represent the present value of estimated future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and present employees or their beneficiaries. Under the Grandfathered Retirement Plan, benefits for retired employees are based on the average of their highest 36 consecutive months' earnings in the 120 months preceding retirement. Benefits for active employees are based on their average earnings for the 36 consecutive months preceding the valuation date. "Earnings" is defined as base pay plus Incentive Compensation Plan (ICP) bonuses. It excludes overtime, bonuses (other than ICP), commissions, and other compensation. Benefits payable under all circumstances (e.g., retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Payment of Benefits

Benefits paid to participants and beneficiaries are recorded when paid.

Contributions

Contributions to the Plan are recorded in the period that the Plan's actuary determines they relate to except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan year.

NOTE 3: FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement,* (FASB ASC 820) establishes a framework for measuring fair value. That framework 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 an active market for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets and liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Short-Term Investment Funds: Short-term investment funds are determined and transacted daily at a constant rate of $1.00 per share, based on the amortized cost of the underlying investments and with an intention to approximate fair value. These investments are highly liquid and readily convertible to known amounts of cash.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trust Funds: Valued at the NAV of units of a bank collective trust. 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 its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market

participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

	December 31, 2025			
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments subject to the fair value hierarchy:				
Mutual fund	$ 1,304,001	$ -	$ -	$ 1,304,001
Short-term investment fund	812,962	-	-	812,962
Total investments subject to the fair value hierarchy:	$ 2,116,963	$ -	$ -	$ 2,116,963
Investments not subject to the fair value hierarchy:				
Investments valued at NAV as a practical expedient				117,836,939
Total investments, at fair value				**$ 119,953,902**

	December 31, 2024			
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments subject to the fair value hierarchy:				
Mutual fund	$ 1,219,621	$ -	$ -	$ 1,219,621
Short-term investment fund	998,621	-	-	998,621
Total investments subject to the fair value hierarchy:	$ 2,218,242	$ -	$ -	$ 2,218,242
Investments not subject to the fair value hierarchy:				
Investments valued at NAV as a practical expedient				111,204,029
Total investments, at fair value				**$ 113,422,271**

NOTE 4: NET ASSET VALUE PER SHARE

The following table sets forth additional disclosures of the investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2025 and 2024 for the Plan. There are currently no unfunded commitments or redemption restrictions on these investments other than the 30-day restriction on completing fund transfers.

	Fair Value December 31		Redemption frequency (if currently eligible)	Redemption notice period
	2025	2024		
Common/collective trust fund:				
S&P Midcap Index CIT N (a)	$ 5,415,316	$ 4,932,441	Daily	Daily
International Equity Index CIT N (b)	4,407,097	4,011,790	Daily	Daily
Liability Driven Solution CIT I (c)	11,476,656	7,300,415	Daily	Daily
Liability Driven Solution CIT II (c)	60,483,682	65,762,304	Daily	Daily
Liability Driven Solution CIT III (c)	9,762,298	5,090,944	Daily	Daily
Small Cap CIT N (d)	2,993,499	2,603,169	Daily	Daily
S&P 500 Index CIT N (e)	22,756,718	20,818,382	Daily	Daily
US AGG Bond Index CIT N (f)	180,607	228,251	Daily	Daily
Dodge & Cox Intermediate Bond CIT N (f)	180,514	227,598	Daily	Daily
Federated Total Return Bond CIT N (f)	180,552	228,735	Daily	Daily
Total	**$ 117,836,939**	**$ 111,204,029**		

(a) This category includes investments in common/collective trust funds, which invest the majority of assets in U.S. common stocks. The fund seeks to approximate as closely as practicable the total return, before deduction of fees and expenses, of the Standard & Poor's 400 Mid Cap.

(b) This category includes investments in common/collective trust funds, which invest the majority of assets in non-U.S. common stocks. The fund seeks to approximate as closely as practicable the total return, before deduction of fees and expenses, of the Morgan Stanley Capital International Europe, Australasia, and Far East Index.

(c) This category includes investments in common/collective trust funds, which invest primarily in U.S. and foreign fixed income securities.

(d) This category includes investments in common/collective trust funds, which invest primarily in a portfolio of stocks within the Russell 2000 Index.

(e) This category includes investments in common/collective trust funds, which invest in the equity securities of companies that compose the Standard & Poor's 500 Index. The fund seeks to approximate as closely as practicable the total return, before deduction of fees and expenses, of the Standard & Poor's 500 Index.

