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
LOOMIS, SAYLES & COMPANY, L.P. EMPLOYEES' PROFIT SHARING RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1952

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
LOOMIS, SAYLES & COMPANY, L.P.

ONE FINANCIAL CENTER
BOSTON, MA 02111

2b Employer Identification Number (EIN) 04-3200030

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

2d Business code (see instructions) 523900

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

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

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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1010
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)**	778
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	773
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	257
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1030
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	1034
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)**	1059
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)**	1024
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	20
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:

2A 2E 2F 2G 2J 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
LOOMIS, SAYLES & COMPANY, L.P. EMPLOYEES' PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
04-3200030

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

SCHWAB RETIREMENT PLAN SERVICES,INC

34-1479833

(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?
15 26 50 64	NONE	127244	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ OPERATIONS INC.

34-1846498

(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?
10 50	NONE	16215	Yes [ ] No [X]	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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LOOMIS, SAYLES & COMPANY, L.P. EMPLOYEES' PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
04-3200030

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CRE DISCIPLINED ALPHA

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-6391546-015	C	8494715

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES GLOBAL CIT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-6391546-013	C	7061075

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES SM/MDCAP GROWTH TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-6391546-016	C	27871786

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
LOOMIS, SAYLES & COMPANY, L.P. EMPLOYEES' PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
04-3200030

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16199582	16243381
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15668937	33778621
(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)	2390513	2348544
(9) Value of interest in common/collective trusts	1c(9)	13538286	43427576
(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)	599673280	629985682
(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	647470598	725783804
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	647470598	725783804

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)	16617293	
(B) Participants	2a(1)(B)	11138091	
(C) Others (including rollovers)	2a(1)(C)	1152276	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		28907660
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1122172	
(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)	158061	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1280233
(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)	20400857	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		20400857
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3421910
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		62914699
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		116925359
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38468439	
(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)		38468439
f Corrective distributions (see instructions)	2f		304
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)	86475	
(4) IQPA audit fees	2i(4)	16215	
(5) Investment advisory and investment management fees	2i(5)	40720	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		143410
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		38612153
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		78313206
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
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.) ..... ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LOOMIS, SAYLES & COMPANY, L.P. EMPLOYEES' PROFIT SHARING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
04-3200030

Part I Distributions

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

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

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

EIN(s): 82-3967259

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

CBIZ CPAs

Loomis, Sayles & Company, L.P.
Employees' Profit Sharing
Retirement Plan
Financial Statements
and
Supplementary Schedule
December 31, 2025 and 2024

Loomis, Sayles & Company, L.P.
Employees' Profit Sharing Retirement Plan
Table of Contents to the Financial Statements and Supplementary Schedule

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

CBIZ CPAs P.C.

53 State Street
17th Floor
Boston, MA 02109

P: 617.807.5000

Independent Auditors' Report

To the Participants and Administrator
Loomis, Sayles & Company, L.P.
Employees' Profit Sharing Retirement Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, 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's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

CBIZ CPAs P.C.

Boston, Massachusetts
October 12, 2026

Loomis, Sayles & Company, L.P.
Employees' Profit Sharing Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Investments, at fair value	$ 707,191,879	$ 628,880,503
Receivables:		
Employer contribution receivable	16,243,381	16,199,582
Notes receivable from participants	2,348,544	2,390,513
Total receivables	18,591,925	18,590,095
Net assets available for plan benefits	$ 725,783,804	$ 647,470,598

See Independent Auditors' Report and accompanying notes to financial statements

Loomis, Sayles & Company, L.P.
Employees' Profit Sharing Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

Additions to net assets:		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	$	67,832,693
Dividends and interest		20,400,857
Total investment income:		88,233,550
Contributions:		
Employer		16,243,381
Participants		12,290,367
Total contributions		28,533,748
Interest income on notes receivable from Participants		158,061
Total additions		116,925,359
Deductions from net assets:		
Benefit payments		(38,468,743)
Administrative fees		(143,410)
Total deductions		(38,612,153)
Net increase in net assets available for benefits		78,313,206
Net assets available for benefits:		
Beginning of year		647,470,598
End of year	$	725,783,804

See Independent Auditors' Report and accompanying notes to financial statements

Note 1 – Description of the Plan

General

Loomis, Sayles & Company, L.P. (the "Company") is organized as a Delaware Limited Partnership. The Company sponsors the Loomis, Sayles & Company, L.P. Employees' Profit Sharing Retirement Plan (the "Plan") for the benefit of employees of the Company. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective January 1, 2003, the assets of the Loomis, Sayles & Company, L.P. Employees' Money Purchase Pension Plan merged into the Plan. The terms of the Plan shall supersede the terms of the Loomis, Sayles & Company, L.P. Employees' Money Purchase Pension Plan except to the extent otherwise required by law. Participants should refer to the Plan documents for a complete description of the Plan's provisions. Substantially all investments are participant directed.

