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 6047(e), 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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NEUBERGER BERMAN GROUP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

NEUBERGER BERMAN GROUP LLC

605 THIRD AVENUE
NEW YORK, NY 10158
NEW YORK, NY 10158

2b Employer Identification Number (EIN)
61-1591182

2c Sponsor's telephone number
212-476-5547

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.	10/29/2014	WAYNE KLIEGER
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2475
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1772
b	Retired or separated participants receiving benefits	**6b**	22
c	Other retired or separated participants entitled to future benefits	**6c**	752
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2546
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	2548
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2409
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2G 2J 2K 2T 3H 2E

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] 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)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
NEUBERGER BERMAN GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
61-1591182

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

BLACKROCK INSTITUTIONAL TRUST CO NA

94-3112180

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

KPMG

13-5565207

(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	ACCOUNTANT/AUDITOR	41800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	34537	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AF CAP WORLD G&I R5 - AMERICAN FUN 95-2566717	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BOSTON TRUST SM CAP - BOSTON TRUST 04-2273811	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MFS VALUE R4 - MFS SERVICE CENTER 04-2865649	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB EQUITY INCOME IS - STATE STREET 04-0025081	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB GENESIS - INST CL - STATE STREE 04-0025081	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB HIGH INC BOND IS - STATE STREET 04-0025081	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB INTL EQ INST - STATE STREET BAN 04-0025081	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB REAL ESTATE INST - STATE STREET 04-0025081	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NB SOCIALLY RESP I - STATE STREET 04-0025081	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIM FOR BD UNHG INST - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.03%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIM TOTAL RT INST - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.03%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VIRTUS EMRG MKT OP I - VIRTUS FUND 100 PEARL ST 9TH FLOOR HARTORD, CT 06103	0.20%

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
NEUBERGER BERMAN GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
61-1591182

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: LIFEPATH INDEX 2055 FUND K

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.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)
46-1638114-001	C	195105

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN VALUE EQUITY

b Name of sponsor of entity listed in (a): NEUBERGER BERMAN TRUST CO., N.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)
20-4797982-002	C	428841242

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2040 FUND K

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.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)
31-1162579-001	C	5629644

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2030 FUND K

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.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)
31-1162577-001	C	4584803

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2035 FUND K

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.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)
31-1162578-001	C	3724344

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2020 FUND K

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.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)
31-1162575-001	C	3354160

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2025 FUND K

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.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)
31-1162576-001	C	2632542

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2045 FUND K

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.A.

c EIN-PN 31-1162580-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3105853

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2015 FUND K

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.A.

c EIN-PN 31-1162574-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1846868

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX RETIREMENT K

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.A.

c EIN-PN 33-1162581-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1278113

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2050 FUND K

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.A.

c EIN-PN 33-6379494-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1716245

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)

(Complete as many entries as needed to report all participating plans)

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
NEUBERGER BERMAN GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
61-1591182

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5726129	21069605
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	32504914	31639686
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	3369523	4021690
(9) Value of interest in common/collective trusts	1c(9)	370385587	456908919
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	194992905	275816312
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	606979058	789456212
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	7880	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	7880	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	606971178	789456212

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)	21069605	
(B) Participants	2a(1)(B)	18056785	
(C) Others (including rollovers)	2a(1)(C)	2025984	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		41152374
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	132	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	159741	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		159873
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	12334520	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12334520
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		120033325
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		39199647
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		212879739
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30318224	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		30318224
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	76481	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		76481
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		30394705
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		182485034
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: KPMG LLP **(2)** EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

			Yes	No	Amount
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		50000000
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		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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 section 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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
NEUBERGER BERMAN GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
61-1591182

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**

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): 04-6568107

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 of 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 contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2013

