

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan 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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NEUBERGER BERMAN GROUP LLC 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
2b	Employer Identification Number (EIN) 61-1591182
2c	Plan Sponsor's telephone number 212-476-9881
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.	07/30/2026	JESSICA COFRESI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3171
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 2058 6a(2) 2079 6b 31 6c 1103 6d 3213 6e 6 6f 3219 6g(1) 3118 6g(2) 3166 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 2R 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 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)
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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

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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)

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 71	RECORDKEEPER	19689	Yes ☒ No ☐	Yes ☒ No ☐	0	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.	
BKSTN ALT MULT-STR I - 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.	
INVESCO CORPORATE BOND FUND CL A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	
(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.	
INVESCO STEELPATH MLP INCOME A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	

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.	
AMG RIVER ROAD FOC ABSOLUTE VALUE 600 STEAMBOAT RD STE 300 GREENWICH, CT 06830	0.07%	
(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.	
AQR ALT RISK PREMIA CLASS I 1 GREENWICH PLAZA GREENWICH, CT 06830	0.12%	
(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.	
AQR LONG SHORT EQUITY FUND CL I 1 GREENWICH PLAZA GREENWICH, CT 06830	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.	
AQR RISK BALANCED COMMOD STRATEGY 1 GREENWICH PLAZA GREENWICH, CT 06830	0.40%	
(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.	
AEGIS VALUE FUND INC 6862 ELM ST STE 830 MCLEAN, VA 22101	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.	
AMANA MUTUAL FUND TRUST INCOME 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%	

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.	
AMANA MUTUAL FUND TRUST GROWTH 1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%	
(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.	
ARTISAN THEMATIC FD INVESTOR CLASS 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%	
(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.	
ARTISAN DEVELOPING WORLD FD INVEST 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%	

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.	
BARON SMALL CAP FD 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	
(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.	
BARON PARTNERS FUND INSTL CLASS 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.15%	
(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.	
BERKSHIRE FOCUS FUND 475 MILAN DR STE 103 SAN JOSE, CA 95134	0.40%	

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.	
BLACKROCK TECHNOLOGY OPPORTUNITIES 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	
(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.	
BROWN ADVISORY SUSTAIN GROWTH ADV 777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.40%	
(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.	
BROWN INTERNATIONAL SMALL COMPANY 1290 BROADWAY STE 1100 DENVER, CO 80203	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.	
COHEN & STEERS REALTY CLASS A 280 PARK AVE 10TH FL NEW YORK, NY 10017	0.40%	
(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.	
CONESTOGA SMALL CAP INVESTOR CLASS 225 PICTORIA DR STE 450 CINCINNATI, OH 45246	0.40%	
(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.	
DOUBLELINE LOW DURATION CL N 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	

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.	
DRIEHAUS EMERGING MARKETS 25 EAST ERIE ST CHICAGO, IL 60611	0.40%	
(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.	
DRIEHAUS MICRO CAP GROWTH FUND 25 EAST ERIE ST CHICAGO, IL 60611	0.40%	
(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.	
EATON VANCE WLD WIDEHEALTH SCIENCE TWO INTERNATIONAL PLACE BOSTON, MA 02110	\$16.00	

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.
EATON VANCE FLOATINGRATE ADVANTAGE	TWO INTERNATIONAL PLACE BOSTON, MA 02110	\$16.00
(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.
EATON VANCE EMERGING MRKTS DEBT OP	TWO INTERNATIONAL PLACE BOSTON, MA 02110	0.40%
(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.
SEAFARER OVERSEAS GROWTH & INCOME	1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%

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.	
FRANKLIN RISING DIVIDENDS CLASS A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(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.	
FROST CREDIT FUND INVESTOR P.O. BOX 2509 SAN ANTONIO, TX 78299-2509	0.40%	
(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.	
GLENMEDE TOTAL MARKET PORTFOLIO 1650 MARKET ST. STE 1200 PHILADELPHIA, PA 19103	0.40%	

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.	
GOEHRING & ROZENCWAJG RES INSTL 1290 BROADWAY ST STE 1100 DENVER, CO 80203	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.	
GRANDEUR PEAK GLOBAL STALWARTS FUN 1290 BROADWAY STREET SUITE 1100 DENVER, CO 80203	0.40%	
(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.	
HARBOR CAP APP INV 111 S. WACKER DR 34TH FL CHICAGO, IL 60606	0.35%	

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.
OAKMARK INTL INVESTOR CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

(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.
OAKMARK GLOBAL SELECT ADVISOR CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	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.
OAKMARK GLOBAL FUND INVESTOR CLASS 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

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.
HENNESSY JAPAN INVSTCLASS	7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
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.
HOTCHKIS & WILEY HIGH YIELD FUND C	725 S FIGUEROA 39TH FL LOS ANGELES, CA 90017	0.40%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
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.
WCM FOCUSED INTL GROWTH FUND INVES	2220 EAST ROUTE 66 STE 226 GLENDDORA, CA 91740	0.40%

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.
WCM INTL SMALL CAP GROWTH INSTL CL 2220 EAST ROUTE 66 STE 226 GLEN DORA, CA 91740		0.12%
(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.
JANUS HENDERSON GROWTH & INCOME 151 DETROIT ST. T DENVER, CO 80206		0.35%
(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.
JPMORGAN EMERGING MARKETS EQUITY 1111 POLARIS PARKWAY C COLUMBUS, OH 43240		0.40%

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.	
JPMORGAN US VALUE CLASS A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	
(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.	
JPMORGAN LARGE CAP GROWTH CLASS A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	
(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.	
JPMORGAN LARGE CAP VALUE FUND CLAS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	

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.
KINETICS PARADIGM FUND 470 PARK AVE SOUTH NEW YORK, NY 10016	0.40%

(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.
CLEARBRIDGE VALUE TRUST CL A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	0.40%

(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.
CLEARBRIDGE SELECT FUND CL A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	0.40%

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.
MFS BLENDED RESEARCHINTRNATL EQUIT	111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%
(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 GLOBAL GROWTH CLASS A	111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%
(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.
MATTHEWS CHINA DIV FUND INVESTOR C	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%

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.	
MATTHEWS JAPAN FUND 4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%	
(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.	
MORGAN STANLEY CORPORATE BOND CL A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	
(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.	
MORGAN STANLEY DISCOVERY PORT CL A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	

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.	
MSIF GLOBAL FRANCHISE CLASS A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	
(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.	
MORGAN STANLEY GROWTH PORTFOLIO A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	
(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.	
MORGAN STANLEY GLOBAL OPPORTUNITY 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	

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.	
NATIONWIDE NYSE ARCADECH 100 INDEX 1000 CONTINENTAL DR STE 400 COLUMBUS, OH 43215	0.40%	
(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.	
NEUBERGER GENESIS TRUST CLASS 1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	0.40%	
(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.	
NEUBERGER LARGE CAP GROWTH INSTL 1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
NEUBERGER EMERGING MARKETS EQUITY 1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
NEUBERGER FOCUS INVESTOR CL 1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	\$16.00

(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.
NEUBERGER SMALL CAP GROWTH INSTL 1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
NEUBERGER MID CAP GROWTH INSTL	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
NEUBERGER INTL SELECT INSTL	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
NEUBERGER INTL EQUITY FUND INSTL	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
NEUBERGER MULTI CAP OPPORTUNITIES 1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	0.40%

(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.
NEUBERGER US EQUITY IMPACT INSTL 1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
NEUBERGER INTRINSIC VALUE CL A 1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	0.40%

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.
NEUBERGER INTRINSIC VALUE INST	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
NEUBERGER FOCUS INSTITUTIONAL	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	0.15%
(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.
NEUBERGER FOCUS FUND CL A	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	0.40%

