Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1940

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)
ROCKEFELLER GROUP INTERNATIONAL, INC.

1271 AVENUE OF THE AMERICAS
24TH FLOOR
NEW YORK, NY 10020-1095

2b Employer Identification Number (EIN) 13-3975924

2c Plan Sponsor's telephone number 212-282-2000

2d Business code (see instructions) 531310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	GREGORY NOORIGIAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	479
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	97
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	90
b	Retired or separated participants receiving benefits	**6b**	181
c	Other retired or separated participants entitled to future benefits	**6c**	151
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	422
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	40
f	Total. Add lines **6d** and **6e**.	**6f**	462
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	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:

1A 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKEFELLER GROUP INTERNATIONAL, INC.

D Employer Identification Number (EIN)
13-3975924

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	6700	26	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	2996800

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROCKEFELLER GROUP INTERNATIONAL, INC.

D Employer Identification Number (EIN)
13-3975924

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	122399730
b Actuarial value	**2b**	124323101

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	226	46645725	46645725
b For terminated vested participants	156	16806810	16806810
c For active participants	97	42190391	42190391
d Total	479	105642926	105642926

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3576603
b Expected plan-related expenses	**6b**	210000
c Target normal cost	**6c**	3786603

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/22/2026
Date

ZORAST WADIA, CFA, FSA, EA
Type or print name of actuary

26-06860
Most recent enrollment number

MILLIMAN, INC.
Firm name

646-473-3000
Telephone number (including area code)

463 7TH AVENUE
19TH FLOOR
NEW YORK, NY 10018
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	34549859
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	34549859
10	Interest on line 9 using prior year's actual return of 0.30 %	0	103650
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		6430659
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.23 %		336323
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		6766982
d	Portion of (c) to be added to prefunding balance		5155251
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	39808760

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	117.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.37 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	3786603
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	21128585	1965069
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	5751672

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		5751672	5751672

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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

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

A Name of plan
RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKEFELLER GROUP INTERNATIONAL, INC.

D Employer Identification Number (EIN)
13-3975924

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

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

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

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

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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?
28 50 51	NONE	264982	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

MILLIMAN, INC.

91-0675641

(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?
11 15 50	NONE	123810	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEMARCHE ASSOCIATES

43-1493130

(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?
28 50 51	NONE	50000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BDO USA, LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	30700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA

94-1687665

(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?
21 50	NONE	29384	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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
RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROCKEFELLER GROUP INTERNATIONAL, INC.

D Employer Identification Number (EIN)
13-3975924

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:	POOLED SA02		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28680
a Name of MTIA, CCT, PSA, or 103-12 IE:	POOLED SA05		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-005	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2968120
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREAS. JPM EMBI GLOBAL DIVERSIFIED		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 83-2484172-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3842518
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY US 25+ YEAR KEY RATE FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-3856224-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7733393
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY US 10 YEAR KEY RATE FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 47-4226866-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3512991
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY US 5 YEAR KEY RATE FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 47-4104495-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2727168
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERMEDIATE GOVERNMENT BIF		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3118548-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14530717

a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD REAL ESTATE FUND

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

c EIN-PN 47-4175415-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2521999

a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 20 YEAR KEY RATE FUND

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

c EIN-PN 45-3856189-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2161185

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND FUND

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

c EIN-PN 47-4859555-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3215850

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DUR. CORP. CREDIT SCREENED FD.

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

c EIN-PN 27-4520291-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44558370

a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 15 YEAR KEY RATE FUND

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

c EIN-PN 45-3856099-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3152377

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL ALPHA TILTS FUND

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

c EIN-PN 94-3242550-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8207612

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS ALPHA TILTS FUND

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

c EIN-PN 27-0793907-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3267911

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND

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

c EIN-PN 94-3302956-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21262651

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 ALPHA TILTS FUND

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

c EIN-PN 94-3302956-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1849032

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKEFELLER GROUP INTERNATIONAL, INC.