Fund Name	Share Balance 12/31/2013	Historical Cost	Price	Total Market Value
NB REAL ESTATE INST	0.000	$0.00	$12.65	$0.00
VANG TOT INTL STK S	131,545.732	$4,094,763.65	$33.60	$4,419,936.60
NB EQUITY INCOME IS	1,166,222.108	$13,643,738.76	$12.06	$14,064,638.62
PIM TOTAL RT INST	1,496,767.543	$16,468,029.24	$10.69	$16,000,445.03
VANGUARD INST INDEX	205,768.964	$25,133,044.11	$169.28	$34,832,570.23
NB SOCIALLY RESP R6	300,624.731	$10,074,127.58	$34.90	$10,491,803.11
NB HIGH INC BOND R6	1,131,593.196	$10,702,988.19	$9.38	$10,614,344.18
NB GENESIS R6	995,440.829	$58,286,012.23	$61.90	$61,617,787.32
NB REAL ESTATE R6	320,988.802	$4,516,603.32	$12.65	$4,060,508.35
MFS VALUE R4	0.000	$0.00	$33.20	$0.00
NB SOCIALLY RESP I	0.000	$0.00	$34.90	$0.00
VIRTUS EMRG MKT OP I	1,298,898.183	$12,654,662.41	$9.55	$12,404,477.65
NB INTL EQ INST	1,794,385.673	$16,760,885.63	$11.24	$20,168,894.96
DREY TR PRIME CASH I	31,639,685.800	$31,639,685.80	$1.00	$31,639,685.80
BTC LIFEPATH RET K	93,391.129	$1,136,644.49	$13.68	$1,278,113.64
BTC LIFEPATH 2015 K	142,555.875	$1,632,715.86	$12.95	$1,846,868.38
BTC LIFEPATH 2020 K	197,444.045	$2,871,513.12	$16.98	$3,354,159.69
BTC LIFEPATH 2025 K	205,625.575	$2,230,088.45	$12.80	$2,632,541.99
BTC LIFEPATH 2030 K	253,231.288	$3,860,483.27	$18.10	$4,584,803.12
BTC LIFEPATH 2035 K	296,779.377	$3,072,470.76	$12.54	$3,724,343.76
BTC LIFEPATH 2040 K	295,781.756	$4,632,867.71	$19.03	$5,629,643.74
BTC LIFEPATH 2045 K	251,144.472	$2,569,105.14	$12.36	$3,105,853.46
BTC LIFEPATH 2050 K	86,101.544	$1,416,534.03	$19.93	$1,716,244.86
NB VALUE EQUITY FUND	32,611,501.271	$322,866,800.87	$13.15	$428,841,241.71
NB GENESIS - INST CL	0.000	$0.00	$61.90	$0.00
AF CAP WORLD G&I R5	0.000	$0.00	$45.33	$0.00
PIM FOR BD UNHG INST	90,350.727	$974,656.68	$10.04	$907,121.30
MFS VALUE R5	896,061.681	$27,497,060.26	$33.20	$29,749,247.81
BOSTON TRUST SM CAP	720,746.430	$9,980,290.89	$15.98	$11,517,527.95
AF CAP WORLD G&I R6	217,538.579	$8,915,188.27	$45.32	$9,858,848.40
NB HIGH INC BOND IS	0.000	$0.00	$9.38	$0.00
BTC LIFEPATH 2055 K	17,324.023	$181,564.15	$11.26	$195,104.88
LEHMAN BROTHERS STCK	216,170.681	$0.12	$0.00	$0.02
FID LARGE CAP STOCK	581,637.676	$11,568,925.99	$27.23	$15,837,993.92
SPTN EXT MKT IDX ADV	283,004.376	$11,082,432.03	$53.42	$15,118,093.77
SPTN US BOND IDX ADV	365,499.409	$4,288,029.09	$11.36	$4,152,073.29
OUTSTANDING LOAN BALANCE				$4,021,689.64

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2013

Fund Name	Share Balance 12/31/2013	Historical Cost	Price	Total Market Value
		NET ASSETS 12/31/2013:		$768,386,607.18

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.

NEUBERGER BERMAN GROUP 401(k) PLAN

Financial Statements and Supplemental Schedule

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Plan Administrator
Neuberger Berman Group 401(k) Plan:

We were engaged to audit the accompanying financial statements of the Neuberger Berman Group 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, 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.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

Other Matter

The supplemental schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

September 23, 2014

NEUBERGER BERMAN GROUP 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets:		
Investments at fair value:		
Money market funds	$ 31,639,686	32,504,914
Collective investment trusts	456,908,919	370,385,587
Registered investment company funds	275,816,312	194,992,905
Total investments	764,364,917	597,883,406
Receivables:		
Company contributions receivable	21,069,605	5,726,129
Notes receivable from participants	4,021,690	3,369,523
Total receivables	25,091,295	9,095,652
Total assets	789,456,212	606,979,058
Liabilities:		
Excess contributions payable	—	7,880
Total liabilities	—	7,880
Net assets available for benefits	$ 789,456,212	606,971,178

See accompanying notes to financial statements.

