

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report [X] an amended return/report [ ] a short plan year return/report... 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... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: BESSEMER TRUST COMPANY 401K AND PROFIT SHARING PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 12/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan): MATTHEW TOGLIA, 100 WOODBRIDGE CENTER DRIVE, WOODBRIDGE, NJ 07095
2b Employer Identification Number (EIN): 22-0770670
2c Plan Sponsor's telephone number: 732-694-5507
2d Business code (see instructions): 522110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  PROFIT SHARING PLAN COMMITTEE OF BESSEMER TRUST COMPANY MATTHEW TOGLIA 100 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095	<b>3b</b> Administrator's EIN 22-2134979																				
	<b>3c</b> Administrator's telephone number 732-694-5507																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN																				
	<b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 1536																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>6a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>6a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td><b>6a(1)</b></td><td>1206</td></tr> <tr><td><b>6a(2)</b></td><td>1272</td></tr> <tr><td><b>6b</b></td><td>0</td></tr> <tr><td><b>6c</b></td><td>286</td></tr> <tr><td><b>6d</b></td><td>1558</td></tr> <tr><td><b>6e</b></td><td>2</td></tr> <tr><td><b>6f</b></td><td>1560</td></tr> <tr><td><b>6g(1)</b></td><td>1506</td></tr> <tr><td><b>6g(2)</b></td><td>1544</td></tr> <tr><td><b>6h</b></td><td>15</td></tr> </table>	<b>6a(1)</b>	1206	<b>6a(2)</b>	1272	<b>6b</b>	0	<b>6c</b>	286	<b>6d</b>	1558	<b>6e</b>	2	<b>6f</b>	1560	<b>6g(1)</b>	1506	<b>6g(2)</b>	1544	<b>6h</b>	15
<b>6a(1)</b>	1206																				
<b>6a(2)</b>	1272																				
<b>6b</b>	0																				
<b>6c</b>	286																				
<b>6d</b>	1558																				
<b>6e</b>	2																				
<b>6f</b>	1560																				
<b>6g(1)</b>	1506																				
<b>6g(2)</b>	1544																				
<b>6h</b>	15																				
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

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

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

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 0
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

---

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

---

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

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

---

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>BESSEMER TRUST COMPANY 401K AND PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BESSEMER TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>22-0770670</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**04-2647786**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**OLD WESTBURY FUNDS, INC.** **P.O. BOX 534458**  
**PITTSBURGH, PA 15253**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**STATE STREET INST. INV. TRUST** **STATE STREET FINANCIAL CENTER**  
**ONE LINCOLN STREET**  
**BOSTON, MA 02111**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**VANGUARD FUNDS** **P.O. BOX 2600**  
**VALLEY FORGE, PA 19482**

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

**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)

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 64 65	RECORDKEEPER	29730	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BESSEMER TRUST COMPANY 401K AND PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BESSEMER TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>22-0770670</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	30349714	35582900
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	182724	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	40049444	33966992
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	3476522	3978573
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	562090249	690612435
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	1054646	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	637203299	764140900
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	1036677	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1036677	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	636166622	764140900

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	35582900	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	16086862	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	3756663	
(2) Noncash contributions.....	<b>2a(2)</b>	0	55426425
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	262018
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	262018	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		262018
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	20131909
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	20131909	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		20131909
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	0
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	0
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		83055411
<b>c</b> Other income .....	<b>2c</b>		2779497
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		161655260

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	33651252	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		33651252
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	29730	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	0	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	0	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		29730
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		33680982

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		127974278
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		50000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
<b>n</b> 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.	X		

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

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>BESSEMER TRUST COMPANY 401K AND PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BESSEMER TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>22-0770670</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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 27-3169253

**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	
---	--

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

***Bessemer Trust Company  
401(k) And Profit Sharing Plan  
Employer ID Number: 22-0770670  
Plan Number: 002***

***Financial Statements as of December 31, 2024  
and 2023, and for the Year Ended December 31, 2024,  
Supplemental Schedules as of and for the Year Ended  
December 31, 2024, and Independent Auditor's Report***

**BESSEMER TRUST COMPANY**  
**401(K) AND PROFIT SHARING PLAN**

**TABLE OF CONTENTS**

---

	PAGE
<b>INDEPENDENT AUDITOR’S REPORT</b>	1 - 3
<b>FINANCIAL STATEMENTS:</b>	
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024	5
Notes to Financial Statements as of December 31, 2024 and 2023 and for the Year Ended December 31, 2024	6 - 11
<b>SUPPLEMENTAL SCHEDULES:</b>	
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024	12
Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the Year Ended December 31, 2024	13