D Employer Identification Number (EIN)
13-3975924

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1658455	1853574
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	895169	594067
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	117605379	122543774
(10) Value of interest in pooled separate accounts	1c(10)	3140727	2996800
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	123299730	127988215
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	24965	21700
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	900000	1853574
1k Total liabilities (add all amounts in lines 1g through1j)	1k	924965	1875274
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	122374765	126112941

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	132367	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		132367
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12248390
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12380757
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8100942	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8100942
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	124010	
(4) IQPA audit fees	2i(4)	30700	
(5) Investment advisory and investment management fees	2i(5)	314982	
(6) Bank or trust company trustee/custodial fees	2i(6)	29384	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	42563	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		541639
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8642581
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3738176
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586566.

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
RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCKEFELLER GROUP INTERNATIONAL, INC.

D Employer Identification Number (EIN)
13-3975924

Part I Distributions

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

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

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

EIN(s): 94-1687665 13-5570651

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 | 6

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

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

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

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

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

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Financial Statements
And ERISA-Required Supplemental Schedules

Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.

Years Ended December 31, 2025 and 2024

with

Independent Auditor's Report
and ERISA- Required Supplemental Schedules
for the Year Ended December 31, 2025

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Tel: 212-885-8000
Fax: 212-697-1299
www.bdo.com

200 Park Avenue
38th Floor
New York, NY 10166

Independent Auditor's Report

To the Plan Administrator
Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.
New York, New York

Opinion

We have audited the financial statements of Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

BDO USA, P.C.

New York, New York
September 30, 2026

RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND ACCUMULATED PLAN BENEFITS

December 31, 2025 and 2024

Assets:	2025	2024
Investments:		
At fair value:		
Money market fund	$153,772	$455,149
Pooled separate accounts	2,996,800	3,140,727
Common/Collective Trusts	122,543,774	117,605,379
Total investments at fair value	125,694,346	121,201,255
Cash	440,105	440,020
Receivables:		
Accrued income	190	455
Due from broker for securities sold	1,853,574	1,658,000
Total receivables:	1,853,764	1,658,455
Total assets	$127,988,215	$123,299,730
Liabilities:		
Accrued expenses	21,700	24,965
Due to broker for securities purchased	1,853,574	900,000
Total liabilities	1,875,274	924,965
Net assets available for benefits	$126,112,941	$122,374,765
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$44,748,382	$46,728,454
Deferred vested participants	54,734,261	56,387,785
Total actuarial present value of accumulated plan benefits	$99,482,643	$103,116,239

RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR
BENEFITS AND ACCUMULATED PLAN BENEFITS
Years Ended December 31, 2025 and 2024

	2025	2024
Net increase in net assets available for benefits:		
Increase (decrease) during the year attributable to:		
Interest and dividends	$132,367	$174,575
Employer contributions	-	10,370,000
Net appreciation in fair value of investments	12,248,390	643,461
Benefits paid to participants or their beneficiaries	(8,100,942)	(6,120,008)
Administrative expenses	(541,639)	(673,823)
Net increase	3,738,176	4,394,205
Net assets available for benefits:		
Beginning of year	122,374,765	117,980,560
End of year	126,112,941	122,374,765
Net increase in actuarial present value of accumulated plan benefits:		
Increase (decrease) during the year attributable to:		
Benefits accumulated (Note 2)	3,385,440	656,484
Change in actuarial assumptions	(4,667,220)	7,942,680
Increase for interest	5,749,126	6,301,534
Benefits paid	(8,100,942)	(6,120,008)
Net (decrease) / increase	(3,633,596)	8,780,690
Accumulated benefits:		
Beginning of year	103,116,239	94,335,549
End of year	$99,482,643	$103,116,239

1. Description of Plan

a. General

The Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc. (the "Plan") is a single-employer noncontributory defined-benefit pension plan covering all eligible salaried employees of Rockefeller Group International, Inc. (the "Company"), and participating affiliates of the Company.

A salaried employee is eligible for participation after six months of service (the "participant"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The information contained in these financial statements represents excerpts of Plan provisions. Participants should refer to the Plan documents for complete terms.

The compensation limit to determine benefits was $350,000 and $345,000 in 2025 and 2024, respectively.