NEUBERGER BERMAN GROUP 401(k) PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2013 and 2012

	2013	2012
Additions to net assets attributable to:		
Investment income:		
Interest and dividends	$ 12,334,652	7,138,851
Net appreciation in investments at fair value	159,232,972	46,174,055
Total investment income	171,567,624	53,312,906
Interest on notes receivable from participants	159,741	145,283
Contributions:		
Employee	18,056,785	16,803,313
Company	21,069,605	5,726,129
Rollovers	2,025,984	2,714,641
Total contributions	41,152,374	25,244,083
Total additions	212,879,739	78,702,272
Deductions from net assets attributable to:		
Benefits paid to participants	30,318,224	33,469,698
Administrative expenses	76,481	40,647
Corrective distributions	—	7,880
Total deductions	30,394,705	33,518,225
Net increase in net assets available for benefits	182,485,034	45,184,047
Net assets available for benefits at:		
Beginning of year	606,971,178	561,787,131
End of year	$ 789,456,212	606,971,178

See accompanying notes to financial statements.

(1) Description of the Plan

(a) Organization

The Neuberger Berman Group 401(k) Plan (the Plan) is a profit-sharing plan, which provides for an Internal Revenue Code Section 401(k) feature. The Plan was established by Neuberger Berman Group LLC (the Company or NBG) effective as of January 1, 2010 (the Effective Date) as an individually designed plan, and was subsequently amended and restated effective as of June 1, 2011 in the form of the Adoption Agreement No. 001 to the Fidelity Volume Submitter Defined Contribution Plan – Basic Plan Document Number 14 (the Volume Submitter Plan). The Plan and its related trust are intended to qualify under Section 401(a) of the Internal Revenue Code of 1986, as amended (IRC), and to be exempt from federal income taxation under IRC Section 501(a).

(b) General

The following description of the Plan provides only general information. Participants in the Plan should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan provides for employee compensation deferral contributions, as well as a discretionary 401(k) matching contribution and a discretionary profit sharing contribution. The Plan covers all employees of the Company and its domestic subsidiaries who meet the applicable eligibility requirements described in the Plan (Eligible Employees). Union employees, leased employees and nonresident aliens with no U.S. source income are not eligible to participate in the Plan. Eligible Employees hired after the Effective Date are eligible to participate in the Plan, for all purposes other than 401(k) matching contributions and profit sharing contributions, if any, as of the first day of the commencement of their employment. Eligible Employees hired after the Effective Date become eligible to be credited with 401(k) matching and profit sharing contributions, if any, after completion of one year of service, as provided in the Plan, and the attainment of age twenty-one in addition to other enumerated criteria.

Eligible Employees who participate in the 401(k) component and/or the profit sharing component of the Plan are hereafter referred to as "Participants" or as an individual "Participant." An Eligible Employee is not required to contribute to the 401(k) component of the Plan to participate in the profit sharing component of the Plan, provided any such Employee meets the applicable eligibility requirements with respect to the Plan's profit sharing component. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA), as well as the IRC.

The Plan accepts eligible rollover contributions from Eligible Employees. If an Eligible Employee has been a participant in another qualified plan, such Employee may transfer his or her eligible account balance into the Plan, provided that the Plan will not accept rollovers of after-tax employee contributions.

(c) Plan Administration

The Neuberger Berman Administrative Committee is comprised of certain members of management of the Company and is responsible for the administration of the Plan (the Administrator). Fidelity Management Trust Company (FMTC) serves as the trustee to the Plan (the Trustee).