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.
NEUBERGER GENESIS INSTL CLASS	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	0.15%
(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.
NEUBERGER BERMAN FLOAT RATE INC IN	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
NEUBERGER BERMAN STRATEGIC INC INS	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
NEUBERGER BERMAN LONG SHORT FUND C	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	\$12.00
(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.
NEUBERGER BERMAN LONG SHORT INSTL	1290 AVE OF THE AMERICAS 22ND FL NEW YORK, NY 10104-0002	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.
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%

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.
NORTHERN SMALL CAP VALUE 801 SOUTH CANAL C5S CHICAGO, IL 60675	0.40%

(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.
13D ACTIVIST FUND CL I 250 WEST 57TH ST STE 915 NEW YORK, NY 10107	0.08%

(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.
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%

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.	
T ROWE PRICE GROWTH STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(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.	
T ROWE PRICE HEALTH SCIENCES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(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.	
T ROWE PRICE RETIREMENT 2025 FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	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.
PRINCIPAL SMALL CAP FUND CLASS A	620 COOLIDGE DR STE 300 FOLSOM, CA 95630	0.40%
(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 PARTNERS ALL CAP VALUE INVS	223 WILMINGTON W CHESTER PIKE 216 CHADDS FORD, PA 19317	0.40%
(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.
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	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.
T ROWE PRICE NEW ERA 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
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.
AVE MARIA GROWTH 801 W. ANN ARBOR TRAIL STE 244 PLYMOUTH, MI 48170	0.40%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
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.
SHELTON NASDAQ 100 INDEX INVESTOR P.O. BOX 87 DENVER, CO 80201-0087	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.	
TIMOTHY PLAN ISRAEL COMMON VALUES 80 ARKAY DR STE 110 HAUPPAUGE, NY 11788	0.08%	
(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.	
TIMOTHY PLAN LRG/MID CAP VALUE CL 80 ARKAY DR STE 110 HAUPPAUGE, NY 11788	0.08%	
(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.	
TIMOTHY PLAN LARGE / MID CAP GROWT 80 ARKAY DR STE 110 HAUPPAUGE, NY 11788	0.08%	

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.	
VIRTUS ZEVENBERGEN INNOVATIVE GR S 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	0.40%	
(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 DUFF & PHELPS WATER FUND A 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	0.40%	
(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.	
WASATCH ULTRA GROWTH 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.40%	

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.	
WASATCH SMALL CAP VALUE 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.40%	
(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.	
WASATCH EMERGING INDIA FUND 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.40%	
(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.	
ALLSPRING PRECIOUS METALS FUND A 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105	0.40%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 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: BLACKROCK MSCI ACWI US INDEX FUND		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 81-1950980-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3983451
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON GROWTH S3		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-6913417-213	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANG INST 500 IDX TR		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 81-6327546-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VG IS TL INTL STK MK		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 81-6317280-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SS S&P 500 INDEX X		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST		
c EIN-PN 32-6528132-065	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 599105754
a Name of MTIA, CCT, PSA, or 103-12 IE: NB STR MS FX INC E		
b Name of sponsor of entity listed in (a): NEUBERGER BERMAN TRUST COMPANY N.A.		
c EIN-PN 20-4797982-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11628226
a Name of MTIA, CCT, PSA, or 103-12 IE: METWEST TL RTN BD Z1		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-3015340-030	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12065542
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LARGE CAP VAL 3		
b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY		
c EIN-PN 57-1187281-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54070055
a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPATH IDX RET W		
b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.		
c EIN-PN 87-1103620-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67270306
a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2040 W		
b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.		
c EIN-PN 87-1054299-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64271298
a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2045 W		
b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.		
c EIN-PN 87-1081115-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57952800
a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2070 W		
b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST CO., N.A.		
c EIN-PN 99-4011204-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 377309
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM GBL SEL COMM CF		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 82-2394528-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31130665
a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2050 W		
b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.		
c EIN-PN 87-1081397-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55975037
a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2055 W		
b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.		
c EIN-PN 87-1102204-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42524782
a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2065 W		
b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.		
c EIN-PN 87-1130439-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15517390
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON TR SM CAP RET		
b Name of sponsor of entity listed in (a): BOSTON TRUST WALDEN COMPANY		
c EIN-PN 83-6501761-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24525753

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2035 W		
b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.		
c EIN-PN 87-1053383-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82863196

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2030 W		
b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.		
c EIN-PN 87-1035932-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50594975

a Name of MTIA, CCT, PSA, or 103-12 IE: SS GACEQ EXUS IDX X		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST		
c EIN-PN 32-6528132-078	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35812596

a Name of MTIA, CCT, PSA, or 103-12 IE: SS US BOND INDEX X		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST		
c EIN-PN 32-6528132-079	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17111323

a Name of MTIA, CCT, PSA, or 103-12 IE: WT CIF II GROWTH 4		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-6913417-183	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142609592

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2060 W		
b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.		
c EIN-PN 87-1102365-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36078811

a Name of MTIA, CCT, PSA, or 103-12 IE: SS US EXT MARKET X		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST		
c EIN-PN 32-6528132-077	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59709978

a Name of MTIA, CCT, PSA, or 103-12 IE: NB STR MS FX INC E		
b Name of sponsor of entity listed in (a): NEUBERGER BERMAN TRUST COMPANY N.A.		
c EIN-PN 20-4797982-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 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	46345	60618
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	61350422	62096519
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	74048
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	106048724	115855391
(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)	1229081	4508907
(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)	5632493	5164361
(9) Value of interest in common/collective trusts	1c(9)	1156535865	1465178839
(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)	730301288	728861138
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	2061144218	2381799821

Liabilities

1g Benefit claims payable	1g	0	0
1h Operating payables	1h	225	352
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	74149
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	225	74501

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	2061143993	2381725320
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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)	62087301	
(B) Participants	2a(1)(B)	33850722	
(C) Others (including rollovers)	2a(1)(C)	16224838	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		112162861
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4718689	
(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)	424385	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5143074
(2) Dividends: (A) Preferred stock	2b(2)(A)	148	
(B) Common stock	2b(2)(B)	44314	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	48018053	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		48062515
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	18948846	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18718630	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		230216
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-513500	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-513500

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		203551006
(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)		46279206
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		414915378

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	94270371	
(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)		94270371
f Corrective distributions (see instructions)	2f		16253
g Certain deemed distributions of participant loans (see instructions)	2g		27061
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	900	
(3) Recordkeeping fees	2i(3)	18257	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	1209	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		20366
j Total expenses. Add all expense amounts in column (b) and enter total	2j		94334051

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		320581327
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		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: **GRANT THORNTON LLP**

(2) EIN: **36-6055558**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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.)

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 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 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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

NEUBERGER BERMAN GROUP 401(k) PLAN
Financial Statements and Supplemental Schedule
December 31, 2025 and 2024
(With Independent Auditors' Report Thereon)

GRANT THORNTON LLP

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
Neuberger Berman Group 401(k) Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of Neuberger Berman Group 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for opinion

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

Responsibilities of management for the financial statements

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

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

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

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

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

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

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

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

Other matter - supplemental schedule required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Grant Thornton LLP

Chicago, Illinois
July 28, 2026

NEUBERGER BERMAN GROUP 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Cash	\$ 60,618	\$ 46,345
Investments at fair value:		
Money market fund	105,922,438	99,192,466
BrokerageLink:		
Common stock	4,508,907	1,229,081
Money market fund	9,932,953	6,856,258
Exchange traded funds	47,657,714	35,295,514
Registered investment company funds	19,520,872	18,399,548
Total BrokerageLink	81,620,446	61,780,401
Collective investment trusts	1,465,178,839	1,156,535,865
Registered investment company funds	661,682,552	676,606,226
Total investments	2,314,404,275	1,994,114,958
Receivables:		
Company contributions receivable	62,096,519	61,350,422
Notes receivable from participants	5,164,361	5,632,493
Other receivables	74,048	-
Total receivables	67,334,928	66,982,915
Total assets	\$2,381,799,821	\$2,061,144,218
Liabilities:		
Other liabilities	74,501	225
Total liabilities	\$ 74,501	\$ 225
Net assets available for benefits	\$2,381,725,320	\$2,061,143,993

*See accompanying notes to the Financial Statements.