Eligibility

A regular employee becomes eligible for participation on the first day of the calendar month coincident with or next following the later of (a) their employment commencement day or (b) the date they become a regular employee. A regular employee is an employee, other than a cooperative student, student intern or temporary employee, who is regularly scheduled to work at least 20 hours per week. The Plan has an automatic enrollment in which, upon becoming eligible, employees are automatically enrolled in the Plan at an employee contribution rate of 4% of base salary to be invested in the appropriate Vanguard Target Retirement Fund. Effective April 1, 2025, the default contribution rate was increased from 3% to 4%. Participants may opt out of automatic enrollment and/or modify the investment selections.

Administration

The named fiduciaries of the Plan are the Company, the Retirement Committee and Charles Schwab Trust Bank (the "Trustee"). The Company is the Sponsor of the Plan and appoints or removes, through the Board of Directors, members of the Retirement Committee. The Retirement Committee is the Plan Administrator and has all the responsibilities of the Plan Administrator under ERISA, including the filing of the reports required by ERISA. The Retirement Committee has full discretionary power to administer the Plan in all of its details, subject, however, to the requirements of ERISA. The Company has entered into a service relationship with Charles Schwab Trust Bank and Charles Schwab Bank ("CSB" or the "Trustee") and appointed CSB to act as trustee of the Plan. CSB is responsible for the normal administrative duties in operating the Plan.

Note 1 – Description of the Plan (continued)

Contributions

The Company contributes to the Plan each year an amount, which when added to available forfeitures, will equal 7.5% of the base compensation, as defined in the Plan document, of eligible participants. In addition, depending on the profitability of the Company, the Board of Directors (the "Board") may make an additional contribution to the Plan each year, in an amount determined at the sole discretion of the Board. For the Plan year 2025, the Board approved an additional contribution of 7.5% for an aggregate contribution equal to 15% of each eligible participant's base compensation with eligible wages of up to $275,000. And for participants whose eligible wages were greater than $275,000, the contribution was a flat $41,250.

A salary reduction contribution feature under the provisions of Section 401(k) of the Internal Revenue Code ("IRC") is a provision of the Plan. This feature allows any active Plan member to elect to have the Company pay a portion of their salary, not to exceed $23,500 in 2025 (exclusive of catch-up contributions for employees age 50 or older of $7,500 for 2025), directly to their profit sharing account. Employee contributions are fully vested and non-forfeitable. Rollover contributions may be received into the Plan from qualified benefit plans of a previous employer. During 2025, rollovers contributed to the Plan and included in participant contributions on the Statement of Changes in Net Assets Available for Benefits were $1,152,276.

A Plan member may elect to have a portion, or all, of their employee contributions designated as Roth contributions. Unlike traditional pre-tax 401(k) contributions, Roth contributions are not excludable from a Plan member's annual gross income for tax purposes. Additionally, the United States Internal Revenue Service ("IRS") treats distributions from a Roth 401(k) account in a different manner than distributions from a traditional 401(k) account. The aggregate amount of Roth 401(k) contributions and traditional pre-tax 401(k) contributions cannot exceed the aforementioned $23,500 annual limit, (exclusive of catch-up contributions for employees age 50 or older of $7,500 or age 60 to 63 of $11,250 for 2025).

On May 1, 2021, three new features were added to the Plan: after-tax contributions, in-plan Roth rollovers for existing vested balances, and automatic in-plan Roth rollovers of future after-tax contributions. After-tax contributions can be made by participants after taxes are deducted from their eligible pay and allow participants to save beyond the IRS limit for pre-tax and Roth 401(k) contributions. They are subject to the annual additions limit. The 2025 annual additions limit is the lesser of 100% of your eligible pay or $70,000, excluding any catch-up contributions. Participants may contribute up to 50% of their eligible pay in after-tax contributions, not to exceed the annual additions limit. Any earnings on after-tax contributions are taxable upon withdrawal. In-plan Roth rollovers allow participants to convert all or a portion of eligible balances to Roth savings while leaving the money in the Plan account. Participants are subject to income taxes on any money they roll over

Note 1 – Description of the Plan (continued)

that has not previously been taxed. Specifically, pre-tax contributions (including any earnings on them) and any earnings generated on after-tax contributions before conversion are taxable in the year they're converted. Income taxes are not withheld at conversion. Participants may request a one-time rollover of existing eligible balances or they may set up automatic rollovers of future after-tax contributions.