(Continued)

(d) Eligible Employees' Contributions – 401(k) Account

Eligible Employees may begin contributing to the 401(k) component of the Plan immediately upon commencement of employment with the Company. Contributions are made through payroll deductions which may range from 1% to 50% (subject to IRC limitations) of such employee's compensation (as defined in the Plan) on a before-tax basis, an after-tax basis, or a combination thereof. Participants who are at least age 50 or older during a Plan year may make an additional "catch-up contribution" equal to a specified dollar amount on a before-tax basis (subject to IRC limitations).

(e) Company Contributions

In addition to the service and age requirements described in (b) above, for the Plan Year beginning on and after January 1, 2011, but prior to January 1, 2013, an Eligible Employee is eligible for the year-end discretionary 401(k) matching and/or discretionary profit-sharing contributions, if any, provided the following applicable criteria are met:

- The Eligible Employee is employed with the Company on the last day of the applicable Plan Year or who has died or become disabled (as defined in the Plan) during the applicable Plan Year;
- The Eligible Employee does not hold NBSH Acquisition, LLC (NBSH) equity on the last day of the applicable Plan Year;
- With respect to 401(k) matching contributions, the Eligible Employee has elected to make contributions to the Plan during the applicable Plan Year; and
- With respect to the profit sharing contribution, the Eligible Employee has provided at least 1,000 hours of service (or has died or become disabled) during the applicable Plan Year.

For the Plan Year beginning January 1, 2013, an Eligible Employee (including one that holds NBSH equity) is eligible for the year-end discretionary 401(k) matching and/or profit-sharing contributions, if any, provided the following applicable criteria are met:

- The Eligible Employee has completed 12 months of service with the Company and is employed with the Company on the last day of the applicable Plan Year or has died or become disabled (as defined in the Plan) during the applicable Plan Year;
- With respect to 401(k) matching contributions, if any, the Eligible Employee has elected to make contributions to the Plan during the applicable Plan Year; and
- With respect to the profit sharing contribution, the Eligible Employee is not a Production Paid Employee (as defined in the Plan) whose compensation for the entire 2013 plan year is equal to or greater than $700,000.

An Eligible Employee who meets the applicable eligibility requirements to receive 401(k) matching contributions is a "Matching Participant", and an Eligible Employee who meets the meets the applicable eligibility requirements to receive a profit sharing contribution is a "Profit Sharing Participant".

For the 2012 Plan Year, the Company set aside approximately $5.7 million of Company profits of which approximately $2 million were contributed to the Plan in the form of 401(k) matching contributions and the remaining balance of $3.7 million were used to create a profit sharing pool for Profit Sharing Participants. Each Profit Sharing Participant was credited with a profit sharing contribution based on an allocation from the profit sharing pool. The profit sharing contribution amount was credited to the Profit Sharing Participant's profit sharing account under the Plan, regardless of such employee's participation in, or contributions to the 401(k) component of the Plan. 401(k) matching contributions and profit sharing contributions, if any, generally become vested and non-forfeitable after 3 years of service.

For the 2013 Plan Year, the Company contributed $21.4 million including $324,478 of forfeitures to the Plan in 2014 in the form of profit sharing contributions. Each Profit Sharing Participant was credited with a profit sharing contribution based the applicable formula set forth below:

- Participants other than Production Paid Employees – 10% of compensation (subject to IRC limitations);
- Participants who are Production Paid Employees whose compensation for the entire 2013 Plan Year is less than $600,000 – 10% of compensation, up to a maximum contribution of $10,000;
- Participants who are Production Paid Employees whose compensation for the entire 2013 Plan Year is equal to or greater than $600,000, but less than $700,000 – 10% of the difference between $700,000 and the Participant's compensation; and
- Participants who are Production Paid Employees whose compensation for the entire 2013 Plan Year is equal to or greater than $700,000 – No contribution was made.

The profit sharing contribution amount was credited to the Profit Sharing Participant's profit sharing account under the Plan, regardless of such employee's participation in, or contributions to the 401(k) component of the Plan. 401(k) matching contributions and profit sharing contributions, if any, were immediately fully vested.

401(k) Matching Contribution

For the 2012 Plan Year, Matching Participants were credited with a dollar-for-dollar match of their respective compensation deferral contributions to the Plan (other than catch-up contributions), up to $2,000. In accordance with the applicable Plan provisions, the Company made 401(k) matching contributions of approximately $2.0 million to the Plan. There were no 401(k) matching contributions for the 2013 Plan Year.