NEUBERGER BERMAN GROUP 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

	2025
Changes to net assets attributable to:	
Investment income (loss):	
Interest and dividends	\$ 52,781,204
Net appreciation (depreciation) in investments at fair value	249,546,928
Total investment income (loss)	302,328,132
Interest on notes receivable from participants	424,385
Contributions:	
Employee	33,850,722
Company	62,087,301
Rollovers	16,224,838
Total contributions	112,162,861
Total additions (reductions)	414,915,378
Deductions from net assets attributable to:	
Benefits paid to participants	94,184,341
Loan administrative expenses	106,396
Corrective distributions	16,253
Distributions of participant loans	27,061
Total deductions	94,334,051
Net increase (decrease) in net assets available for benefits	320,581,327
Net assets available for benefits at:	
Beginning of year	2,061,143,993
End of year	\$2,381,725,320

*See accompanying notes to the Financial Statements.

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

(1) Description of the Plan

(a) Organization

The Neuberger Berman Group 401(k) Plan (the Plan) is a profit-sharing plan that provides for an Internal Revenue Code Section 401(k) feature. The Plan was established by Neuberger Berman Group LLC, a Delaware limited liability company (NBG), effective as of January 1, 2010 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 was again amended and restated in the form of an individually designed plan effective as of December 31, 2014, with certain changes effective as of earlier dates. The Plan had multiple amendments with the last amendment effective as of January 1, 2025. 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).

All capitalized terms not otherwise described herein shall have the meanings ascribed to them in the Plan document.

(b) General

The following description of the Plan provides only general information regarding the Plan's terms as of December 31, 2025 and 2024. Members (as hereinafter defined) 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 matching and/or a profit-sharing contribution by NBG (any such matching or profit-sharing contribution, a Profit-Sharing Contribution). The Plan covers all employees of NBG and its U.S. subsidiaries (NBG and such subsidiaries, collectively the Company) who meet the applicable eligibility requirements described in the Plan (Eligible Employees). Leased employees, nonresident aliens with no U.S. source income, and employees who are covered by a collective bargaining agreement (unless the agreement expressly provides for the inclusion of an employee) are not Eligible Employees and are not eligible to participate in the Plan. Temporary employees hired on or after January 1, 2015, while not treated as Eligible Employees under the Plan for their first 90 days of employment, will be treated as Eligible Employees on their 91st day of employment. For the 2025 and 2024 Plan Years, Eligible Employees were able to participate in the Plan, for all purposes other than eligibility for Profit-Sharing Contributions, if any, as of the first day of the commencement of their employment. For the 2025 and 2024 Plan Years, Eligible Employees were eligible to be credited with Profit-Sharing Contributions, if any, after completion of one Hour of Service, provided that the Eligible Employee was employed by the Company as of the last day of the Plan Year, and as otherwise provided in the Plan. Commencing with the 2016 Plan Year, employees who are classified as Program Analysts and Program Associates are not eligible to receive Profit-Sharing Contributions.

Eligible Employees who are eligible to participate in the 401(k) component and/or the Profit-Sharing Contribution component of the Plan are hereafter referred to collectively as "Participants", and individually as a "Participant". Participants, retired Participants, terminated Participants and transferred Participants are hereafter referred to as "Members". An Eligible Employee is not required to contribute to the 401(k) component of the Plan in order to be eligible to participate in the Profit-Sharing Contribution component of the Plan, if any, provided that such Eligible Employee meets the applicable eligibility requirements with respect to the Plan's Profit-Sharing Contribution 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.

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements

December 31, 2025 and 2024

The Plan accepts eligible rollover contributions from Eligible Employees. If an Eligible Employee has been a participant in another qualified plan, such Eligible Employee may transfer his or her eligible account balance into the Plan.

(c) Plan Administration

The plan administrator is NBG (the Plan Administrator). The Plan Administrator has delegated its power and authority with respect to the general administration of the Plan to the Administrative Committee under the Plan, which is comprised of certain members of management of the Company. Fidelity Management Trust Company (FMTCC) serves as the record keeper and trustee to the Plan (the Trustee).

(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, in the employees' discretion, may range from 1% to 100% (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 (Salary Reduction Contributions). Participants who are at least age 50 or older during a Plan Year are automatically enrolled to make an additional "catch-up contribution" equal to a specified dollar amount on a before-tax basis, an after-tax basis, or a combination thereof (subject to IRC limitations) unless the Participant stops contributing. Participants who are ages 60 through 63 during a Plan Year are eligible to make "enhanced catch-up contributions" in an amount greater than the standard catch-up contribution limit, subject to IRC limitations.

Unless and until otherwise elected by an Eligible Employee, an Eligible Employee who fails to make an affirmative election with regard to participation in the Plan will be automatically enrolled and deemed to have made an election to make Salary Reduction Contributions equal to three percent (3%) of compensation (the Initial Automatic Enrollment Percentage), which will commence as soon as administratively feasible on or after 45 days following an Eligible Employee's first day of employment as an Eligible Employee (as defined in the Plan). The Initial Automatic Enrollment Percentage is increased by one percent (1%) each January 1 following the date of automatic enrollment to a maximum of six percent (6%) of compensation (as defined in the Plan). Any Salary Reduction Contributions or any Profit-Sharing Contributions will be invested in the default investment fund designated by the Investment Committee unless and until such time as the Eligible Employee otherwise makes an investment election in accordance with the Plan's provisions.

(e) Company Contributions

An Eligible Employee will be credited with a Profit-Sharing Contribution (if the Company elects to make a discretionary contribution) provided that the Eligible Employee has (i) completed one Hour of Service, and either (ii) have been employed by the Company on the last day of the applicable Plan Year, or (iii) have died or become disabled during the applicable Plan Year.

An Eligible Employee who meets the applicable eligibility requirements to receive a profit-sharing contribution is a "Profit-Sharing Participant".

For the 2025 and 2024 Plan Year, the Company made a Profit-Sharing Contribution to the Plan of \$62.1 million and \$61.4 million, respectively. Each Profit-Sharing Participant was credited with a Profit-Sharing Contribution based on the applicable formula set forth below:

- All eligible Profit-Sharing Participants – 15% of compensation (subject to IRC limitations);

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

The Profit-Sharing Contribution amounts for each Plan Year were 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. Profit-Sharing Contributions were immediately fully vested.

(f) Excess Contributions

Excess contributions, if any, represent net amounts in excess of the IRC limitations and in accordance with the provisions of the Plan that were withheld from Eligible Employees' accounts and refunded subsequent to year end. These amounts 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 401(k) contributions they make to the Plan and the earnings thereon. Each Participant who is entitled to receive Profit-Sharing Contributions, if any, is fully vested in all such contributions, if any, made to the Plan on the Participant's behalf (plus actual earnings thereon).

(h) Member Accounts

A Member's account under the Plan is valued on a daily basis based on quoted or calculated prices. Each account is credited with the Member's respective compensation deferral contributions, net investment earnings (losses), administrative expenses and previously made Profit-Sharing Contributions and rollover contributions, if any. The benefit to which a Member is entitled is the benefit that can be provided from the Member's vested account.

(i) In-Service Distribution 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 59½. A Participant has the right at any time to withdraw any or all after-tax amounts or any or all amounts that were rolled over into the Plan.