Participants' Election Between Funds

The Plan provides for allocation of contributions to the Plan at the discretion of the participant. Contributions are made among a variety of mutual funds and three investment trusts: Money Market Funds (one alternative), Fixed Income Funds (ten alternatives), Equity Funds (twelve alternatives), and Balanced Funds (fifteen alternatives).

Vesting Requirements

Participants are immediately vested in their 401(k) and rollover contributions plus actual earnings thereon. For Company contributions, the participant is entitled to twenty five percent (25%) of the interest in the participant's account after completion of two years of full time service, and an additional twenty five percent for each subsequent completed year of full time employment thereafter. Upon completion of five years of service, a participant will be fully vested in Company contributions and related earnings.

If a participant terminates their employment prior to completing five years of full time employment, they will be entitled to receive their accumulated vested interest of their account. However, if a participant is re-employed by the Company, before five consecutive years from their termination date, their account will be credited for all prior years of service in computing their vested interest in their account.

Regardless of the number of years of service with the Company, participants will have a fully vested right in their account upon:

(a) attaining age 65;
(b) disability, retirement;
(c) death; or
(d) plan termination.

Note 1 – Description of the Plan (continued)

Unit Values

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

Payment of Benefits

In-service withdrawals from a participant's account are permitted upon reaching age 59½, as defined. A participant may also receive an in-service withdrawal from his or her prior plan after-tax account and his or her voluntary account only. Upon termination of service, death, disability or retirement, a participant may elect to receive benefits in the form of a lump-sum payment. If a participant's vested interest in their account is less than $1,000, it shall be distributed in a lump sum as soon as practicable as determined by the Plan Administrator. If a participant's vested interest in their account is $1,000 or more but less than $7,000, it shall be rolled into an individual retirement account as soon as practicable, as determined by the Plan Administrator.

Notes Receivable from Participants

With the approval of the Retirement Committee, a participant may borrow from the Plan subject to certain Plan vesting and statutory limitations, with a limit of two loans outstanding at any time.

Loans are repaid over terms of five years or ten years for the purchase of a principal residence. Loans require at least quarterly payments, via payroll deductions, of principal and interest. Interest is calculated monthly based on the Prime Rate at the origination date of the respective loan. Rates on participant loans ranged from 3.25% to 8.50% at December 31, 2025 and 2024. As of December 31, 2025 and 2024, there were no loans outstanding from members of the Retirement Committee.

Note 1 – Description of the Plan (continued)

Forfeitures

The amounts that have been forfeited by participants who were less than 100% vested upon termination of employment remain in the employee's account until either 5 years from their termination date have elapsed or they have liquidated funds from the plan, whichever is earlier. Forfeited amounts are maintained in an account managed by the Retirement Committee. The forfeited funds in the account shall be liquidated and allocated to the active participants by the last day of the following year in which they were forfeited. As of December 31, 2025 and 2024, the total balance in the forfeiture account was $2,057,573 and $1,497,039, respectively. All forfeitures shall be credited on a pro-rata basis, based on the contribution calculation, to the accounts of the remaining members of the Plan. Forfeitures of $373,912 were used to reduce Employer contributions for the Plan year ended December 31, 2024 funded during 2025. In addition, forfeitures of $1,677,650 were used to offset a portion of Employer contributions for the Plan year ended December 31, 2025 funded in 2026.

Note 2 – Summary of Significant Accounting Policies

The following is a summary of significant accounting policies:

Basis of Accounting

The accompanying financial statements are prepared on the accrual method 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 management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of sources and applications of net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Note 2 – Summary of Significant Accounting Policies (continued)

Security Transactions and Related Investment Income

Security transactions are accounted for on the trade date. Dividend income is recorded on the ex-dividend date. Investment interest income is recorded on the accrual basis.