Profit Sharing Contribution

For the Plan years ended December 31, 2013 and 2012, with respect to the profit sharing component of the Plan, the Company effected contributions of approximately $21.4 million and $3.7 million, respectively, to Profit Sharing Participants.

(Continued)

(f) Excess Contributions

Excess contributions represent amounts withheld from Eligible Employees in excess of the IRC limitations that were refunded subsequent to year end. These amounts were refunded on March 21, 2013, and are recorded as a liability in the Plan's Statements of Net Assets Available for Benefits.

(g) Vesting

Participants are always fully vested in the contributions they make to the Plan and the earnings thereon. Effective December 31, 2013, each Participant who completed an hour of service with the Company on or after December 31, 2013, will become immediately vested in all 401(k) matching contributions and profit sharing contributions, if any, made to the Plan on the Participant's behalf (plus actual earnings thereon). Any Participant not covered under the foregoing sentence became vested in the 401(k) matching contributions and profit sharing contributions, if any, made to the Plan on the Participant's behalf (plus actual earnings thereon) upon completion of three years of vesting service. If the vesting schedule applied to a Participant, the Participant had no vested interest in the 401(k) matching contributions and profit sharing contributions, if any, made to the Plan on the Participant's behalf prior to completion of three years of vesting service.

(h) Participant Accounts

A Participant's account under the Plan (including compensation deferral contributions, 401(k) matching contributions, profit sharing contributions and rollover contributions, if any) are valued on a daily basis based on quoted prices. Each account is credited with the respective Participant's contributions, net investment earnings (losses), administrative expenses and previously made 401(k) matching and profit sharing contributions, if any. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

(i) In-Service and Hardship Withdrawals

Participants have the right to receive in-service distributions from the vested portion of their account on or after attainment of age fifty-nine and one-half. A Participant shall, at any time, have the right to withdraw any or all amounts that were rolled over into the Plan.

A Participant can make hardship withdrawals, as defined in the Plan document, from his or her compensation deferral contribution account to pay for certain medical expenses, purchase of a principal residence, tuition payment for post-secondary education, payments to prevent eviction from a primary residence, burial or funeral expenses and casualty losses to a principal residence. A Participant's hardship withdrawal will preclude the Participant from making additional employee before-tax contributions to the Plan for a six-month period after the hardship withdrawal.

(j) Benefit Payments

Generally, a Participant's account balance under the Plan may be distributed upon termination of employment in one of two ways: lump-sum distribution, or, if the Participant has reached 70½ years of age, in periodic installments over the Participant's life expectancy, as elected (subject to limits imposed by the IRC), subject in certain cases to spousal consent. Solely with respect to Participants who transferred amounts to the Plan from the Neuberger Berman, LLC Pension Plan, a Participant

may elect to receive his or her account balance under the Plan in form of a qualified joint and 50% survivor annuity or joint and 75% survivor annuity. Once the Participant has made a distribution election, the Trustee will use the Participant's account balance to buy the annuity.

Minimum distributions are required to begin by April 1 of the calendar year following the later of:

- The calendar year in which the Participant attains 70½ years of age; or
- The calendar year in which the Participant terminates employment from the Company.

Upon death, disability, or termination of employment, a Participant (or the Participant's beneficiary) with $1,000 or less in vested benefits will receive a lump-sum distribution from the Plan equal to the Participant's vested account balance.

(k) Notes Receivable from Participants

A Participant may borrow from the vested portion of his or her account under the Plan a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 reduced by the highest outstanding loan balance under the Plan (or any other plan maintained by the Company) during the prior twelve months or 50% of the vested account balance at the time any such loan is made. Loans for the purchase of a principal residence must be repaid in one to ten years, at the Participant's option. Loans for all other purposes must be repaid in one to five years, at the Participant's option. Loans are collateralized by the balance in the Participant's account and bear interest at the prime rate plus 1% at the time of loan origination. In 2013 and 2012, the applicable loan rate was 4.25% to 9.25%. No more than two loans from the Plan to a Participant shall be permitted at any time. All principal and interest payments made by the Participant are credited back to the Participant's account. As of December 31, 2013 notes receivable from Participants had loan maturity dates ranging from March 15, 2014 to August 11, 2023.