All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT

To the Profit-Sharing Plan Committee of the Bessemer Trust Company 401(k) and Profit Sharing Plan:

### Opinion

We have audited the financial statements of the Bessemer Trust Company 401(k) and Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Deloitte & Touche LLP*

September 11, 2025

**BESSEMER TRUST COMPANY  
401(K) AND PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS:</b>		
<b>Investments—at fair value:</b>		
<b>Participant Directed Investments:</b>		
Mutual funds	\$ 690,612,435	\$ 562,090,249
Money Market Fund	33,966,992	40,046,602
<b>Total investments</b>	<u>724,579,427</u>	<u>602,136,851</u>
<b>Cash and cash equivalents</b>	<u>-</u>	<u>2,842</u>
<b>Receivables:</b>		
Contributions receivable from employer	35,582,900	30,349,714
Notes receivable from Plan participants	3,978,573	3,476,522
Receivables for securities sold	-	1,054,646
Accrued Investment Income	-	182,724
<b>Total receivables</b>	<u>39,561,473</u>	<u>35,063,606</u>
<b>Total Assets</b>	<u>764,140,900</u>	<u>637,203,299</u>
<b>LIABILITIES:</b>		
Payables for securities purchased	<u>-</u>	<u>1,036,677</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 764,140,900</u>	<u>\$ 636,166,622</u>

See notes to financial statements.

**BESSEMER TRUST COMPANY**  
**401(K) AND PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

---

**ADDITIONS:**

**Contributions**

Employer	\$	35,582,900
Participants		16,086,862
Rollovers		3,756,663
<b>Total contributions</b>		<u>55,426,425</u>

Interest income on notes receivable from plan participants		<u>262,018</u>
--	--	----------------

**Investment income:**

Net appreciation in fair value of investments		83,055,411
Settlement gain		2,779,497
Dividends and interest		20,131,909
<b>Net investment income</b>		<u>105,966,817</u>

**Deductions:**

Benefits paid to participants		33,651,252
Other expenses		29,730

<b>Increase in net assets</b>	\$	<u>127,974,278</u>
-------------------------------	----	--------------------

**Net Assets Available for Benefits:**

Beginning of year		<u>636,166,622</u>
-------------------	--	--------------------

<b>End of year</b>	\$	<u>764,140,900</u>
--------------------	----	--------------------

See notes to financial statements.

**BESSEMER TRUST COMPANY**  
**401(K) AND PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**  
**AS OF DECEMBER 31, 2024 AND 2023 AND FOR THE YEAR ENDED DECEMBER 31, 2024**

**1. PLAN DESCRIPTION**

The following description of the Bessemer Trust Company 401(k) and Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

**General** - The Plan is a defined contribution plan generally covering all eligible employees of Bessemer Trust Company (the “Company”), as well as The Bessemer Group, Incorporated, Bessemer Investment Management LLC, Bessemer Trust Company, N.A., Bessemer Trust Company of Delaware, N.A., Bessemer Trust Company of Nevada, N.A., and Bessemer Trust Company of Florida (collectively, the “Affiliates”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Except for the “safe harbor” contribution noted below, contributions to provide benefits under the Plan are made by the Company and the Affiliates and their employees on a voluntary basis.

Prior to May 1, 2024, contributions were invested in a trust fund administered by the Company, as trustee. During that period, Sentinel Benefits & Financial Group supported participants with access to benefit information and investment election changes. Effective May 1, 2024, Fidelity Investments replaced Sentinel Benefits & Financial Group as the Plan’s recordkeeper. Fidelity Management Trust Company (together with Fidelity Investments, “Fidelity”) replaced the Company as the Plan’s trustee and custodian. As part of this transition, a new investment lineup was introduced. Participants were eligible to make new investment elections in advance of the change. Those that did not make an active election had their existing account balances and future contributions directed to the Plan’s new default investment option. All investment selections under the Plan are participant-directed. The Plan is administered by a Profit-Sharing Plan Committee, with members appointed by the Company’s Board of Directors.