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

Benefit Payments

Benefit payments to participants are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

Administrative Expenses

The Company pays for all administrative expenses of the Plan, principally Trustee, record keeping, professional fees, and other fees, with the exception of loan application fees and fund redemption fees, which are paid by the participant. Expenses are recorded on an accrual basis.

Note 3 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts. In the event of Plan termination, any unallocated assets of the Plan will be allocated to participant accounts and distributed in such a manner as the employer may determine.

Note 4 – Fair Value Measurements

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

Level 1 – 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 and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and 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 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 at December 31, 2025 and 2024.

The majority of Plan investments consist of the Loomis Sayles sponsored Mutual Funds (the "LS Funds"). The LS Funds' Trust is a diversified open-end management investment company organized as a Massachusetts business trust. The LS Funds are advised by the Company, with custodian and shareholder agent services performed by State Street Bank and Trust Company and Natixis Asset Management Services, Inc., respectively. Plan assets can also be invested in funds managed by Vanguard, Blackrock, Dodge & Cox or Charles Schwab.

Note 4 – Fair Value Measurements (continued)

The Plan has added and allows for investments to the Loomis Sayles Global CIT (the "Global Bond Trust"), a New Hampshire Investment trust. The Global Bond Trust's investment objective is to provide long-term growth of capital and to outperform the Barclays US aggregate Bond Index. The benchmark is used for comparative purposes only and is not intended to parallel the risk or investment style of the Fund. The Global Bond Trust is advised by the Company; with custodian and shareholder agency services performed by State Street Bank and Trust Company (or its affiliates).

The Plan has added and allows for investments to the Loomis Sayles Small Cap Growth CIT (the "Small Cap Growth Trust"), a New Hampshire Investment trust. The Small Cap Growth Trust's investment objective is to provide long-term growth of capital and to outperform the Russell 2000 Growth Index. The benchmark is used for comparative purposes only and is not intended to parallel the risk or investment style of the Fund. The Small Cap Growth Trust is advised by the Company; with custodian and shareholder agency services performed by State Street Bank and Trust Company (or its affiliates).

The Plan has added and allows for investments to the Loomis Sayles Core Disciplined Alpha Fund Trust (the "Core Disciplined Alpha Fund Trust"), a New Hampshire Investment trust. The Core Disciplined Alpha Fund Trust's investment objective is to invest primarily in investment grade debt securities with a focus on relative return value investing on a risk-adjusted basis and to outperform the Barclays US aggregate Bond Index. The benchmark is used for comparative purposes only and is not intended to parallel the risk or investment style of the Fund. The Core Disciplined Alpha Fund Trust is advised by the Company; with custodian and shareholder agency services performed by State Street Bank and Trust Company (or its affiliates).

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

Collective trust investments are recorded at fair value, valued at the trust's net asset value per unit ("NAV"), as determined by the Trustee on the appropriate date ("Valuation Dates"). The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities. The Global Bond Trust NAV and the Core Disciplined Alpha Fund Trust NAV are determined daily and with daily purchases and redemptions from the trust allowed. The Collective Trust investments are New Hampshire Investment trusts. At December 31, 2025 and 2024, there are no unfunded commitments.

Note 4 – Fair Value Measurements (continued)

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

	Assets at Fair Value as of December 31, 2025			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 663,764,303	$ -	$ -	$ 663,764,303
Total investments in the fair value hierarchy	$ 663,764,303	$ -	$ -	663,764,303
Investments measured at NAV practical expedient (a)				43,427,576
Investments at fair value				**$ 707,191,879**

	Assets at Fair Value as of December 31, 2024			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 615,342,217	$ -	$ -	$ 615,342,217
Total investments in the fair value hierarchy	$ 615,342,217	$ -	$ -	615,342,217
Investments measured at NAV practical expedient (a)				13,538,286
Investments at fair value				**$ 628,880,503**

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

Changes in valuation techniques may result in transfers in or out of an assigned level within the disclosure hierarchy.

Note 5 – Summary of Certified Financial Data

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

	December 31,	
	2025	**2024**
Investments, at fair value	$ 707,191,879	$ 628,880,503
Notes receivable from participants (exclusive of accrued interest)	$ 2,348,544	$ 2,390,513

	Year Ended December 31, 2025
Dividends and interest	$ 20,400,857
Interest income on notes receivable from participants	$ 158,061
Net realized and unrealized appreciation in fair value of investments	$ 67,832,693

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

Note 6 – Tax Status

The Plan has received a favorable determination letter, dated October 23, 2017, from the IRS verifying that the design of the Plan is in accordance with the requirements of the Internal Revenue Code for tax-qualification as of the date of the determination letter. Although the Plan has been amended since receiving the determination letter, management has asserted that the Plan and its operations have been and continue to be in accordance with all applicable provisions of the Internal Revenue Code and ERISA. Therefore, no provision for income taxes is included in the Plan's financial statements.