(l) Administrative Expenses

Certain investment management fees are netted with investment income. Participants who take a loan from the Plan incur a one-time fee for establishing the loan as well as a quarterly loan administration fee for each outstanding loan. As discussed in note (2) (c), the Company can use forfeitures to pay for administrative expenses. Administrative expenses not covered by forfeitures are paid by the Company.

(m) Investment Elections

Each Participant may direct his or her account balance into one or more of the investment options offered by the Plan. Allocations must be in increments of 1% of each contribution. A Participant may change such allocation and may transfer all or a portion of the value of his or her account in increments of 1% among the fund options at any time.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation and Use of Estimates

The accompanying financial statements have been prepared on the accrual basis in conformity with U.S. generally accepted accounting principles (GAAP). GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities at the date of the financial statements. Although these estimates and assumptions are based on best available information, actual results could differ from those estimates.

(b) Investment Valuation

Investments are reported at fair value and include money market funds, collective investment trusts and registered investment company funds. See footnote 4.

(c) Forfeitures

Terminated Participants forfeit any unvested 401(k) matching contributions and profit sharing contributions, including unvested contributions made to the Participant's account under the Lehman Plan. Such forfeitures are used to first pay for Plan expenses. Any remaining forfeitures will be used to reduce the Company's subsequent contributions to the Plan. As of December 31, 2013 and 2012, there were $324,478 and $122,493, respectively, in allocated forfeitures available to reduce Plan expenses and/or Company contributions.

(d) Notes Receivable from Participants

Notes receivable from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest, which approximates fair value. Delinquent Participant loans are reported as taxable distributions based upon the terms of the Plan document.

(e) Income Recognition

The net appreciation (depreciation) resulting from changes in market value (or fair value) of the investments consists of the net realized gains (losses) from the sale of investments and the unrealized appreciation (depreciation) of the market value for the investments remaining in the Plan. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade date basis. Amounts receivable and payable for securities transactions that have not yet reached their contractual settlement date are recorded gross on the Statements of Net Assets Available for Benefits in other receivables and other liabilities.

(f) Payment of Benefits

Benefits are recorded when paid.

(g) Risks and Uncertainties

The Plan provides for various investment options in a combination of different investment securities. The Plan's investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term could materially affect Participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

(3) Financial Information Certified by Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The following information, which is included in the financial statements and supplemental schedule, was provided and certified by the Trustee as complete and accurate and was not subject to auditing procedures by the Plan's independent auditor.

- Investments at fair value
- Notes receivable from participants
- Interest and dividend income
- Net appreciation in fair value of investments
- Interest on notes receivable from participants
- Fair values included in note 4 (excluding level designations)
- Investment information included in note 8
- Schedule of assets (held at end of year) – December 31, 2013

(4) Fair Value Measurements

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

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

(Continued)

- Level 2 – Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices which are observable for the specified asset or liability;
  - Inputs derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 – Inputs to the valuation methodology are unobservable, but are significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2013 and 2012.

Registered investment company funds, collective investment trusts and money market funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

The methods described above may produce a fair value calculation that is valid on the date of determination, but might not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate, in accordance with current guidance 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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	December 31, 2013			
	Level I	**Level II**	**Level III**	**Total**
Money market funds	$ 31,639,686	—	—	31,639,686
Registered investment company funds:				
Balanced	907,121	—	—	907,121
Fixed income	30,766,862	—	—	30,766,862
Equity	244,142,329	—	—	244,142,329
Total registered investment company funds	275,816,312	—	—	275,816,312
Collective investment trusts:				
Neuberger Berman Value Equity Fund	—	428,841,242	—	428,841,242
BlackRock LifePath Funds	28,067,677	—	—	28,067,677
Total collective investment trusts	28,067,677	428,841,242	—	456,908,919
Total investments	$ 335,523,675	428,841,242	—	764,364,917

(Continued)