(f) This category includes investments in common/collective trust funds, which invests in a variety of investment grade bonds, high quality government, corporate, mortgage-backed securities, commercial mortgage-backed securities, and asset-backed securities.

NOTE 5: PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in shares of funds managed by an affiliate of Principal Bank, which acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

NOTE 6: PLAN TERMINATION

The Company has the right to terminate the Plan at any time with the approval of the Board of Directors. In the event of termination or partial termination, benefits accrued to the extent then funded shall become fully vested. Upon the determination by the Pension Benefit Guaranty Corporation ("PBGC"), an agency of the Federal government, that the Plan assets are sufficient, the Company shall direct the Benefits Committee and the administrator to allocate the Plan assets in accordance with the mandatory priorities established by ERISA. The mandatory priorities established by ERISA generally provide the following benefits in the order indicated:

(a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan (the priority amount). The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
(b) Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).
(c) All other vested benefits (that is, vested benefits not insured by PBGC).
(d) All nonvested benefits.
(e) Any excess funds are returned to the Company or reallocated to the participants in a nondiscriminatory manner, only after all liabilities, fixed and contingent, are satisfied.

Certain benefits under the Plan are insured by the PBGC should the Plan terminate. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

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 level of benefits guaranteed by the PBGC.

NOTE 7: 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. 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 the amounts reported in the statement 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.

As of December 31, 2025 and 2024, approximately 69.4% and 76.3% of the Plan's net assets were invested in two common collective trusts. These concentrations expose the Plan to a greater risk of loss should the value of these investments decline significantly.

NOTE 8: PLAN TAX STATUS

The plan obtained its latest determination letter on March 2, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. There is no provision for income taxes as management believes the Plan was qualified and the related trust was tax-exempt under the IRC as of December 31, 2025 and 2024.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain tax positions

taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9: ACCUMULATED PLAN BENEFITS

The actuarial firm of USI Consulting Group estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the Plan to reflect the time value of money (through discount for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits was calculated as of January 1, 2025, the valuation date.

The actuarial present value of accumulated plan benefits as of December 31, 2024 is as follows:

Vested benefits	
Participants currently receiving payments	$52,164,568
Other participants	31,197,598
	83,362,166
Nonvested benefits	645,458
Total actuarial present value of accumulated benefits	$84,007,624

The change in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2025 is as follows:

Actuarial present value of accumulated plan benefits, beginning of year	$81,514,626
Increase (decrease) during year attributable to:	
Interest	4,986,814
Benefits accumulated and (gains) losses	2,267,738
Benefit payments	(4,790,879)
Change in actuarial assumptions	29,325
Net increase	2,492,998
Actuarial present value of accumulated plan benefits, end of year	$84,007,624

The significant actuarial assumptions utilized in the valuation of the actuarial present value of accumulated plan benefits as of January 1, 2025 are as follows:

Retirement Plan

Interest Rate:	6.30%
Mortality Rate:	IRS 2025 Generational Mortality Table (Based on Pri-2012) with mortality improvement projected after year 2012 under IRS 2024 Adjusted Scale MP-2021.
Assumed Retirement Age:	From age 55 at 10%; 56 at 5%; 57-58 at 2.5%; 59 at 10%; 60 at 20%; 61 at 15%; 62 at 40%; 63 at 20%; 64 at 40%; 65-69 at 50%; and 70 at 100%.

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

NOTE 10: FUNDING POLICY

The Company voluntarily contributes amounts necessary to provide assets sufficient to meet the benefits to be paid to plan participants. The Company's present intention in regard to the Grandfathered Retirement Plan is to contribute in amounts sufficient to annually fund the Plan's current service cost and the initial past service cost plus interest over a period from 25 to 30 years. There were no ERISA minimum funding requirements for 2025 and 2024. The Company's present intention in regard to the Retirement Plan is to contribute in amounts sufficient to annually fund the Plan's current service cost and the initial past service cost plus interest over a period of not greater than seven years. The Plan has exceeded ERISA minimum funding requirements for 2025 and 2024.