A Participant has the right to make hardship withdrawals, as defined in the Plan document, by applying all or part of their account balance, up to the amount of the hardship to pay for certain expenses, including specified medical expenses incurred by the Participant, the Participant's Spouse or dependents, the Primary Beneficiary, or the Primary Beneficiary's Spouse or dependents, purchase by the Participant of a principal residence, tuition payment for post-secondary education for the Participant, the Participant's spouse or dependents, the Primary Beneficiary, or the Primary Beneficiary's Spouse or dependents, payments to prevent the Participant's eviction from a primary residence, burial or funeral expenses for the Participant's deceased parent, Spouse, children, dependents or the Primary Beneficiary or the Primary Beneficiary's deceased dependent, casualty losses to a Participant's principal residence and expenses and losses (including loss of income) incurred by the Participant on account of a disaster declared by the Federal Emergency Management Agency (FEMA).

(j) Qualified Birth or Adoption Withdrawals

A Participant may withdraw up to \$5,000 from their account in connection with the birth or adoption of a child (not to exceed \$5,000 per birth or adoption event). Such withdrawal must be requested within one year after the date of birth of the Participant's natural child or the date the adoption of an eligible adoptee is finalized. An "eligible adoptee" means any child under age 18, or an individual over age 18 who is incapable of self-support due to physical or mental limitations, excluding stepchildren of the Participant.

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

The \$5,000 limit is aggregated across all plans maintained by the Company. A Participant may recontribute all or a portion of such withdrawal to the Plan within 3 years after the withdrawal, subject to rollover contribution eligibility requirements and provided the repayment does not exceed the amount of the original withdrawal.

(k) Emergency Personal Expense Withdrawals

A Participant who experiences an unforeseeable or immediate financial need relating to necessary personal or family emergency expenses may withdraw from their account up to the lesser of (i) \$1,000 or (ii) the vested portion of their account balance in excess of \$1,000. Only one such withdrawal is permitted per calendar year, aggregated across all plans maintained by the Company. A Participant who takes an emergency personal expense withdrawal is not eligible for another such withdrawal within the 3 calendar years following the calendar year of the withdrawal unless (i) the withdrawal has been fully recontributed or (ii) the combined Salary Reduction Contributions and Roth Elective Deferrals made after the withdrawal equal or exceed the portion of the emergency expense withdrawal not recontributed. A Participant may recontribute all or a portion of such withdrawal within 3 years after the withdrawal, subject to rollover contribution eligibility requirements and provided the repayment does not exceed the amount of the original withdrawal.

(l) Qualified Disaster Recovery Withdrawals

A Participant whose principal place of abode is located in a qualified disaster area and who sustains an economic loss by reason of such qualified disaster may withdraw up to \$22,000 (in the aggregate) from their account. Such withdrawal must be made on or after the start of the incident period and no later than 180 days after the later of (i) the first day of the incident period and (ii) the date of the disaster declaration. The \$22,000 limit applies per qualified disaster and is aggregated across all plans maintained by the Company. The terms "qualified disaster," "qualified disaster area," "incident period," and "applicable period" shall have the meanings prescribed by Code Section 72(t)(11). A Participant may recontribute all or a portion of such withdrawal within 3 years after the withdrawal, subject to rollover contribution eligibility requirements and provided the repayment does not exceed the amount of the original withdrawal.

(m) Withdrawals in the Case of Domestic Abuse

A Participant who experiences domestic abuse by a spouse or domestic partner may withdraw from their account up to the lesser of (i) \$10,000 or (ii) 50% of the present value of the Participant's nonforfeitable accrued benefit under the Plan. Such withdrawal must be made during the one-year period beginning on any date on which the Participant experiences such domestic abuse. For this purpose, "domestic abuse" means physical, psychological, sexual, emotional, or economic abuse, including efforts to control, isolate, humiliate, or intimidate the victim, or to undermine the victim's ability to reason independently, including by means of abuse of the victim's child or another family member living in the household. The applicable limit is aggregated across all plans maintained by the Company. A Participant may recontribute all or a portion of such withdrawal within 3 years after the withdrawal, subject to rollover contribution eligibility requirements and provided the repayment does not exceed the amount of the original withdrawal.

(n) Benefit Payments

Generally, a Member'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 73 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

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

account balance under the Plan in form of a qualified joint and 50% survivor annuity or joint and 75% survivor annuity.

Participants are required to take minimum distributions by April 1 of the calendar year following the later of:

- The calendar year in which the Participant attains 73 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) will receive a distribution from the Plan based on the vested account balance as follows:

- If the vested account balance is \$1,000 or less, the Participant will automatically receive a lump-sum distribution paid directly to the Participant.
- If the vested account balance is between \$1,000.01 and \$7,000, the balance will automatically be rolled over to an individual retirement account established in the Participant's name, unless the Participant elects to be paid directly in the form of a lump sum.
- If the vested account balance is greater than \$7,000, the Participant may elect to receive a distribution of the account balance or leave the balance in the Plan until a later date.

(o) 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 (i) \$50,000 reduced by the Participant's highest outstanding loan balance under the Plan (or any other plan maintained by the Company) during the prior twelve months, or (ii) 50% of the Participant's 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. No more than two loans from the Plan to a Participant are 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, 2025, notes receivable from Participants had loan maturity dates ranging from January 2025 to September 2034.

(p) Investment Management Fees and Administrative Expenses

Certain investment management fees are netted with investment income. Administrative expenses are paid by the Company. Participants who take a loan from the Plan incur a one-time fee for establishing the loan. A quarterly loan administration fee is also charged by the Trustee for each outstanding loan. These costs, which are borne by the Participants, are reported on the Statements of Changes in Net Assets Available for Benefits as Loan administrative expenses and totaled \$106,396 and \$24,980 for 2025 and 2024, respectively.

(q) Investment Elections

Each Member may direct his or her account balance into one or more of the investment options offered by the Plan, or into the many other options available through BrokerageLink, a self-directed brokerage account offered through Fidelity Investments; provided, however, that the maximum amount that a Member may invest through BrokerageLink is 100% of his or her account balance. BrokerageLink provides Members

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

access to Fidelity's Funds Network, including in excess of two thousand funds inside and outside the Fidelity Fund Family. Allocations among the Plan investment options and BrokerageLink 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 (and BrokerageLink, up to maximum of 100%) 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 the best available information, actual results could differ from those estimates.

(b) Investment Valuation

Investments are reported at fair value and include registered investment companies based on various equity and fixed income strategies, money market funds and exchange traded funds, as well as collective investment trusts. See footnote 4.

(c) Notes Receivable from Participants

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

(d) 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.

(e) Payment of Benefits

Benefits are recorded when paid.

(f) Risks and Uncertainties

The Plan provides for various investment options in a combination of different investment instruments (as described in footnote 1(q) above). The Plan's investment options, and other options available through BrokerageLink 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 could materially affect Members' 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.

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

(3) Financial Information Certified by Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 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 (excluding level designation in footnote 4)
- Notes receivable from participants
- Interest and dividend income
- Net appreciation (depreciation) in fair value of investments
- Interest on notes receivable from participants
- Schedule of assets (held at end of year) – December 31, 2025

(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.
- 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.
- 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.

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2025 and 2024.

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements

December 31, 2025 and 2024

Money market funds – the money market funds are valued based on published net asset values (“NAV”) and are included in Level 1 of the valuation hierarchy.

Exchange-traded funds and common stock – the exchange-traded funds and common stock are generally valued using unadjusted quoted market prices and are included in Level 1 of the valuation hierarchy.

Registered investment company funds – the Plan utilizes the daily NAV value reported by the registered investment funds. The NAV value is an unadjusted quoted price on an active market and classified within Level 1 of the fair value hierarchy.

Collective investment trusts – the collective investment trusts are valued based on the NAV, calculated daily and reported by each fund and are included in Level 1 of the valuation hierarchy.