Note 6 – Tax Status (continued)

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions.

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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Note 8 – Related Party Transactions

Most Plan investments are shares of registered investment companies managed by Loomis, Sayles & Company, L.P., a related affiliate of the Company, or a related affiliate of the Trustee and, therefore, the investments qualify as parties-in-interest. Administrative fees paid to the Trustee amounted to $143,410. Notes receivable from participants also qualify as a party-in-interest. Loan administration fees are paid to the Trustee and qualify as party-in-interest transactions.

In addition, expenses related to investments in mutual funds, including investment management fees and administration fees, are generally paid out of the applicable fund and may be paid to related parties. Fees paid out of a fund reduce the return of that fund.

Effective July 1, 2017, the reduction in compensation credits ("credits") received from Charles Schwab Trust Bank are allocated to participants. During the Plan year ended December 31, 2025, the Plan received approximately $1,104,405 of revenue credits from Charles Schwab Trust Bank, included in net realized and unrealized appreciation in fair value of investments.

Note 9 – Subsequent Events

The Plan has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

Supplemental Schedule

Loomis, Sayles & Company, L.P.
Employees' Profit Sharing Retirement Plan

Schedule H - Line 4i - Schedule of Assets
(E.I.N. 04-3200030 - Plan Number 002)
(Held at End of Year)
December 31, 2025

	(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost	(d) Current value
Mutual Funds:				
*	Loomis Sayles	Bond Fund	**	$ 27,956,204
*	Loomis Sayles	Core Plus Bond	**	14,524,254
*	Loomis Sayles	Global Allocation Fund	**	23,056,324
*	Loomis Sayles	Growth Fund	**	137,719,706
*	Loomis Sayles	Institutional High Income Fund	**	22,979,208
*	Loomis Sayles	Investment Grade Bond Fund	**	8,979,895
*	Loomis Sayles	Limited Term Government & Agency Fund	**	3,061,827
*	Loomis Sayles	Small Cap Value	**	29,303,042
*	Loomis Sayles	Senior Floating Rate and Fixed Income	**	6,699,035
*	Loomis Sayles	Inflation Protected Securities Fund	**	5,747,358
	Vanguard	Emerging Markets	**	11,758,267
	Vanguard	Growth Institutional Index Fund	**	13,970,200
	Vanguard	Mid Cap Institutional Index Fund	**	22,797,563
	Vanguard	Small Cap Institutional Index Fund	**	18,923,083
	Vanguard	Target Retirement 2020	**	1,132,934
	Vanguard	Target Retirement 2025	**	4,400,081

See Independent Auditors' Report.

Loomis, Sayles & Company, L.P.
Employees' Profit Sharing Retirement Plan

Schedule H - Line 4i - Schedule of Assets
(E.I.N. 04-3200030 - Plan Number 002)
(Held at End of Year)
December 31, 2025

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost	(d) Current value
Vanguard	Target Retirement 2030	**	$ 13,239,608
Vanguard	Target Retirement 2035	**	20,144,914
Vanguard	Target Retirement 2040	**	13,389,239
Vanguard	Target Retirement 2045	**	17,205,230
Vanguard	Target Retirement 2050	**	12,929,324
Vanguard	Target Retirement 2055	**	8,392,704
Vanguard	Target Retirement 2060	**	4,711,746
Vanguard	Target Retirement 2065	**	2,632,327
Vanguard	Target Retirement 2070	**	398,564
Vanguard	Target Retirement Income	**	2,339,156
Vanguard	Total Bond Market Index Inst	**	10,829,281
Vanguard	Total International Stock Institutional	**	30,380,044
Vanguard	Total Stock Index Institutional	**	105,787,175
Vanguard	Value Index Institutional	**	17,392,041
Vanguard	Developed Markets Index Institutional	**	12,910,713
Blackrock	Blackrock Advantage International	**	1,588,599
Dodge & Cox	Dodge & Cox Stock	**	2,706,036
Collective Trust:			
* Loomis Sayles	Core Disciplined Alpha Fund Trust	**	8,494,715
* Loomis Sayles	Global Bond Trust	**	7,061,075
* Loomis Sayles	Small Cap Growth Fund	**	27,871,786
Cash Equivalents:			
Vanguard	Treasury Money Market Investor	**	33,778,621
Participant Loans:			
* Participant loans	Interest rates (3.25% to 8.50%)	-0-	2,348,544
	Total Investments		$ 709,540,423

* Party-In-Interest
** Cost omitted for participant directed accounts

Schedule derived from information certified by the Trustee.
See Independent Auditors' Report.