NOTE 11: SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 14, 2026, the date when the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

LOOP LLC EMPLOYEES' RETIREMENT PLAN
EIN/PN 72-1335490/001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current value
	Common / Collective Trust Funds:				
*	Principal	Multi-Manager Liability Driven Solution CIT I,	627,297.376 shares	$10,440,344	$11,476,656
*	Principal	Multi-Manager Liability Driven Solution CIT II,	3,066,548.475 shares	58,556,549	60,483,682
*	Principal	Multi-Manager Liability Driven Solution CIT III,	733,803.221 shares	9,469,010	9,762,298
*	Principal	Multi-Manager Small Cap CI CIT N,	111,712.721 shares	1,897,404	2,993,499
*	Principal / Blackrock	International Equity Index CIT N,	119,479.198 shares	1,960,991	4,407,097
*	Principal / Blackrock	S&P Midcap Index CIT N,	59,061.394 shares	3,026,710	5,415,316
*	Principal / Blackrock	S&P 500 Index CIT N,	71,099.101 shares	9,447,525	22,756,718
*	Principal / Blackrock	US AGG Bond Index CIT N,	9,757.564 shares	172,026	180,607
*	Principal / Blackrock	Dodge & Cox Intermediate Bond CIT N,	16,651.694 shares	168,026	180,514
*	Principal / Blackrock	Federated Total Return Bond CIT N,	17,576.788 shares	170,325	180,552
				95,308,909	117,836,939
	Mutual Funds				
	Vanguard	Metropolitan West Total Return Bond Fund Class I #512,	19,769.899 shares	182,975	181,290
	Vanguard	Emerging Markets Stock Index Fund/ United States Class Admiral #5533,	25,166.260 shares	902,159	1,122,711
				1,085,134	1,304,001
	Short-term Investment Funds				
*	Principal / Blackrock	Short-term Investment Fund S1,	812,962.390 shares	812,962	812,962
				812,962	812,962
	Total assets (held at year-end)			$97,207,006	$119,953,902

* *Denotes party-in-interest to the Plan*

LOOP LLC EMPLOYEES' RETIREMENT PLAN
EIN/PN 72-1335490/001
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity of Party Involved	Asset Description	Purchase Price	Selling Price	Cost of Asset	Current value of asset on transaction date	Net gain (loss)
* Category (iii) - Series of transactions with the same issuer in excess of 5% of plan assets:						
Principal / Blackrock	Short-term Investment Fund S1:					
	Purchase	$ 6,401,224	$ -	$6,401,224	$ 6,401,224	$ -
	Sales	-	6,586,887	6,586,887	6,586,887	-
Principal / Blackrock	S&P 500 Index CI					
	Purchase	2,697,732	-	2,697,732	2,697,732	-
	Sales	-	4,374,970	1,919,021	6,206,127	2,455,950
Principal / Blackrock	TCW Met West Total Return Bond CL I #512					
	Purchase	77,408	-	77,408	77,408	-
	Sales	-	127,627	133,518	133,518	(5,891)
Principal / Blackrock	Liability Driven Solution CIT II F					
	Purchase	5,080,375	-	5,080,375	5,080,375	-
	Sales	-	14,120,557	14,200,350	14,200,350	(79,791)
Principal / Blackrock	Liability Driven Solution CIT I F					
	Purchase	6,572,594	-	6,572,594	6,572,594	-
	Sales	-	3,271,806	3,012,346	8,472,775	259,460
Principal	Blackrock Short-Term Investment Fund S1					
	Purchase	530,419	-	530,419	530,419	-
	Sales	-	493,471	493,471	493,471	-
Principal / Blackrock	US AGG Bond Index CIT N					
	Purchase	72,727	-	72,727	57,519	-
	Sales	-	128,478	127,338	-	1,140

LOOP LLC EMPLOYEES' RETIREMENT PLAN
EIN/PN 72-1335490/001
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity of Party Involved	Asset Description	Purchase Price	Selling Price	Cost of Asset	Current value of asset on transaction date	Net gain (loss)
Principal	S&P Mid Cap Index					
	Purchase	$ 108,706	$ -	$ 108,706	$ 108,706	$ -
	Sales	-	7,732	7,649	7,649	83
Principal	Dodge & Cox Intermediate Bond CIT N					
	Purchase	71,620	-	71,620	71,620	-
	Sales	-	127,270	122,056	122,056	5,214
Principal	Federated Total Return Bond CIT N					
	Purchase	72,517	-	72,517	72,517	-
	Sales	-	128,785	125,590	-	3,196
Principal / Blackrock	International Equity Index CI					
	Purchase	85,451	-	85,451	85,451	-
	Sales	-	9,253	8,324	8,324	929
Principal	Multi-Manager Small Capex CI					
	Purchase	70,684	-	70,684	70,684	-
	Sales	-	4,139	4,199	4,199	(60)

The above represents a listing of series transactions in excess of 5% of the fair value of the Plan's assets at the beginning of the year.