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. There were no changes in valuation methodology used as at December 31, 2025 and 2024 and there were no transfers between any levels for the years ended December 31, 2025 and 2024.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2025 and 2024:

December 31, 2025				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 105,922,438	\$ -	\$ -	\$ 105,922,438
Registered investment company funds	661,682,552	-	-	661,682,552
Collective investment trusts	1,465,178,839	-	-	1,465,178,839
	\$ 2,232,783,829	\$ -	\$ -	\$ 2,232,783,829
BrokerageLink:				
Money market fund	\$ 9,932,953	\$ -	\$ -	\$ 9,932,953
Common stock	4,508,907	-	-	4,508,907
Exchange traded funds	47,657,714	-	-	47,657,714
Registered investment funds	19,520,872	-	-	19,520,872
Total BrokerageLink	81,620,446	-	-	81,620,446
Total investments	\$ 2,314,404,275	\$ -	\$ -	\$ 2,314,404,275

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 99,192,466	\$ -	\$ -	\$ 99,192,466
Registered investment company funds	676,606,226	-	-	676,606,226
Collective investment trusts	1,156,535,865	-	-	1,156,535,865
	\$ 1,932,334,557	\$ -	\$ -	\$ 1,932,334,557
BrokerageLink:				
Money market fund	\$ 6,856,258	\$ -	\$ -	\$ 6,856,258
Common stock	1,229,081	-	-	1,229,081
Exchange traded funds	35,295,514	-	-	35,295,514
Registered investment funds	18,399,548	-	-	18,399,548
Total BrokerageLink	61,780,401	-	-	61,780,401
Total investments	\$ 1,994,114,958	\$ -	\$ -	\$ 1,994,114,958

(5) Related Party Transaction

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 NBG. The Trustee and NBG are parties in interest as defined in ERISA. Accordingly, the transactions in which the Plan engages with the registered investment companies and collective investment trusts managed by affiliates of the Trustee and NBG 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

The initial Plan, which was effective as of January 1, 2010, was established as an individually designed plan and received a favorable determination letter from the IRS in November 2012.

As described in footnote 1, effective as of June 1, 2011, the Plan was amended and restated pursuant to an Adoption Agreement with respect to the Fidelity Volume Submitter Defined Contribution Plan. The Fidelity Volume Submitter Defined Contribution Plan received an opinion letter from the Internal Revenue Service dated March 31, 2008 (the Opinion Letter) stating that such Plan qualifies under Section 401(a) of the IRC. Although the Volume Submitter Plan was amended to include an additional provisions addendum to the Adoption Agreement to the Fidelity Volume Submitter Defined Contribution Plan, the Company believes that the Plan continued to operate in compliance with the applicable requirements of the IRC and that it could continue to rely on the Opinion Letter through the date of the Plan's subsequent amendments and restatements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

(7) Plan Termination

The Plan has no termination date and it is NBG's current intention to continue the Plan indefinitely. However, NBG 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, the rights of all Members to benefits accrued under the Plan as of the date of such termination, to the extent then funded, would be non-forfeitable and the Plan assets would be distributed in accordance with the terms of the Plan.

(8) Subsequent Events

On December 15, 2025, NBG entered into an amendment to the Plan, effective January 1, 2026, which excludes 2026 Compensation Transition Bonuses from the Plan's definition of Compensation solely for purposes of calculating Profit Sharing Contributions. The amendment is prospective, applying to the 2026 Plan Year, and does not have a material impact on the financial statements.

In connection with the preparation of these financial statements, the Plan Administrator evaluated events occurring subsequent to the date of the financial statements through July 28, 2026, the date that the financial statements were available to be issued.

NEUBERGER BERMAN GROUP 401(k) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 61-1591182
Plan Number: 001

Identity of Issuer	Description of investment	Cost**	Current value
Fidelity Investments Money Market Treasury Fund	Money market fund	**	\$ 21,549
State Street Cash Series U.S Government Fund	Money market fund	**	105,900,889
Total money market fund			\$ 105,922,438
BrokerageLink	Money market fund	**	9,932,953
BrokerageLink	Common stock	**	4,508,907
BrokerageLink	Exchange-traded funds	**	47,657,714
BrokerageLink	Registered investment company funds	**	19,520,872
Total BrokerageLink			\$ 81,620,446
BlackRock LifePath Retirement Fund	Collective investment trust	**	67,270,306
BlackRock LifePath 2030 Fund	Collective investment trust	**	50,594,975
BlackRock LifePath 2035 Fund	Collective investment trust	**	82,863,196
BlackRock LifePath 2040 Fund	Collective investment trust	**	64,271,298
BlackRock LifePath 2045 Fund	Collective investment trust	**	57,952,800
BlackRock LifePath 2050 Fund	Collective investment trust	**	55,975,037
BlackRock LifePath 2055 Fund	Collective investment trust	**	42,524,782
BlackRock LifePath 2060 Fund	Collective investment trust	**	36,078,811
BlackRock LifePath 2065 Fund	Collective investment trust	**	15,517,390
BlackRock LifePath 2070 Fund	Collective investment trust	**	377,309
BlackRock MSCI SCWI IMI Fund	Collective investment trust	**	3,983,451
* Neuberger Strategic Income Fund	Collective investment trust	**	11,628,226
Boston Trust Small Cap Fund	Collective investment trust	**	24,525,753
JPM Global Select Equity Fund	Collective investment trust	**	31,130,665
MetWest Total Return Bond Fund	Collective investment trust	**	12,065,542
State Street Global All Cap Equity Ex-U.S. Index Securities Lending Series Fund	Collective investment trust	**	35,812,596
State Street S&P 500® Index Securities Lending Series Fund	Collective investment trust	**	599,105,754
State Street U.S. Bond Index Securities Lending Series Fund	Collective investment trust	**	17,111,323
State Street U.S. Extended Market Index Securities Lending Series Fund	Collective investment trust	**	59,709,978
WTC-CIF II Growth (Series 4)	Collective investment trust	**	142,609,592
MFS Large Cap Value Fund	Collective investment trust	**	54,070,055
Total collective investment trust			\$ 1,465,178,839
* Neuberger Large Cap Value Fund	Registered investment company funds	**	209,478,063
* Neuberger Real Estate Fund	Registered investment company funds	**	16,323,570
* Neuberger Equity Income Fund	Registered investment company funds	**	47,783,749
* Neuberger International Equity Fund	Registered investment company funds	**	43,855,871
Vanguard International Bond Index Fund	Registered investment company funds	**	320,602
* Neuberger Multi Cap Opportunities Fund	Registered investment company funds	**	114,916,194
RBC Emerging Markets Fund	Registered investment company funds	**	23,723,486
* Neuberger Genesis Fund	Registered investment company funds	**	134,435,496
* Neuberger Sustainable Equity Fund	Registered investment company funds	**	46,778,193
PIMCO International Bond Fund	Registered investment company funds	**	1,358,862
* Neuberger High Income Bond Fund	Registered investment company funds	**	22,708,466
Total registered investment company funds			\$ 661,682,552
Total investments			\$ 2,314,404,275
* Notes receivables from participants	301 notes receivable from participants with maturity dates ranging from February 2026 to July 2035	-	5,164,361
Total investments and notes receivable			\$ 2,319,568,636

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

** Cost information not required as all investments are participant-directed
See accompanying independent auditors' report.