Employees hired on or after January 1, 2017 are not eligible to participate in the Plan.

b. Pension benefits

Participants included under the Plan are entitled to receive monthly retirement income, as defined, when they reach the normal retirement age of 65. The Plan also permits early retirement with reduced benefits for participants between the ages of 55 and 64. Participants may elect to receive their pension benefits in the form of a life annuity, a life annuity with 120 monthly payments guaranteed, a joint and survivor annuity, or lump-sum distributions.

c. Vesting

Plan participants are vested after completing five years of eligible service. For vesting purposes, eligible service commences with the date of hire.

d. Death benefits

A pre-retirement death benefit is paid to the participant's beneficiary if the participant dies on or subsequent to their early retirement date (age 55) but prior to their normal retirement date (age 65). A pre-retirement spouse's benefit is paid in lieu of a pre-retirement death benefit if the participant is married to an eligible spouse at the date of death. A pre-retirement spouse's benefit is also paid if a participant in active service who has not attained age 55 dies after completing at least five years of service.

e. Contributions

Contributions to the Plan are made by the Company and are determined by the actuary to provide the Plan with sufficient assets to meet required benefits to be paid to participants. The contributions are designed to fund the Plan's normal cost on a current basis.

Under the ERISA funding requirements, no contributions were required for the 2025 or 2024 Plan years. However, the Company contributed $10,370,000 for the year ended December 31, 2024.

f. Plan administration

The Retirement Income Plan Committee is the Plan Administrator of the Plan. AXA-Equitable Financial Services LLC ("Equitable") is the custodian of the pooled separate accounts of the Plan. Bank of America, N.A. ("BoA") is the trustee. BlackRock Institutional Trust Company, N.A. ("BlackRock") is the custodian and investment manager of the other Plan investments. Milliman is the actuary of the Plan. AllianceBernstein Investor Services, a wholly owned subsidiary of Equitable, is the investment manager of the investments Equitable holds in the Plan.

2. Significant Accounting Policies

a. Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States ("GAAP").

b. Investment valuation and income recognition

The Plan's investments are recorded at fair value. See Note 4.

Purchases and sales of investments are recorded on a trade-date basis. The average cost basis is used to determine gains or losses on transactions. Unrealized appreciation or depreciation in the fair value of investments held at year-end is determined using the preceding year-end value or purchase price if acquired subsequent to that date. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

c. Actuarial present value of accumulated plan benefits

Accumulated plan benefits represent future periodic payments attributable to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) present employees or their beneficiaries, (b) retired or terminated employees or their beneficiaries, and (c) beneficiaries of employees who have died. The accumulated plan benefits are based on the previous 36 months' compensation prior to termination. Benefits payable under all circumstances (retirement, death, or termination of employment) are included to the extent they are deemed attributable to employee service rendered up to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, termination, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 are as follows:

Discount rate	6.20% for 2025 and 5.80% for 2024
Mortality	The Pri-2012 White Collar Table with MP 2021 Scale for 2025 and 2024
Employee turnover	Estimated rates of severance, disability, and retirement based on historical data
Retirement age	Ranging from 5% at age 55 to 100% at age 70
Valuation method	Accrued benefit version of the unit credit actuarial cost method

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and January 1, 2025. Had the valuations been performed as of December 31, 2025 and December 31, 2024, respectively, there would be no material differences.

d. Use of estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; the disclosure of contingent assets and liabilities at the date of the financial statements; and the actuarial present value of accumulated Plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results may differ from those estimates.

e. Administrative expenses

Administrative expenses of the Plan, at the Company's election, may be paid out of the Plan or by the Company. It is the policy of the Company that administrative expenses be paid directly by the Plan whenever possible. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

f. Distributions

Benefits are recorded when paid.

g. Due to/from

Due from brokers and due to brokers may include cash or securities maintained with brokers and counterparties for margin account balances, collateral held in conjunction with the Plan's investment portfolio, and the amounts due to/from brokers for the settlement of purchase and sale transactions. These balances are not considered cash and short-term investments of the Plan. As of December 31, 2025 and 2024, the Plan's due from broker for securities sold was $1,853,574 and $1,658,000, respectively. As of December 31, 2025 and 2024, the Plan's due to broker for securities purchased was $1,853,574 and $900,000, respectively.