Summary of Participant Data

Distribution of Active Participants

Age Near Year	Years of Credited Service										
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	1										1
25-29	1	1	2								4
30-34	1	7	9	5							22
35-39			14	14	2						30
40-44	1	1	9	9	8						28
45-49		1	8	6	3	4	1				23
50-54			5	8	4	5	1				23
55-59			7	11	3	6	1	1	1		30
60-64			3	2	2	3	2			1	13
65-69				1	1	1					3
70+			1		1						2
Total	4	10	58	56	24	19	5	1	1	1	179

Appendix B
Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates

24-month segment rates averaged through the end of December 2024 and published in January 2025 (as prescribed by IRC 430) and adjusted to reflect ARPA:

- Segment 1 (0 – 5 years) 5.00%
- Segment 2 (5 to 20 years) 5.27%
- Segment 3 (more than 20 years) 5.50%
- Effective Interest Rate 5.37%

Maximum Deductible Annual Interest Rates

24-month segment rates averaged through the end of December 2024 and published in January 2025 (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 5.00%
- Segment 2 (5 to 20 years) 5.27%
- Segment 3 (more than 20 years) 5.40%
- Effective Interest Rate 5.32%

Annual Expected Return on Assets

Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 5.59%

Rationale: The third segment rate is lower than the plan's expected long-term rate of return of 6.30%

PBGC and LDROM Annual Interest Rates

24-month segment rates averaged through the end of December 2024 and published in January 2025 using the Standard Method (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 4.65%
- Segment 2 (5 to 20 years) 5.28%
- Segment 3 (more than 20 years) 5.63%
- Effective Interest Rate 5.40%

ASC 960 Discount Rate

Discount Rate 6.30%

Rationale: as selected by the Plan Sponsor based on a review of historical performance and guidance from the asset manager.

Mortality

Funding: IRS 2025 Generational Mortality Table (based on Pri-2012) with mortality improvement projected after year 2012 under IRS 2024 Adjusted Scale MP-2021.

ASC 960-20: Pri-2012 Generational Mortality Tables with mortality improvement projected after year 2012 using Scale MP-2021 as selected by the Plan Sponsor to reflect the most recent mortality assumption published.

Salary Scale

Age	Rate
20	9.0%
25	8.2%
30	7.6%
35	6.8%
40	6.1%
45	5.4%
50	4.6%
55	4.0%
60	3.2%
65	2.8%

Rationale: as selected by Plan Sponsor based on historical salary information from the 2015 Plan Experience Study

Rates of Retirement

Actives are assume to retire based on age as follows:

Age	Rate
55	10.0%
56	5.0%
57	2.5%
58	2.5%
59	10.0%
60	20.0%
61	15.0%
62	40.0%
63	20.0%
64	40.0%
65-69	50.0%
70	100%

For terminating participants not eligible for a lump sum payment, 100% elect a straight life annuity commencing at either age 55, if the participant has 10 or more years of service, or otherwise, age 65.

Rationale: Plan Sponsor based on historical retirement information from the 2015 Plan Experience Study

Weighted Average Retirement Age is 61. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Withdrawal

Age	Less than 4 years of service	4 or more years of service
20	7.75%	7.84%
25	7.48%	7.00%
30	7.21%	6.16%
35	6.94%	5.32%
40	6.67%	4.48%
45	6.40%	3.64%
50	6.13%	2.80%
55	5.86%	1.96%
60	5.59%	1.12%
65+	5.32%	0.28%

Rationale: Plan Sponsor based on historical withdrawal information from the 2015 Plan Experience Study.