NEUBERGER BERMAN GROUP 401(k) PLAN
Financial Statements and Supplemental Schedule
December 31, 2025 and 2024
(With Independent Auditors' Report Thereon)

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
Neuberger Berman Group 401(k) Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of Neuberger Berman Group 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for opinion

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

Responsibilities of management for the financial statements

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

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

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

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

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

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

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

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

Other matter - supplemental schedule required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Grant Thornton LLP

Chicago, Illinois
July 28, 2026

NEUBERGER BERMAN GROUP 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Cash	\$ 60,618	\$ 46,345
Investments at fair value:		
Money market fund	105,922,438	99,192,466
BrokerageLink:		
Common stock	4,508,907	1,229,081
Money market fund	9,932,953	6,856,258
Exchange traded funds	47,657,714	35,295,514
Registered investment company funds	19,520,872	18,399,548
Total BrokerageLink	81,620,446	61,780,401
Collective investment trusts	1,465,178,839	1,156,535,865
Registered investment company funds	661,682,552	676,606,226
Total investments	2,314,404,275	1,994,114,958
Receivables:		
Company contributions receivable	62,096,519	61,350,422
Notes receivable from participants	5,164,361	5,632,493
Other receivables	74,048	-
Total receivables	67,334,928	66,982,915
Total assets	\$2,381,799,821	\$2,061,144,218
Liabilities:		
Other liabilities	74,501	225
Total liabilities	\$ 74,501	\$ 225
Net assets available for benefits	\$2,381,725,320	\$2,061,143,993

*See accompanying notes to the Financial Statements.

NEUBERGER BERMAN GROUP 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

	2025
Changes to net assets attributable to:	
Investment income (loss):	
Interest and dividends	\$ 52,781,204
Net appreciation (depreciation) in investments at fair value	249,546,928
Total investment income (loss)	302,328,132
Interest on notes receivable from participants	424,385
Contributions:	
Employee	33,850,722
Company	62,087,301
Rollovers	16,224,838
Total contributions	112,162,861
Total additions (reductions)	414,915,378
Deductions from net assets attributable to:	
Benefits paid to participants	94,184,341
Loan administrative expenses	106,396
Corrective distributions	16,253
Distributions of participant loans	27,061
Total deductions	94,334,051
Net increase (decrease) in net assets available for benefits	320,581,327
Net assets available for benefits at:	
Beginning of year	2,061,143,993
End of year	\$2,381,725,320

*See accompanying notes to the Financial Statements.

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

(1) Description of the Plan

(a) Organization

The Neuberger Berman Group 401(k) Plan (the Plan) is a profit-sharing plan that provides for an Internal Revenue Code Section 401(k) feature. The Plan was established by Neuberger Berman Group LLC, a Delaware limited liability company (NBG), effective as of January 1, 2010 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 was again amended and restated in the form of an individually designed plan effective as of December 31, 2014, with certain changes effective as of earlier dates. The Plan had multiple amendments with the last amendment effective as of January 1, 2025. 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).

All capitalized terms not otherwise described herein shall have the meanings ascribed to them in the Plan document.

(b) General

The following description of the Plan provides only general information regarding the Plan's terms as of December 31, 2025 and 2024. Members (as hereinafter defined) 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 matching and/or a profit-sharing contribution by NBG (any such matching or profit-sharing contribution, a Profit-Sharing Contribution). The Plan covers all employees of NBG and its U.S. subsidiaries (NBG and such subsidiaries, collectively the Company) who meet the applicable eligibility requirements described in the Plan (Eligible Employees). Leased employees, nonresident aliens with no U.S. source income, and employees who are covered by a collective bargaining agreement (unless the agreement expressly provides for the inclusion of an employee) are not Eligible Employees and are not eligible to participate in the Plan. Temporary employees hired on or after January 1, 2015, while not treated as Eligible Employees under the Plan for their first 90 days of employment, will be treated as Eligible Employees on their 91st day of employment. For the 2025 and 2024 Plan Years, Eligible Employees were able to participate in the Plan, for all purposes other than eligibility for Profit-Sharing Contributions, if any, as of the first day of the commencement of their employment. For the 2025 and 2024 Plan Years, Eligible Employees were eligible to be credited with Profit-Sharing Contributions, if any, after completion of one Hour of Service, provided that the Eligible Employee was employed by the Company as of the last day of the Plan Year, and as otherwise provided in the Plan. Commencing with the 2016 Plan Year, employees who are classified as Program Analysts and Program Associates are not eligible to receive Profit-Sharing Contributions.

Eligible Employees who are eligible to participate in the 401(k) component and/or the Profit-Sharing Contribution component of the Plan are hereafter referred to collectively as "Participants", and individually as a "Participant". Participants, retired Participants, terminated Participants and transferred Participants are hereafter referred to as "Members". An Eligible Employee is not required to contribute to the 401(k) component of the Plan in order to be eligible to participate in the Profit-Sharing Contribution component of the Plan, if any, provided that such Eligible Employee meets the applicable eligibility requirements with respect to the Plan's Profit-Sharing Contribution 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.

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements

December 31, 2025 and 2024

The Plan accepts eligible rollover contributions from Eligible Employees. If an Eligible Employee has been a participant in another qualified plan, such Eligible Employee may transfer his or her eligible account balance into the Plan.

(c) Plan Administration

The plan administrator is NBG (the Plan Administrator). The Plan Administrator has delegated its power and authority with respect to the general administration of the Plan to the Administrative Committee under the Plan, which is comprised of certain members of management of the Company. Fidelity Management Trust Company (FMTCC) serves as the record keeper and trustee to the Plan (the Trustee).

(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, in the employees' discretion, may range from 1% to 100% (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 (Salary Reduction Contributions). Participants who are at least age 50 or older during a Plan Year are automatically enrolled to make an additional "catch-up contribution" equal to a specified dollar amount on a before-tax basis, an after-tax basis, or a combination thereof (subject to IRC limitations) unless the Participant stops contributing. Participants who are ages 60 through 63 during a Plan Year are eligible to make "enhanced catch-up contributions" in an amount greater than the standard catch-up contribution limit, subject to IRC limitations.

Unless and until otherwise elected by an Eligible Employee, an Eligible Employee who fails to make an affirmative election with regard to participation in the Plan will be automatically enrolled and deemed to have made an election to make Salary Reduction Contributions equal to three percent (3%) of compensation (the Initial Automatic Enrollment Percentage), which will commence as soon as administratively feasible on or after 45 days following an Eligible Employee's first day of employment as an Eligible Employee (as defined in the Plan). The Initial Automatic Enrollment Percentage is increased by one percent (1%) each January 1 following the date of automatic enrollment to a maximum of six percent (6%) of compensation (as defined in the Plan). Any Salary Reduction Contributions or any Profit-Sharing Contributions will be invested in the default investment fund designated by the Investment Committee unless and until such time as the Eligible Employee otherwise makes an investment election in accordance with the Plan's provisions.

(e) Company Contributions

An Eligible Employee will be credited with a Profit-Sharing Contribution (if the Company elects to make a discretionary contribution) provided that the Eligible Employee has (i) completed one Hour of Service, and either (ii) have been employed by the Company on the last day of the applicable Plan Year, or (iii) have died or become disabled during the applicable Plan Year.

An Eligible Employee who meets the applicable eligibility requirements to receive a profit-sharing contribution is a "Profit-Sharing Participant".

For the 2025 and 2024 Plan Year, the Company made a Profit-Sharing Contribution to the Plan of \$62.1 million and \$61.4 million, respectively. Each Profit-Sharing Participant was credited with a Profit-Sharing Contribution based on the applicable formula set forth below:

- All eligible Profit-Sharing Participants – 15% of compensation (subject to IRC limitations);

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

The Profit-Sharing Contribution amounts for each Plan Year were 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. Profit-Sharing Contributions were immediately fully vested.

(f) Excess Contributions

Excess contributions, if any, represent net amounts in excess of the IRC limitations and in accordance with the provisions of the Plan that were withheld from Eligible Employees' accounts and refunded subsequent to year end. These amounts 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 401(k) contributions they make to the Plan and the earnings thereon. Each Participant who is entitled to receive Profit-Sharing Contributions, if any, is fully vested in all such contributions, if any, made to the Plan on the Participant's behalf (plus actual earnings thereon).

(h) Member Accounts

A Member's account under the Plan is valued on a daily basis based on quoted or calculated prices. Each account is credited with the Member's respective compensation deferral contributions, net investment earnings (losses), administrative expenses and previously made Profit-Sharing Contributions and rollover contributions, if any. The benefit to which a Member is entitled is the benefit that can be provided from the Member's vested account.