The Plan includes both a 401(k) elective deferral feature and an employer profit sharing contribution feature. It is structured as a “safe harbor” plan, which exempts the Plan from certain annual IRS nondiscrimination testing requirements. As a safe harbor plan, the Company and Affiliates must make a non-discretionary contribution equal to 3% of each participant’s compensation for the plan year, regardless of whether the employee elects to make 401(k) deferrals.

**Contributions** – In addition to the 3% safe harbor contribution referenced above, the Company and Affiliates make contributions to the Plan based on pre-tax compensation. The annual contribution cannot be greater than the year’s total net profit or the maximum amount deductible by the Company and Affiliates for federal income tax purposes. The maximum amount credited to each participant’s account during 2024, including the above-mentioned safe harbor contribution, equaled the lesser of 16.55% of the participant’s total eligible compensation, as defined, or \$57,100 (16.55% of the \$345,000 annual IRS limitation). A participant must be employed on the last business day of the plan year to receive this additional contribution for that year unless they are age 55 or older on their termination date. These limits do not apply to the safe harbor contribution.

Additionally, Plan participants can make voluntary pre-tax and/or post-tax contributions to the Plan. Participant contributions were subject to the IRS limitation of \$23,000 in 2024. The Plan also provides for “catch up” contributions by Plan participants who are age 50 or older during the 2024 calendar year, subject to the IRS limitation of \$7,500.

The total aggregate contributions to the Plan, including those of the Company and Affiliates and those of participants, are subject to the IRS limitation which is calculated as the lesser of (1) 100% of a participant’s annual compensation (i.e. regular base pay and annual bonus), or (2) \$69,000 for participants under age 50

as of December 31, 2024, and \$76,500 for participants age 50 or older as of December 31, 2024. Participants may also roll over amounts from another employer's qualified plan.

***Vesting*** – Benefits under the Plan are based on the total value of a participant's account which includes all contributions and related earnings. Participant contributions, along with any associated earnings, are immediately vested. Vesting for Company contributions is based on a participant's years of service and becomes fully vested after five years of service. However, participants will be fully vested in Company contributions, regardless of years of service, if they: (1) attain age 55 while employed, (2) become disabled (i.e. are eligible for benefits under the Company's long-term disability plan), or (3) die while actively employed. In addition, the Company's 3% safe harbor contributions become fully vested after two years of service, as defined in the Plan.

***Forfeited Accounts*** – During 2024 and 2023, forfeited non-vested accounts totaled \$862,890 and \$293,460, respectively. These amounts were used to reduce the 2024 and 2023 Company and Affiliate contributions to the Plan.

***Participant Accounts*** – Each Plan participant has an individual account which is credited with their own contributions, any contributions made by the Company and Affiliates, and a proportional share of the Plan's earnings. Each account is also charged with any withdrawals and a proportional share of any Plan losses. Allocations are made in accordance with the participant's account balance, as defined in the Plan. The benefit a participant is entitled to is the value that can be provided from their vested account balance. The Plan includes an auto-enrollment feature, under which all newly eligible employees are automatically enrolled unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants begin with a default deferral rate of 3% of eligible compensation, which increases by 1% per year automatically until reaching 6%, unless otherwise elected by the participant. Participant contributions are initially invested in accordance with the Plan document, unless and until the participant makes a change.

***Notes Receivable from Plan Participants*** – The Plan permits actively employed participants to borrow from their vested account balance up to the lesser of \$50,000 or 50% of their vested account balance, subject to a minimum of \$1,000. All loans are secured by the balance in the participant's account and accrue interest at the prevailing rates in effect at the time the loan is issued (see Note 6). Repayment of both principal and interest is made through payroll deductions on a pro-rata basis.

***Payment of Benefits*** – Upon termination of service, including retirement, participants may generally elect to either receive a distribution of their vested account balance as a lump-sum payment, either through direct payment or roll-over, or leave their entire account balance invested in the Plan. Participants may also be eligible to request hardship withdrawals from their vested account balance in the event of certain qualified financial hardships.

## 2. **SUMMARY OF ACCOUNTING POLICIES**

***Basis of Accounting*** - The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

***Use of Estimates*** – The preparation of the financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***Risks and Uncertainties*** – The Plan utilizes various investment instruments including mutual funds. Investment securities, in general, are exposed to various risks, including interest rate, credit, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

***Investment Valuation and Income Recognition*** – The Plan’s investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for more information on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) in fair value of investments includes the Plan’s realized gains and losses on investments bought and sold as well as the change in unrealized gains and losses on investments held during the year.