Rates of Disability

Age	Rate
20	0.208%
25	0.223%
30	0.238%
35	0.255%
40	0.294%
45	0.395%
50	0.713%
55	1.362%
60	2.760%
65	0.000%

Rationale: Plan Sponsor based on historical disablement information from the 2015 Plan Experience Study

Future Cash Balance Crediting Rate

The crediting rate for all future years is assumed to equal the current year's crediting rate

Assumptions Made In Valuing Spouse's Benefit	80% of employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.
Optional Form Selection	100% of retiring or terminating participants are assumed to elect a cash lump sum if eligible. For retiring participants not eligible for a lump sum payment, 80% elect an immediate joint and 100% survivor annuity and 20% elect an immediate straight life annuity. For terminating participants not eligible for a lump sum payment, 100% elect a straight life annuity commencing at either age 55, if the participant has 10 or more years of service, or otherwise, age 65. Inactive participants who are entitled to future benefits are assumed to elect the normal form of payment on their Normal Retirement Date. Spouses of deceased employees are assumed to elect a Life Annuity commencing at the earliest available date.
Provision for Expenses	None
Standing Elections	The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.
Asset Method	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets. ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.

Funding Method	Pure Unit Credit The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	The interest rates used for determining the funding target were 4.75%, 4.96% and 5.59%. These rates were updated to the rates required for the current plan year.
Justification for Changes in Actuarial Assumptions	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

LOOP LLC EMPLOYEES' RETIREMENT PLAN
EIN/PN 72-1335490/001
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity of Party Involved	Asset Description	Purchase Price	Selling Price	Cost of Asset	Current value of asset on transaction date	Net gain (loss)
* Category (iii) - Series of transactions with the same issuer in excess of 5% of plan assets:						
Principal / Blackrock	Short-term Investment Fund S1:					
	Purchase	$ 6,401,224	$ -	$6,401,224	$ 6,401,224	$ -
	Sales	-	6,586,887	6,586,887	6,586,887	-
Principal / Blackrock	S&P 500 Index CI					
	Purchase	2,697,732	-	2,697,732	2,697,732	-
	Sales	-	4,374,970	1,919,021	6,206,127	2,455,950
Principal / Blackrock	TCW Met West Total Return Bond CL I #512					
	Purchase	77,408	-	77,408	77,408	-
	Sales	-	127,627	133,518	133,518	(5,891)
Principal / Blackrock	Liability Driven Solution CIT II F					
	Purchase	5,080,375	-	5,080,375	5,080,375	-
	Sales	-	14,120,557	14,200,350	14,200,350	(79,791)
Principal / Blackrock	Liability Driven Solution CIT I F					
	Purchase	6,572,594	-	6,572,594	6,572,594	-
	Sales	-	3,271,806	3,012,346	8,472,775	259,460
Principal	Blackrock Short-Term Investment Fund S1					
	Purchase	530,419	-	530,419	530,419	-
	Sales	-	493,471	493,471	493,471	-
Principal / Blackrock	US AGG Bond Index CIT N					
	Purchase	72,727	-	72,727	57,519	-
	Sales	-	128,478	127,338	-	1,140

LOOP LLC EMPLOYEES' RETIREMENT PLAN
EIN/PN 72-1335490/001
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity of Party Involved	Asset Description	Purchase Price	Selling Price	Cost of Asset	Current value of asset on transaction date	Net gain (loss)
Principal	S&P Mid Cap Index					
	Purchase	$ 108,706	$ -	$ 108,706	$ 108,706	$ -
	Sales	-	7,732	7,649	7,649	83
Principal	Dodge & Cox Intermediate Bond CIT N					
	Purchase	71,620	-	71,620	71,620	-
	Sales	-	127,270	122,056	122,056	5,214
Principal	Federated Total Return Bond CIT N					
	Purchase	72,517	-	72,517	72,517	-
	Sales	-	128,785	125,590	-	3,196
Principal / Blackrock	International Equity Index CI					
	Purchase	85,451	-	85,451	85,451	-
	Sales	-	9,253	8,324	8,324	929
Principal	Multi-Manager Small Capex CI					
	Purchase	70,684	-	70,684	70,684	-
	Sales	-	4,139	4,199	4,199	(60)

The above represents a listing of series transactions in excess of 5% of the fair value of the Plan's assets at the beginning of the year.