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: Loomis, Sayles & Company, L.P.
NAME OF PLAN: Loomis, Sayles & Company L.P. Employees' Profit Sharing Retirement Plan
EIN: 04-3200030
PLAN NUMBER: 002

(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
*	PARTICIPANT LOANS	Loans (3.25% - 8.50%)		2,348,544
	VANGUARD TRSY MONEY MKT INVSTR	Money Market / Cash Equivalent		33,778,621
	LOOMIS SAYLES CORE DISC A TR D	Common Collective Trust Fund		8,494,715
	LOOMIS SAYLES GLOBAL BD CIT C	Common Collective Trust Fund		7,061,075
	LOOMIS SAYLES SC GROWTH CIT C	Common Collective Trust Fund		27,871,786
	BLACKROCK ADVANTAGE INTERNAT K	Registered Investment Company		1,588,599
	DODGE & COX STOCK FUND X	Registered Investment Company		2,706,035
	LOOMIS SAYLES BOND CL I	Registered Investment Company		27,956,204
	LOOMIS SAYLES CORE PLUS BOND Y	Registered Investment Company		14,524,254
	LOOMIS SAYLES GLOBAL ALLOC A	Registered Investment Company		23,056,324
	LOOMIS SAYLES GROWTH CL A	Registered Investment Company		137,719,707
	LOOMIS SAYLES INST HIGH INCOME	Registered Investment Company		22,979,208
	LOOMIS SAYLES INV GRADE BD A	Registered Investment Company		8,979,895
	LOOMIS SAYLES LTD TERM GOVT A	Registered Investment Company		3,061,827
	LOOMIS SAYLES SMCP V1	Registered Investment Company		29,303,042
	LOOMISSAYLES SR FLOAT RATE FIA	Registered Investment Company		6,699,035
	LS INFLATION PROTECTED SECS I	Registered Investment Company		5,747,358
	VANGUARD EMRG MKT STK IDX INST	Registered Investment Company		11,758,267
	VANGUARD GROWTH INDEX INSTL	Registered Investment Company		13,970,200
	VANGUARD MIDCAP INDEX INSTL	Registered Investment Company		22,797,563
	VANGUARD SM CAP INDEX INSTL	Registered Investment Company		18,923,083
	VANGUARD TARGET RETIREMNT 2020	Registered Investment Company		1,132,934
	VANGUARD TARGET RETIREMNT 2025	Registered Investment Company		4,400,081
	VANGUARD TARGET RETIREMNT 2030	Registered Investment Company		13,239,608
	VANGUARD TARGET RETIREMNT 2035	Registered Investment Company		20,144,914
	VANGUARD TARGET RETIREMNT 2040	Registered Investment Company		13,389,239
	VANGUARD TARGET RETIREMNT 2045	Registered Investment Company		17,205,230
	VANGUARD TARGET RETIREMNT 2050	Registered Investment Company		12,929,324
	VANGUARD TARGET RETIREMNT 2055	Registered Investment Company		8,392,704
	VANGUARD TARGET RETIREMNT 2060	Registered Investment Company		4,711,746
	VANGUARD TARGET RETIREMNT 2065	Registered Investment Company		2,632,327
	VANGUARD TARGET RETIREMNT 2070	Registered Investment Company		398,564
	VANGUARD TARGET RETMT INCOME	Registered Investment Company		2,339,156
	VANGUARD TOTAL BD MKT IDX INST	Registered Investment Company		10,829,281
	VANGUARD TOTAL INTL STK INSTL	Registered Investment Company		30,380,044
	VANGUARD TOTAL STK INDEX INST	Registered Investment Company		105,787,175
	VANGUARD VALUE INDEX INSTL	Registered Investment Company		17,392,041
	VGD DEVELOPED MKTS INDX INST	Registered Investment Company		12,910,713

* Party-in-interest