***Cash and Cash Equivalents*** – Cash and cash equivalents may include amounts due from banks, interest-bearing deposits with banks, and short-term investments, all of which are readily convertible into cash and have original maturities of three months or less. The carrying value of cash and cash equivalents equals cost. Cash and cash equivalents exclude participant-directed investments in money market funds.

***Notes Receivable from Plan Participants*** – Notes receivable from Plan participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions upon default.

***Payment of Benefits*** – Benefit payments to participants are recorded upon distribution. As of December 31, 2024 there were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not been paid.

***Administrative Expenses*** – Certain expenses incurred in connection with the payment of benefits, as well as professional and administrative fees, are paid by the Company and plan participants as provided in the Plan document.

***Contributions*** – Participant contributions are recorded when withheld from an employee. Rollover contributions are recorded when contributed to the Plan. Company and Affiliate contributions are recorded when they become due to participants in accordance with the terms of the Plan document.

### **3. PLAN TERMINATION**

Although it has not made any determination to do so, the Board of Directors of the Company may terminate the Plan at any time. In the event of termination of the Plan, the separate accounts of all participants of the Plan shall be fully vested and non-forfeitable.

### **4. FEDERAL INCOME TAX STATUS**

Each year, the IRS publishes a Required Amendments List for individually designed plans, which specifies changes in qualification requirements. The list requires plans to be amended for each change, as applicable, to retain its tax-exempt status. Management believes the Plan is currently designed, has been amended, and is being operated in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). Therefore, no provision for income taxes has been included in the Plan's financial statements.

### **5. RELATED PARTY / EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Prior to the Fidelity transition (See Note 1), with the exception of the Vanguard mutual funds, the State Street Aggregate Bond Index Fund Class K, and the State Street Institutional U.S. Government Money Market Fund, all of the Plan’s investments were managed by the Company and its Affiliates. Fees and expenses paid within the funds were included as a reduction of the return on each fund, which was consistent with the treatment for other investors in such funds. In the Company’s role as the trustee and custodian to the Plan, assets of the Plan were held on deposit with the Company. Certain officers and employees of the Company and its Affiliates who may also be participants in the Plan performed administrative services related to the operation, record-keeping, and financial reporting of the Plan. As of May 1, 2024, record-keeping fees are deducted directly from participating accounts. In addition, fees related to the participant loan program are deducted directly from participant accounts. The related-party

transactions were not deemed prohibited party-in-interest transactions because they were covered by statutory or administrative exemptions from the IRS and ERISA's rules on prohibited transactions.

## **6. PARTICIPANTS' ACCOUNTS**

On a daily basis, participants may elect to have their account balances invested, wholly or partially, in various investments, as defined.

Participants may make pre-tax contributions (or salary deferral contributions) or make after-tax contributions (Roth 401(k) feature) to the Plan. The total aggregate contributions to the Plan, including those of the Company and Affiliates and those of participants, permitted by law effective January 1, 2024 and 2023, was the lesser of (1) 100% of a participant's annual compensation (i.e. regular base pay and annual bonus) or (2) \$69,000 and \$66,000, respectively. Participants who are or will be age 50 by the end of the Plan year may make catch-up contributions as permitted by IRC Section 414(v). Total contributions did not exceed the maximum amount permitted by law in either year.

The Plan permits actively employed participants to borrow from their vested account balance up to the lesser of \$50,000 or 50% of their vested account balance, subject to a minimum loan amount of \$1,000. Loans are repayable in equal installments of principal and interest. Participants are charged an interest rate equal to 1% above the prime rate in effect on the first business day of the month in which the loan application is processed. Loans are issued over a period requested by the borrower but not to exceed the lesser of five years, except for home purchase loans which can be payable over a period of 15 years, or the number of years to the borrower's normal retirement date. As of December 31, 2024, participant loans had maturities through 2039 at interest rates ranging from 3.63% to 9.50%. As of December 31, 2023, participant loans had maturities through 2038 at interest rates ranging from 3.39% to 9.50%.