	December 31, 2012			
	Level I	**Level II**	**Level III**	**Total**
Money market funds	$ 32,504,914	—	—	32,504,914
Registered investment company funds:				
Balanced	1,258,400	—	—	1,258,400
Fixed income	38,935,110	—	—	38,935,110
Equity	154,799,395	—	—	154,799,395
Total registered investment company funds	194,992,905	—	—	194,992,905
Collective investment trusts:				
Neuberger Berman Value Equity Fund	—	349,244,108	—	349,244,108
BlackRock LifePath Funds	21,141,479	—	—	21,141,479
Total collective investment trusts	21,141,479	349,244,108	—	370,385,587
Total investments	$ 248,639,298	349,244,108	—	597,883,406

(5) Related Party Transactions

The Plan provides Participants with the option to invest in certain registered investment companies managed by an affiliate of FMTC, the Trustee of the Plan. The Plan also provides Participants with the option to invest in certain registered investment companies and collective trusts managed by subsidiaries of the Company. The Trustee and the Company are parties in interest as defined in ERISA. Accordingly, the transactions in which the Plan engages with the registered investment companies and collective trusts managed by affiliates of the Trustee and the Company are deemed party in interest transactions and generally would be prohibited under ERISA; however, due to certain class exemptions granted by the Department of Labor such transactions are deemed exempt.

(6) Tax Status

In January 2011, the Company filed an application for an Internal Revenue Service (IRS) determination letter. In November 2012, the Company received a favorable determination letter from the IRS.

As described in footnote 1, effective as of June 1, 2011, the Plan, was amended and restated in the form of the Volume Submitter Plan. The Volume Submitter Plan received an opinion letter from the Internal Revenue Service dated March 31, 2008 (the Opinion Letter) stating that the Volume Submitter Plan qualifies under Section 401(a) of the IRC. Although the Plan has been amended to include an additional provisions addendum to the Adoption Agreement to the Volume Submitter Plan, the Company believes that the Plan continues to operate in compliance with the applicable requirements of the IRC and that it can continue to rely on the Opinion Letter.

(Continued)

GAAP requires the Plan Administrator 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 Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure of any such liability (or asset) in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there is currently no audit in progress.

(7) Plan Termination

The Plan has no termination date and it is the Company's current intention to continue the Plan indefinitely. However, the Company may terminate, amend, modify or suspend the Plan at any time subject to the applicable provisions of ERISA. In the event of a Plan termination, Participants would become fully vested in the balance of their accounts and the Plan assets would be distributed in accordance with the terms of the Plan.

(8) Investments

The following table lists individual investments that exceed 5% of the Plan's net assets at December 31st:

		2013	2012
Collective investment trust:			
Neuberger Berman Value Equity Fund	$	428,841,242	349,244,108
Registered investment company fund:			
Neuberger Berman Genesis Fund		61,617,787	40,839,303
Money market fund:			
Dreyfus Treasury Prime Cash Management		*	32,504,914

* Investment does not exceed 5% of the Plan's net assets at December 31, 2013.

During 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value as follows:

		2013	2012
Registered investment company funds	$	39,199,647	15,462,085
Collective investment trusts		120,033,325	30,711,970
Net appreciation	$	159,232,972	46,174,055

(Continued)

(9) Reconciliation of the Plan's Financial Statements to Form 5500

Notes receivable from participants are classified as investments in the Form 5500 instructions. A reconciliation of total investments on the financial statements at December 31, 2013 and 2012 to the annual report filed on Form 5500, Schedule H as required by the Department of Labor is as follows:

	December 31	
	2013	**2012**
Total investments at fair value as presented in the financial statements	$ 764,364,917	597,883,406
Notes receivable from participants	4,021,690	3,369,523
Total investments as presented in Form 5500	$ 768,386,607	601,252,929

(10) Subsequent Events

In connection with the preparation of these financial statements, the Plan Administrator evaluated events occurring subsequent to the date of the financial statements through September 23, 2014, the date that the financial statements were available to be issued, to determine whether any subsequent events necessitate disclosure in the financial statements.