3. Plan Termination

Although the Company has not expressed any intention to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants will become 100% vested in their benefits.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA, generally to provide the following benefits in the order indicated:

a. Benefits payable under the Plan to participants and their beneficiaries who began receiving benefits at least three years prior to the termination date of the Plan or those who could have retired and begun receiving benefits during this three-year period. The priority amount is limited to the lowest benefit that was payable (or could have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan's provisions in effect any time during the five years preceding the Plan termination.

b. All other benefits payable under the Plan that are insured by the Pension Benefit Guaranty Corporation (the "PBGC") determined without regard to Section 4022 (b) (5) of ERISA, or that would have been so insured if Section 4022 (b) (6) of ERISA did not apply.

c. All other nonforfeitable benefits payable under the Plan.

d. All other benefits payable under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivors' benefits subject to certain limitations as to the amounts paid. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

4. Investments at Fair Value

The Plan follows Financial Accounting Standards Board, Accounting Standards Codification ("ASC") 820, "Fair Value Measurement." ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in 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 under ASC 820 are described below:

Level 1 – Quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly, including:

- Quoted prices in active markets for similar instruments,
- Quoted price in less active or inactive markets for identical or similar instruments,
- Other observable inputs (such as interest rates, yield curves, volatilities, prepayment speeds, loss severities, credit risks, and default rates), and
- Market-corroborated inputs (derived principally from or corroborated by observable market data).

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

Level 3 – Valuations based significantly on unobservable inputs.

- Valuations based on third-party indicators (broker quotes or counterparty quotes) that were, in turn, based significantly on unobservable inputs or were otherwise not supportable as Level 2 valuations.
- Valuations based upon internal models with significant unobservable inputs.

As required by ASC 820, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Plan management follows this hierarchy for its financial instruments measured at fair value on a recurring basis.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used:

Pooled separate accounts represent the number of participation units owned by the Plan. Quoted market prices of the underlying investments are used to value each fund and are based on the net asset value ("NAV"), as a practical expedient, of the shares held by the Plan at the end of the year, which approximates fair value.

Common/collective trusts represent investments with BlackRock. The objective of the common/collective trusts is to achieve long-term capital appreciation/(depreciation) in diversified portfolios. The fair value of these investments is valued at NAV, as reported by the sponsoring financial institution. The NAV is determined by reference to the trusts' underlying assets, which

are principally comprised of equity and fixed-income securities. Units held in common/collective trusts are valued as reported by the investment managers, which represent the Plan's ownership share of the NAV of the underlying trusts.

Money market funds are valued at the NAV of shares held by the Plan at year-end based upon quoted market prices.

The investments in common/collective trusts, pooled separate accounts, and money market funds, which are valued at NAV, have not been classified in the fair value hierarchy, in accordance with ASC 820.

The following table sets forth a summary of the investments held by the Plan reported at NAV as of December 31, 2025 and 2024.

	Fair Value				Redemption
	2025	2024	Unfunded Commitments	Redemption Frequency	Notice Period
Common/Collective Trusts	$122,543,774	$117,605,379	$-	Daily	N/A
Money Market Funds	153,772	455,149	$-	Daily	N/A
Pooled separate accounts	2,996,800	3,140,727	$-	Daily	N/A
	$125,694,346	$121,201,255	$-		

5. Tax Status

The Company received a favorable determination letter dated October 21, 2015, which stated that the Plan was designed in accordance with Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

On Feb 16, 2024, the Department of Labor ("DOL") commenced a review of the Plan. As of the date of this report, the DOL review had not been formally concluded.

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

7. Party-in-Interest Transactions

Certain Plan investments are owned in the form of units of pooled separate accounts by Equitable. Equitable is a custodian of the Plan, and therefore, transactions with Equitable qualify as party-in-interest transactions. BoA is the trustee, custodian, and the investment advisor to the Plan, and therefore, transactions with BOA qualify as party-in-interest transactions. The Plan also invests in BlackRock common and collective trusts and the fees associated with these products are also considered party- in-interest transactions. The Plan paid all fees for investment management services in the amount of $469,692 and $402,125 for the years ended December 31, 2025 and 2024, respectively, which are included within net appreciation in fair value of investments in the statements of changes in net assets available for benefits and accumulated plan benefits.