## **7. FAIR VALUE MEASUREMENTS**

Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, provides a framework for measuring fair value. Fair value measurement is achieved using a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

The three levels are defined as follows:

Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets that the Company can access at the measurement date.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and considers factors specific to the financial instrument that a market participant may use.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value at December 31, 2024 and 2023:

<b>Fair Value Measurements at December 31, 2024</b>				
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Mutual Funds:				
BlackRock Funds				
- BlackRock LifePath Index Retirement Fund	\$ 65,196,569	\$ -	\$ -	\$ 65,196,569
- BlackRock LifePath Index 2035 Fund	47,314,828	-	-	47,314,828
- BlackRock LifePath Index 2030 Fund	45,715,007	-	-	45,715,007
- BlackRock LifePath Index 2040 Fund	37,018,742	-	-	37,018,742
- BlackRock LifePath Index 2045 Fund	36,074,128	-	-	36,074,128
- BlackRock LifePath Index 2050 Fund	28,759,661	-	-	28,759,661
- BlackRock LifePath Index 2055 Fund	16,474,134	-	-	16,474,134
- BlackRock LifePath Index 2060 Fund	6,745,933	-	-	6,745,933
- BlackRock LifePath Index 2065 Fund	5,730,626	-	-	5,730,626
Vanguard Funds				
- Vanguard Total Stock Market Index Fund	222,707,359	-	-	222,707,359
- Vanguard Total International Stock Index Fund	20,952,232	-	-	20,952,232
- Vanguard Total Bond Market Index Fund	17,458,847	-	-	17,458,847
T. Rowe Price Large-Cap Growth Fund	78,312,499	-	-	78,312,499
Dodge & Cox Stock Fund	29,657,339	-	-	29,657,339
John Hancock Small Cap Core Fund	16,027,879	-	-	16,027,879
The Bond Fund of America	9,257,921	-	-	9,257,921
Hartford Schroders International Stock Fund	7,208,731	-	-	7,208,731
Money Market Funds:				
Vanguard Treasury Money Market Fund	33,966,992	-	-	33,966,992
<b>Total</b>	<b>\$ 724,579,427</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 724,579,427</b>

<b>Fair Value Measurements at December 31, 2023</b>				
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Mutual Funds:				
Old Westbury Funds				
- Large Cap Strategies Fund	\$ 148,016,949	\$ -	\$ -	\$ 148,016,949
- All Cap Core Fund	84,401,788	-	-	84,401,788
- Fixed Income Fund	76,777,164	-	-	76,777,164
- Small & Mid Cap Strategies Fund	50,155,236	-	-	50,155,236
- Credit Income Fund	11,669,840	-	-	11,669,840
State Street Aggregate Bond Index Fund Class K	5,609,828	-	-	5,609,828
Vanguard Funds				
- Institutional Index Fund	140,436,763	-	-	140,436,763
- Total World Stock Index Fund	45,022,681	-	-	45,022,681
State Street Institutional U.S. Government Money Market Fund	40,046,602	-	-	40,046,602
<b>Total</b>	<b>\$ 602,136,851</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 602,136,851</b>

For the years ended December 31, 2024 and 2023, there were no transfers into or out of or purchases of Level 3 investments.

**Asset Valuation Techniques** – Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

*Money Market Fund* – The money market fund is an actively traded fund valued at the daily closing price as reported by the fund.

*Financial Instruments* – Other than investments, the Plan's financial instruments consist of cash, receivables and other liabilities. The fair values of these financial instruments have been determined to approximate cost as they are short-term in nature. In the event Plan management determines that the fair values of these financial instruments do not approximate their carrying amounts, fair value will be determined using other reasonable procedures.

**8. SUBSEQUENT EVENTS**

Subsequent events were evaluated through September 11, 2025, the date the financial statements were available to be issued. There were no subsequent events requiring adjustment to or additional disclosure in the financial statements.

\*\*\*

**BESSEMER TRUST COMPANY  
401(K) AND PROFIT SHARING PLAN**

**PLAN NUMBER - 002**

**EIN 22-0770670**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i —  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2024**