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
LOOP LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Loop LLC

D Employer Identification Number (EIN)
72-1335490

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**	113,425,509
b Actuarial value	**2b**	110,742,289

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	144	56,067,319	56,067,319
b For terminated vested participants	24	2,829,058	2,829,058
c For active participants	179	33,989,985	37,005,078
d Total	347	92,886,362	95,901,455

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,354,700
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	2,354,700

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

Thomas A. Vaught for

Signature of actuary

10/2/26

Date

Thomas A. Vaught

Type or print name of actuary

2606120

Most recent enrollment number

USI Consulting

Firm name

629-895-7861

Telephone number (including area code)

5301 Virginia Way
Suite 400
Brentwood TN 37027

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)	167,697	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	167,697	0
10	Interest on line 9 using prior year's actual return of 5.50 %	9,223	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,172,801
	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 5.26 %		61,689
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		1,234,490
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	176,920	0

Part III Funding Percentages

14	Funding target attainment percentage	14	115.29 %
15	Adjusted funding target attainment percentage	15	115.47 %
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	124.50 %
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
10/29/2025	500,000	0			
10/31/2025	500,000	0			
			Totals ► 18(b)	1,000,000	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	957,644

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	61

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**	2,354,700
b Excess assets, if applicable, but not greater than line 31a	**31b**	2,354,700

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

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

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**	957,644
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	957,644
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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

ATTACHMENT TO FORM 5500
SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED AVERGE RETIREMENT AGE

Plan Name: LOOP LLC Employees' Retirement Plan
EIN: 72-1335490
PN: 001
Plan Year: January 1, 2025 through December 31, 2025

Age	Assumed Rate of Retirement	Sample Population	Number Retiring	Weighted Average Retirement Age*
55	0.100	100,000	10,000	550,000
56	0.050	90,000	4,500	252,000
57	0.025	85,500	2,138	121,838
58	0.025	83,363	2,084	120,876
59	0.100	81,278	8,128	479,543
60	0.200	73,151	14,630	877,807
61	0.150	58,520	8,778	535,462
62	0.400	49,742	19,897	1,233,612
63	0.200	29,845	5,969	376,053
64	0.400	23,876	9,551	611,235
65	0.500	14,326	7,163	465,589
66	0.500	7,163	3,581	236,376
67	0.500	3,581	1,791	119,979
68	0.500	1,791	895	60,885
69	0.500	895	448	30,890
70	1.000	448	448	31,338
		Total	100,000	6,103,480
			Average	61

*The weighted average retirement age is calculated as age times the number retiring.

Appendix A
Summary of Principal Plan Provisions

Plan Sponsor	LOOP LLC
EIN/PN	72-1335490/001
Effective Date	January 1, 1978; restated effective January 1, 2016 and amended effective December 31, 2017. Effective March 1, 2020, the LOOP LLC Cash Balance Plan merged into the LOOP LLC Employees' Retirement Plan.
Plan Year	The 12-month period beginning each January 1.
Participation	Any person who is employed by LOOP LLC other than leased employee or whose employment is covered by a collective bargaining agreement is eligible to participate. Each eligible employee shall become a participant in the plan on date of hire.
Compensation	Base salary and incentive compensation under the LOOP LLC Incentive Compensation Plan but excluding overtime, bonuses, commissions, allowances and expenses.
Average Compensation	Average of a participant's compensation for the 36 consecutive months, within the last 120 months, which produce the highest average.
Points	The sum of a participant's Period of Service and Age.
Compensation Credit	7.00% of Compensation for participants with less than 50 Points, 9.00% of compensation for participant with at least 50 but less than 70 Points, and 11.00% for participants with at least 70 Points. Credited on the last day of the Plan Year.
Interest Credit	The greater of 1.55% and the 30-year Treasury credited on the last day of the Plan Year.
Vesting Service	Period of employment, measured in years and days.
Credited Service	Period of employment, measured in years and days.

Accrued Benefit	For participants hired before 1/1/2018: Monthly benefit equal to 1.6% of average earnings times years of benefit service, less 1.5% of Primary Social Security Benefit times years of benefit service up to 33-1/3.
Hypothetical Account	For participants hired on or after 1/1/2018: The sum of all Compensations Credits with Interest Credit applied annually until termination for a participant payable as a lump sum.
Normal Retirement Benefit	Eligibility: Age 65, or fifth anniversary if later Monthly Benefit: The Accrued Benefit for those hired before 1/1/2018 or the Hypothetical Account balance for those hired on or after 1/1/2018
Early Retirement Benefit	*Eligibility:* Age 55 and 10 Years of Service. *Monthly Benefit*: For participants hired before 1/1/2018: Accrued Benefit as of Early Retirement Date reduced by .25% for the months early retirement precedes age 62 up to 36 months and .333% for each month thereafter up 48 months. If payments commence prior to age 62, a monthly supplemental benefit shall be paid until age 62 equal to the Social Security offset amount in the Normal Retirement Benefit. For participants hired on or after 1/1/2018: The Hypothetical Account balance
Termination Benefit	*Eligibility:* A participant with at least 3 Years of Vesting Service has a 100% non-forfeitable right to his or her Accrued Benefit. *Monthly Benefit*: For participants hired before 1/1/2018: The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions. For participants hired on or after 1/1/2018: The Hypothetical Account balance