(i) In-Service Distribution 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 59½. A Participant has the right at any time to withdraw any or all after-tax amounts or any or all amounts that were rolled over into the Plan.

A Participant has the right to make hardship withdrawals, as defined in the Plan document, by applying all or part of their account balance, up to the amount of the hardship to pay for certain expenses, including specified medical expenses incurred by the Participant, the Participant's Spouse or dependents, the Primary Beneficiary, or the Primary Beneficiary's Spouse or dependents, purchase by the Participant of a principal residence, tuition payment for post-secondary education for the Participant, the Participant's spouse or dependents, the Primary Beneficiary, or the Primary Beneficiary's Spouse or dependents, payments to prevent the Participant's eviction from a primary residence, burial or funeral expenses for the Participant's deceased parent, Spouse, children, dependents or the Primary Beneficiary or the Primary Beneficiary's deceased dependent, casualty losses to a Participant's principal residence and expenses and losses (including loss of income) incurred by the Participant on account of a disaster declared by the Federal Emergency Management Agency (FEMA).

(j) Qualified Birth or Adoption Withdrawals

A Participant may withdraw up to \$5,000 from their account in connection with the birth or adoption of a child (not to exceed \$5,000 per birth or adoption event). Such withdrawal must be requested within one year after the date of birth of the Participant's natural child or the date the adoption of an eligible adoptee is finalized. An "eligible adoptee" means any child under age 18, or an individual over age 18 who is incapable of self-support due to physical or mental limitations, excluding stepchildren of the Participant.

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

The \$5,000 limit is aggregated across all plans maintained by the Company. A Participant may recontribute all or a portion of such withdrawal to the Plan within 3 years after the withdrawal, subject to rollover contribution eligibility requirements and provided the repayment does not exceed the amount of the original withdrawal.

(k) Emergency Personal Expense Withdrawals

A Participant who experiences an unforeseeable or immediate financial need relating to necessary personal or family emergency expenses may withdraw from their account up to the lesser of (i) \$1,000 or (ii) the vested portion of their account balance in excess of \$1,000. Only one such withdrawal is permitted per calendar year, aggregated across all plans maintained by the Company. A Participant who takes an emergency personal expense withdrawal is not eligible for another such withdrawal within the 3 calendar years following the calendar year of the withdrawal unless (i) the withdrawal has been fully recontributed or (ii) the combined Salary Reduction Contributions and Roth Elective Deferrals made after the withdrawal equal or exceed the portion of the emergency expense withdrawal not recontributed. A Participant may recontribute all or a portion of such withdrawal within 3 years after the withdrawal, subject to rollover contribution eligibility requirements and provided the repayment does not exceed the amount of the original withdrawal.

(l) Qualified Disaster Recovery Withdrawals

A Participant whose principal place of abode is located in a qualified disaster area and who sustains an economic loss by reason of such qualified disaster may withdraw up to \$22,000 (in the aggregate) from their account. Such withdrawal must be made on or after the start of the incident period and no later than 180 days after the later of (i) the first day of the incident period and (ii) the date of the disaster declaration. The \$22,000 limit applies per qualified disaster and is aggregated across all plans maintained by the Company. The terms "qualified disaster," "qualified disaster area," "incident period," and "applicable period" shall have the meanings prescribed by Code Section 72(t)(11). A Participant may recontribute all or a portion of such withdrawal within 3 years after the withdrawal, subject to rollover contribution eligibility requirements and provided the repayment does not exceed the amount of the original withdrawal.

(m) Withdrawals in the Case of Domestic Abuse

A Participant who experiences domestic abuse by a spouse or domestic partner may withdraw from their account up to the lesser of (i) \$10,000 or (ii) 50% of the present value of the Participant's nonforfeitable accrued benefit under the Plan. Such withdrawal must be made during the one-year period beginning on any date on which the Participant experiences such domestic abuse. For this purpose, "domestic abuse" means physical, psychological, sexual, emotional, or economic abuse, including efforts to control, isolate, humiliate, or intimidate the victim, or to undermine the victim's ability to reason independently, including by means of abuse of the victim's child or another family member living in the household. The applicable limit is aggregated across all plans maintained by the Company. A Participant may recontribute all or a portion of such withdrawal within 3 years after the withdrawal, subject to rollover contribution eligibility requirements and provided the repayment does not exceed the amount of the original withdrawal.

(n) Benefit Payments

Generally, a Member'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 73 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

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Notes to the Financial Statements
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account balance under the Plan in form of a qualified joint and 50% survivor annuity or joint and 75% survivor annuity.

Participants are required to take minimum distributions by April 1 of the calendar year following the later of:

- The calendar year in which the Participant attains 73 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) will receive a distribution from the Plan based on the vested account balance as follows:

- If the vested account balance is \$1,000 or less, the Participant will automatically receive a lump-sum distribution paid directly to the Participant.
- If the vested account balance is between \$1,000.01 and \$7,000, the balance will automatically be rolled over to an individual retirement account established in the Participant's name, unless the Participant elects to be paid directly in the form of a lump sum.
- If the vested account balance is greater than \$7,000, the Participant may elect to receive a distribution of the account balance or leave the balance in the Plan until a later date.

(o) 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 (i) \$50,000 reduced by the Participant's highest outstanding loan balance under the Plan (or any other plan maintained by the Company) during the prior twelve months, or (ii) 50% of the Participant's 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. No more than two loans from the Plan to a Participant are 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, 2025, notes receivable from Participants had loan maturity dates ranging from January 2025 to September 2034.

(p) Investment Management Fees and Administrative Expenses

Certain investment management fees are netted with investment income. Administrative expenses are paid by the Company. Participants who take a loan from the Plan incur a one-time fee for establishing the loan. A quarterly loan administration fee is also charged by the Trustee for each outstanding loan. These costs, which are borne by the Participants, are reported on the Statements of Changes in Net Assets Available for Benefits as Loan administrative expenses and totaled \$106,396 and \$24,980 for 2025 and 2024, respectively.

(q) Investment Elections

Each Member may direct his or her account balance into one or more of the investment options offered by the Plan, or into the many other options available through BrokerageLink, a self-directed brokerage account offered through Fidelity Investments; provided, however, that the maximum amount that a Member may invest through BrokerageLink is 100% of his or her account balance. BrokerageLink provides Members

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Notes to the Financial Statements
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access to Fidelity's Funds Network, including in excess of two thousand funds inside and outside the Fidelity Fund Family. Allocations among the Plan investment options and BrokerageLink 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 (and BrokerageLink, up to maximum of 100%) 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 the best available information, actual results could differ from those estimates.

(b) Investment Valuation

Investments are reported at fair value and include registered investment companies based on various equity and fixed income strategies, money market funds and exchange traded funds, as well as collective investment trusts. See footnote 4.

(c) Notes Receivable from Participants

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

(d) 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.

(e) Payment of Benefits

Benefits are recorded when paid.

(f) Risks and Uncertainties

The Plan provides for various investment options in a combination of different investment instruments (as described in footnote 1(q) above). The Plan's investment options, and other options available through BrokerageLink 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 could materially affect Members' 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.

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Notes to the Financial Statements
December 31, 2025 and 2024

(3) Financial Information Certified by Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 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 (excluding level designation in footnote 4)
- Notes receivable from participants
- Interest and dividend income
- Net appreciation (depreciation) in fair value of investments
- Interest on notes receivable from participants
- Schedule of assets (held at end of year) – December 31, 2025

(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.
- 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.
- 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.

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2025 and 2024.

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Money market funds – the money market funds are valued based on published net asset values (“NAV”) and are included in Level 1 of the valuation hierarchy.

Exchange-traded funds and common stock – the exchange-traded funds and common stock are generally valued using unadjusted quoted market prices and are included in Level 1 of the valuation hierarchy.