The Plan has been subsequently amended to provide for the following provisions:

- Effective January 1, 2014, a Participants can make hardship withdrawals from the vested portion of his or her account (rather than from his or her compensation deferral contribution account only);
- Effective January 7, 2014, eligible employees hired on or after January 1, 2014 who do not affirmatively elect otherwise will be automatically enrolled in the Plan as soon as administratively feasible following 45 days of employment at an initial pre-tax deferral contribution rate of 3%, which rate will increase by 1% each year to a maximum of 6%, unless and until the participant elects otherwise;
- Effective with respect to the 2014 Plan Year, the employer nonelective contribution for all Profit Sharing Participants will be equal to 15% of Compensation, provided that Production Paid Employees will be credited with an amount equal to 10% of Compensation up to a maximum contribution of $26,000;
- Effective January 1, 2015, the profit sharing contribution shall be discretionary, rather than fixed;
- Effective January 1, 2015, Eligible Employees will no longer be required to complete 12 months of service and will be eligible to participate immediately upon hire by the Company; and
- Effective January 1, 2015, Production Paid Employees' profit sharing contribution percentage of compensation shall be increased to 15%, subject to IRC limitations.

NEUBERGER BERMAN GROUP 401(k) PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2013

	Investments at fair value	Description of investment	Shares/units par value		Current value
	Dreyfus Treasury Prime Cash Management	Money market fund	31,639,686	$	31,639,686
*	Neuberger Berman Value Equity Fund	Collective investment trust	32,611,501		428,841,242
	BlackRock LifePath Retirement Fund	Collective investment trust	93,391		1,278,114
	BlackRock LifePath 2015 Fund	Collective investment trust	142,556		1,846,868
	BlackRock LifePath 2020 Fund	Collective investment trust	197,444		3,354,160
	BlackRock LifePath 2025 Fund	Collective investment trust	205,626		2,632,542
	BlackRock LifePath 2030 Fund	Collective investment trust	253,231		4,584,803
	BlackRock LifePath 2035 Fund	Collective investment trust	296,799		3,724,344
	BlackRock LifePath 2040 Fund	Collective investment trust	295,782		5,629,643
	BlackRock LifePath 2045 Fund	Collective investment trust	251,144		3,105,853
	BlackRock LifePath 2050 Fund	Collective investment trust	86,102		1,716,245
	BlackRock LifePath 2055 Fund	Collective investment trust	17,324		195,105
					456,908,919
*	Neuberger Berman Real Estate Fund	Registered investment company funds	320,988		4,060,508
	Vanguard Total International Stock S. Fund	Registered investment company funds	131,546		4,419,937
*	Neuberger Berman Equity Income Fund	Registered investment company funds	1,166,222		14,064,639
	Vanguard Institutional Index Fund	Registered investment company funds	205,769		34,832,570
	PIMCO Total Return Inst Class Fund	Registered investment company funds	1,496,768		16,000,445
	MFS Value R5 Fund	Registered investment company funds	896,062		29,749,248
*	Neuberger Berman Socially Responsive Fund	Registered investment company funds	300,625		10,491,803
	Virtus Emerging Markets Opportunities	Registered investment company funds	1,298,898		12,404,478
*	Neuberger Berman International Fund	Registered investment company funds	1,794,386		20,168,895
*	Neuberger Berman Genesis Fund	Registered investment company funds	995,441		61,617,787
	American Funds Capital World Fund	Registered investment company funds	217,539		9,858,848
	PIMCO Foreign Bond (unhedged) Fund	Registered investment company funds	90,351		907,121
	Boston Trust Small Cap Fund	Registered investment company funds	720,746		11,517,528
*	Neuberger Berman High Income Bond Fund	Registered investment company funds	1,131,593		10,614,344
*	Fidelity Large Cap Stock Fund	Registered investment company funds	581,638		15,837,994
*	Fidelity Spartan Extended Market Index Fund	Registered investment company funds	283,004		15,118,094
*	Fidelity Spartan US Bond Index Fund	Registered investment company funds	365,499		4,152,073
					275,816,312
	Total investments				764,364,917
*	Notes receivables from participants	287 notes receivable from participants with interest rates ranging from 4.25% to 9.25% and maturity dates ranging from March 15, 2014 to August 11, 2023			4,021,690
				$	768,386,607

The information on this schedule was prepared from information provided and certified as complete and accurate by Fidelity Management Trust Company.

* Party in interest as defined by ERISA

See accompanying independent auditors' report.