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Principal Amount or Number of Shares	Current Value
<b>Mutual Funds:</b>				
Vanguard Total Stock Market Index Fund	Mutual Fund	**	841,739	\$ 222,707,359
T. Rowe Price Large-Cap Growth Fund	Mutual Fund	**	951,896	78,312,499
BlackRock LifePath Index Retirement Fund	Mutual Fund	**	4,738,123	65,196,569
BlackRock LifePath Index 2035 Fund	Mutual Fund	**	2,507,410	47,314,828
BlackRock LifePath Index 2030 Fund	Mutual Fund	**	2,678,091	45,715,007
BlackRock LifePath Index 2040 Fund	Mutual Fund	**	1,811,093	37,018,742
BlackRock LifePath Index 2045 Fund	Mutual Fund	**	1,624,229	36,074,128
Dodge & Cox Stock Fund	Mutual Fund	**	115,313	29,657,339
BlackRock LifePath Index 2050 Fund	Mutual Fund	**	1,237,507	28,759,661
Vanguard Total International Stock Index Fund	Mutual Fund	**	165,343	20,952,232
Vanguard Total Bond Market Index Fund	Mutual Fund	**	1,841,651	17,458,847
BlackRock LifePath Index 2055 Fund	Mutual Fund	**	684,142	16,474,134
John Hancock Small Cap Core Fund	Mutual Fund	**	928,614	16,027,879
The Bond Fund of America	Mutual Fund	**	831,052	9,257,921
Hartford Schroders International Stock Fund	Mutual Fund	**	408,890	7,208,731
BlackRock LifePath Index 2060 Fund	Mutual Fund	**	312,746	6,745,933
BlackRock LifePath Index 2065 Fund	Mutual Fund	**	377,512	5,730,626
Total Mutual Funds				690,612,435
Vanguard Treasury Money Market Fund	Money Market Fund	**	33,966,992	\$ 33,966,992
* <b>Notes Receivable from Plan Participants</b>	Loans to Participants (maturing 2025 - 2039 having interest rates of 3.63% - 9.50%)	N/A		3,978,573
<b>Total</b>				\$ 728,558,000
* Party-in-interest				
** Cost information is not required for participant-directed investments and therefore is not included.				

BESSEMER TRUST COMPANY  
 401(K) AND PROFIT SHARING PLAN

PLAN NUMBER - 002

EIN 22-0770670

Form 5500, Schedule H, Part IV, Line 4j

SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2024

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Number of Transactions</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Bessemer Trust Company	State Street Institutional U.S. Government Money Market Fund		41,344,307	1		41,344,307	41,344,307	
Bessemer Trust Company	Old Westbury All Cap Core Fund		91,933,772	1		71,031,733	91,933,772	20,902,039
Bessemer Trust Company	Old Westbury Fixed Income Fund		76,362,107	1		84,799,761	76,362,107	(8,437,654)
Bessemer Trust Company	Old Westbury Small & Mid Cap Strategies Fund		51,220,829	1		51,130,145	51,220,829	90,684
Bessemer Trust Company	Old Westbury Large Cap Strategies Fund		159,965,021	1		127,995,114	159,965,021	31,969,907
Bessemer Trust Company	Vanguard Total World Stock Index Fund		49,105,774	1		40,790,647	49,105,774	8,315,127
Bessemer Trust Company	Vanguard Institutional Index Fund		165,086,572	1		133,008,204	165,086,572	32,078,368

Note: The transactions above, if any, exceed, either singly or in the aggregate for a series of transactions involving the same issue, 5% of the Plan's assets at January 1, 2024, the beginning of the Plan year.

**BESSEMER TRUST COMPANY  
401(K) AND PROFIT SHARING PLAN**

**PLAN NUMBER - 002**

**EIN 22-0770670**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i —  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2024**

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Principal Amount or Number of Shares	Current Value
<b>Mutual Funds:</b>				
Vanguard Total Stock Market Index Fund	Mutual Fund	**	841,739	\$ 222,707,359
T. Rowe Price Large-Cap Growth Fund	Mutual Fund	**	951,896	78,312,499
BlackRock LifePath Index Retirement Fund	Mutual Fund	**	4,738,123	65,196,569
BlackRock LifePath Index 2035 Fund	Mutual Fund	**	2,507,410	47,314,828
BlackRock LifePath Index 2030 Fund	Mutual Fund	**	2,678,091	45,715,007
BlackRock LifePath Index 2040 Fund	Mutual Fund	**	1,811,093	37,018,742
BlackRock LifePath Index 2045 Fund	Mutual Fund	**	1,624,229	36,074,128
Dodge & Cox Stock Fund	Mutual Fund	**	115,313	29,657,339
BlackRock LifePath Index 2050 Fund	Mutual Fund	**	1,237,507	28,759,661
Vanguard Total International Stock Index Fund	Mutual Fund	**	165,343	20,952,232
Vanguard Total Bond Market Index Fund	Mutual Fund	**	1,841,651	17,458,847
BlackRock LifePath Index 2055 Fund	Mutual Fund	**	684,142	16,474,134
John Hancock Small Cap Core Fund	Mutual Fund	**	928,614	16,027,879
The Bond Fund of America	Mutual Fund	**	831,052	9,257,921
Hartford Schroders International Stock Fund	Mutual Fund	**	408,890	7,208,731
BlackRock LifePath Index 2060 Fund	Mutual Fund	**	312,746	6,745,933
BlackRock LifePath Index 2065 Fund	Mutual Fund	**	377,512	5,730,626
Total Mutual Funds				690,612,435
Vanguard Treasury Money Market Fund	Money Market Fund	**	33,966,992	\$ 33,966,992
* <b>Notes Receivable from Plan Participants</b>	Loans to Participants (maturing 2025 - 2039 having interest rates of 3.63% - 9.50%)	N/A		3,978,573
<b>Total</b>				\$ 728,558,000
* Party-in-interest				
** Cost information is not required for participant-directed investments and therefore is not included.				