Registered investment company funds – the Plan utilizes the daily NAV value reported by the registered investment funds. The NAV value is an unadjusted quoted price on an active market and classified within Level 1 of the fair value hierarchy.

Collective investment trusts – the collective investment trusts are valued based on the NAV, calculated daily and reported by each fund and are included in Level 1 of the valuation hierarchy.

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. There were no changes in valuation methodology used as at December 31, 2025 and 2024 and there were no transfers between any levels for the years ended December 31, 2025 and 2024.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2025 and 2024:

December 31, 2025				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 105,922,438	\$ -	\$ -	\$ 105,922,438
Registered investment company funds	661,682,552	-	-	661,682,552
Collective investment trusts	1,465,178,839	-	-	1,465,178,839
	\$ 2,232,783,829	\$ -	\$ -	\$ 2,232,783,829
BrokerageLink:				
Money market fund	\$ 9,932,953	\$ -	\$ -	\$ 9,932,953
Common stock	4,508,907	-	-	4,508,907
Exchange traded funds	47,657,714	-	-	47,657,714
Registered investment funds	19,520,872	-	-	19,520,872
Total BrokerageLink	81,620,446	-	-	81,620,446
Total investments	\$ 2,314,404,275	\$ -	\$ -	\$ 2,314,404,275

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Notes to the Financial Statements
December 31, 2025 and 2024

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 99,192,466	\$ -	\$ -	\$ 99,192,466
Registered investment company funds	676,606,226	-	-	676,606,226
Collective investment trusts	1,156,535,865	-	-	1,156,535,865
	\$ 1,932,334,557	\$ -	\$ -	\$ 1,932,334,557
BrokerageLink:				
Money market fund	\$ 6,856,258	\$ -	\$ -	\$ 6,856,258
Common stock	1,229,081	-	-	1,229,081
Exchange traded funds	35,295,514	-	-	35,295,514
Registered investment funds	18,399,548	-	-	18,399,548
Total BrokerageLink	61,780,401	-	-	61,780,401
Total investments	\$ 1,994,114,958	\$ -	\$ -	\$ 1,994,114,958

(5) Related Party Transaction

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 NBG. The Trustee and NBG are parties in interest as defined in ERISA. Accordingly, the transactions in which the Plan engages with the registered investment companies and collective investment trusts managed by affiliates of the Trustee and NBG 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

The initial Plan, which was effective as of January 1, 2010, was established as an individually designed plan and received a favorable determination letter from the IRS in November 2012.

As described in footnote 1, effective as of June 1, 2011, the Plan was amended and restated pursuant to an Adoption Agreement with respect to the Fidelity Volume Submitter Defined Contribution Plan. The Fidelity Volume Submitter Defined Contribution Plan received an opinion letter from the Internal Revenue Service dated March 31, 2008 (the Opinion Letter) stating that such Plan qualifies under Section 401(a) of the IRC. Although the Volume Submitter Plan was amended to include an additional provisions addendum to the Adoption Agreement to the Fidelity Volume Submitter Defined Contribution Plan, the Company believes that the Plan continued to operate in compliance with the applicable requirements of the IRC and that it could continue to rely on the Opinion Letter through the date of the Plan's subsequent amendments and restatements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NEUBERGER BERMAN GROUP 401(k) PLAN

Notes to the Financial Statements
December 31, 2025 and 2024

(7) Plan Termination

The Plan has no termination date and it is NBG's current intention to continue the Plan indefinitely. However, NBG 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, the rights of all Members to benefits accrued under the Plan as of the date of such termination, to the extent then funded, would be non-forfeitable and the Plan assets would be distributed in accordance with the terms of the Plan.

(8) Subsequent Events

On December 15, 2025, NBG entered into an amendment to the Plan, effective January 1, 2026, which excludes 2026 Compensation Transition Bonuses from the Plan's definition of Compensation solely for purposes of calculating Profit Sharing Contributions. The amendment is prospective, applying to the 2026 Plan Year, and does not have a material impact on the financial statements.

In connection with the preparation of these financial statements, the Plan Administrator evaluated events occurring subsequent to the date of the financial statements through July 28, 2026, the date that the financial statements were available to be issued.

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 61-1591182
Plan Number: 001

Identity of Issuer	Description of investment	Cost**	Current value
Fidelity Investments Money Market Treasury Fund	Money market fund	**	\$ 21,549
State Street Cash Series U.S Government Fund	Money market fund	**	105,900,889
Total money market fund			\$ 105,922,438
BrokerageLink	Money market fund	**	9,932,953
BrokerageLink	Common stock	**	4,508,907
BrokerageLink	Exchange-traded funds	**	47,657,714
BrokerageLink	Registered investment company funds	**	19,520,872
Total BrokerageLink			\$ 81,620,446
BlackRock LifePath Retirement Fund	Collective investment trust	**	67,270,306
BlackRock LifePath 2030 Fund	Collective investment trust	**	50,594,975
BlackRock LifePath 2035 Fund	Collective investment trust	**	82,863,196
BlackRock LifePath 2040 Fund	Collective investment trust	**	64,271,298
BlackRock LifePath 2045 Fund	Collective investment trust	**	57,952,800
BlackRock LifePath 2050 Fund	Collective investment trust	**	55,975,037
BlackRock LifePath 2055 Fund	Collective investment trust	**	42,524,782
BlackRock LifePath 2060 Fund	Collective investment trust	**	36,078,811
BlackRock LifePath 2065 Fund	Collective investment trust	**	15,517,390
BlackRock LifePath 2070 Fund	Collective investment trust	**	377,309
BlackRock MSCI SCWI IMI Fund	Collective investment trust	**	3,983,451
* Neuberger Strategic Income Fund	Collective investment trust	**	11,628,226
Boston Trust Small Cap Fund	Collective investment trust	**	24,525,753
JPM Global Select Equity Fund	Collective investment trust	**	31,130,665
MetWest Total Return Bond Fund	Collective investment trust	**	12,065,542
State Street Global All Cap Equity Ex-U.S. Index Securities Lending Series Fund	Collective investment trust	**	35,812,596
State Street S&P 500® Index Securities Lending Series Fund	Collective investment trust	**	599,105,754
State Street U.S. Bond Index Securities Lending Series Fund	Collective investment trust	**	17,111,323
State Street U.S. Extended Market Index Securities Lending Series Fund	Collective investment trust	**	59,709,978
WTC-CIF II Growth (Series 4)	Collective investment trust	**	142,609,592
MFS Large Cap Value Fund	Collective investment trust	**	54,070,055
Total collective investment trust			\$ 1,465,178,839
* Neuberger Large Cap Value Fund	Registered investment company funds	**	209,478,063
* Neuberger Real Estate Fund	Registered investment company funds	**	16,323,570
* Neuberger Equity Income Fund	Registered investment company funds	**	47,783,749
* Neuberger International Equity Fund	Registered investment company funds	**	43,855,871
Vanguard International Bond Index Fund	Registered investment company funds	**	320,602
* Neuberger Multi Cap Opportunities Fund	Registered investment company funds	**	114,916,194
RBC Emerging Markets Fund	Registered investment company funds	**	23,723,486
* Neuberger Genesis Fund	Registered investment company funds	**	134,435,496
* Neuberger Sustainable Equity Fund	Registered investment company funds	**	46,778,193
PIMCO International Bond Fund	Registered investment company funds	**	1,358,862
* Neuberger High Income Bond Fund	Registered investment company funds	**	22,708,466
Total registered investment company funds			\$ 661,682,552
Total investments			\$ 2,314,404,275
* Notes receivables from participants	301 notes receivable from participants with maturity dates ranging from February 2026 to July 2035	-	5,164,361
Total investments and notes receivable			\$ 2,319,568,636

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

** Cost information not required as all investments are participant-directed
See accompanying independent auditors' report.