Death Benefit	For participants hired before 1/1/2018: In the event of the death of a participant after becoming eligible for a deferred vested benefit and (i) while still actively employed by the employer, or (ii) after terminating employment but before benefit payments begin, a monthly survivorship benefit shall be payable to the participant's surviving spouse. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day. For participants hired on or after 1/1/2018: The Hypothetical Account balance
Disability Benefit	Monthly benefit payable at 65 using average compensation at date of disability and counting service while disabled.
SERP Shift Supplement	Monthly benefit in addition to the participant's accrued benefit accounting for the participant's previously non-qualified portion of the benefit. These benefit amounts and participants to receive them are noted in Appendix E of the plan document.
Optional Forms of Payments	Life Annuity Joint and Survivor annuity and annuity with period certain.
Benefits Available As Lump Sums	For participants hired before 1/1/2018: This plan pays lump sum if the amount is less than $75,000. For participants hired on or after 1/1/2018: The Hypothetical Account balance may be paid as a full lump sum. Note that the restrictions on distributions rule of Code §1.401(a)(4)-5(b)(3) provides that plan assets after an accelerated distribution to certain highly compensated employees must equal or exceed 110% of the plan's current liabilities. There is an exception if the lump sum is less than 1% of the plan's total liability. Final determination of whether a lump sum will be restricted depends heavily upon the value of plan assets and the interest rate used to determine liabilities as of the distribution date. Restricted amounts can still be distributed if adequate security is maintained (as defined by the IRS) to assure that the plan can recoup the distribution should the plan terminate with insufficient assets. Formal IRS guidance has not been given on this issue; however, informal guidance given by the IRS indicates that using the stabilized interest rate liability for this measurement is a good faith interpretation.

Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Plan Compensation Limit	The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.
Changes in Plan Provisions	The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.

LOOP LLC EMPLOYEES' RETIREMENT PLAN
EIN/PN 72-1335490/001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current value
	Common / Collective Trust Funds:				
*	Principal	Multi-Manager Liability Driven Solution CIT I,	627,297.376 shares	$10,440,344	$11,476,656
*	Principal	Multi-Manager Liability Driven Solution CIT II,	3,066,548.475 shares	58,556,549	60,483,682
*	Principal	Multi-Manager Liability Driven Solution CIT III,	733,803.221 shares	9,469,010	9,762,298
*	Principal	Multi-Manager Small Cap CI CIT N,	111,712.721 shares	1,897,404	2,993,499
*	Principal / Blackrock	International Equity Index CIT N,	119,479.198 shares	1,960,991	4,407,097
*	Principal / Blackrock	S&P Midcap Index CIT N,	59,061.394 shares	3,026,710	5,415,316
*	Principal / Blackrock	S&P 500 Index CIT N,	71,099.101 shares	9,447,525	22,756,718
*	Principal / Blackrock	US AGG Bond Index CIT N,	9,757.564 shares	172,026	180,607
*	Principal / Blackrock	Dodge & Cox Intermediate Bond CIT N,	16,651.694 shares	168,026	180,514
*	Principal / Blackrock	Federated Total Return Bond CIT N,	17,576.788 shares	170,325	180,552
				95,308,909	117,836,939
	Mutual Funds				
	Vanguard	Metropolitan West Total Return Bond Fund Class I #512,	19,769.899 shares	182,975	181,290
	Vanguard	Emerging Markets Stock Index Fund/ United States Class Admiral #5533,	25,166.260 shares	902,159	1,122,711
				1,085,134	1,304,001
	Short-term Investment Funds				
*	Principal / Blackrock	Short-term Investment Fund S1,	812,962.390 shares	812,962	812,962
				812,962	812,962
	Total assets (held at year-end)			$97,207,006	$119,953,902

* *Denotes party-in-interest to the Plan*