BESSEMER TRUST COMPANY  
401(K) AND PROFIT SHARING PLAN

PLAN NUMBER - 002

EIN 22-0770670

Form 5500, Schedule H, Part IV, Line 4j

SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2024

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Number of Transactions</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Bessemer Trust Company	State Street Institutional U.S. Government Money Market Fund		41,344,307	1		41,344,307	41,344,307	
Bessemer Trust Company	Old Westbury All Cap Core Fund		91,933,772	1		71,031,733	91,933,772	20,902,039
Bessemer Trust Company	Old Westbury Fixed Income Fund		76,362,107	1		84,799,761	76,362,107	(8,437,654)
Bessemer Trust Company	Old Westbury Small & Mid Cap Strategies Fund		51,220,829	1		51,130,145	51,220,829	90,684
Bessemer Trust Company	Old Westbury Large Cap Strategies Fund		159,965,021	1		127,995,114	159,965,021	31,969,907
Bessemer Trust Company	Vanguard Total World Stock Index Fund		49,105,774	1		40,790,647	49,105,774	8,315,127
Bessemer Trust Company	Vanguard Institutional Index Fund		165,086,572	1		133,008,204	165,086,572	32,078,368

Note: The transactions above, if any, exceed, either singly or in the aggregate for a series of transactions involving the same issue, 5% of the Plan's assets at January 1, 2024, the beginning of the Plan year.

**BESSEMER TRUST COMPANY  
401(K) AND PROFIT SHARING PLAN**

**PLAN NUMBER - 002**

**EIN 22-0770670**

**Form 5500, Schedule H, Part IV, Line 4j**

**SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2024**

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Number of Transactions</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Bessemer Trust Company	State Street Institutional U.S. Government Money Market Fund	4,678,830		45		4,678,830		
Bessemer Trust Company	State Street Institutional U.S. Government Money Market Fund		44,725,432	34		44,725,432	44,725,432	
Bessemer Trust Company	Old Westbury All Cap Core Fund	6,365,914		83		6,365,914		
Bessemer Trust Company	Old Westbury All Cap Core Fund		96,560,385	151		74,610,992	96,560,385	21,949,394
Bessemer Trust Company	Old Westbury Fixed Income Fund	5,745,148		70		5,745,148		
Bessemer Trust Company	Old Westbury Fixed Income Fund		80,092,275	161		88,881,429	80,092,275	(8,789,154)
Bessemer Trust Company	Old Westbury Small & Mid Cap Strategies Fund	3,924,079		95		3,924,079		
Bessemer Trust Company	Old Westbury Small & Mid Cap Strategies Fund		53,797,582	123		53,686,568	53,797,582	111,014
Bessemer Trust Company	Old Westbury Large Cap Strategies Fund	11,340,631		81		11,340,631		
Bessemer Trust Company	Old Westbury Large Cap Strategies Fund		167,939,901	142		134,382,395	167,939,901	33,557,506
Bessemer Trust Company	Vanguard Total World Stock Index Fund	4,668,458		58		4,668,458		
Bessemer Trust Company	Vanguard Total World Stock Index Fund		51,306,072	46		42,581,961	51,306,072	8,724,111
Bessemer Trust Company	Vanguard Institutional Index Fund	20,697,310		210		20,697,310		
Bessemer Trust Company	Vanguard Institutional Index Fund		168,477,111	50		135,666,735	168,477,111	32,810,375

Note: The transactions above, if any, exceed, either singly or in the aggregate for a series of transactions involving the same issue, 5% of the Plan's assets at January 1, 2024, the beginning of the Plan year.