8. Subsequent Events

The Company has evaluated subsequent events through the date on which these financial statements were available for issuance, which was September 30, 2026.

ERISA- REQUIRED SUPPLEMENTAL SCHEDULES

RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.
EIN: 13-3975924
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

PLAN NO. 001

	Identity of Issuer Borrower, Lessor or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Investment Cost	Current Value
*	BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY	Interest Bearing Cash with an interest rate of 3.359 %	440,105	440,105
	FIDELITY GOVERNMENT PORTFOLIO INSTITUTIONAL CLASS	Money Market Fund	153,772	153,772
			$593,877	$593,877

* Indicates a party-in-interest to the Plan.

RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.
EIN: 13-3975924
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

PLAN NO. 001

	Identity of Issuer Borrower, Lessor or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Investment Cost	Current Value
*	Equitable	Pooled separate account; S.A. No. 2 - Short-Term Liquidity Account	$28,680	$28,680
*	Equitable	Pooled separate account; S.A. No. 5 - Strategic Bond Account	2,968,120	2,968,120
			$2,996,800	$2,996,800

* Indicates a party-in-interest to the Plan.

RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.
EIN: 13-3975924
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

PLAN NO. 001

Identity of Issuer Borrower, Lessor or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Units	Investment Cost	Current Value
* BlackRock Institutional Trust Company, N.A.	BLACKROCK EMERGING MARKETS ALPHA TILTS FUND	110,904	$2,421,249	$3,267,911
* BlackRock Institutional Trust Company, N.A.	BLACKROCK HIGH YIELD BOND FUND	202,829	2,447,771	3,215,850
* BlackRock Institutional Trust Company, N.A.	BLACKROCK INTERMEDIATE GOVT BOND INDEX FUND	292,170	13,868,592	14,530,717
* BlackRock Institutional Trust Company, N.A.	BLACKROCK INTL ALPHA TILTS FUND	107,563	5,033,000	8,207,612
* BlackRock Institutional Trust Company, N.A.	BLACKROCK JPM EMBI GLBL DIV IDX FUND C	337,878	3,429,191	3,842,518
* BlackRock Institutional Trust Company, N.A.	BLACKROCK LNG DUR CORP CR SCREEN NONLEND FD	2,270,236	46,448,780	44,558,370
* BlackRock Institutional Trust Company, N.A.	BLACKROCK TSY U.S. 5 YR KEY RATE DUR NL FD A	334,897	3,150,854	2,727,168
* BlackRock Institutional Trust Company, N.A.	BLACKROCK TSY U.S. 15 YR KEY RATE DUR NL FUND	784,446	4,579,802	3,152,377
* BlackRock Institutional Trust Company, N.A.	BLACKROCK TSY U.S. 20 YR KEY RATE DUR NL FD	587,247	2,501,605	2,161,185
* BlackRock Institutional Trust Company, N.A.	BLACKROCK TSY U.S. 25 YR KEY RATE DUR NL FD	2,052,278	13,822,109	7,733,393
* BlackRock Institutional Trust Company, N.A.	BLACKROCK TSY U.S. 10 YR KEY RATE DUR NL FD A	610,254	5,054,881	3,512,990
* BlackRock Institutional Trust Company, N.A.	BLACKROCK WORLD REAL ESTATE SEC FUND	154,189	2,073,852	2,521,999
* BlackRock Institutional Trust Company, N.A.	BLACKROCK RUSSELL 1000 INDEX FUND	36,863	18,303,244	21,262,652
* BlackRock Institutional Trust Company, N.A.	BLACKROCK RUSSELL 2000 ALPHA TILTS FD	3,588	1,522,329	1,849,032
			$124,657,259	$122,543,774

* A party-in-interest to the Plan, as defined by ERISA

RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.
EIN: 13-3975924
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

PLAN NO. 001

Identity of Party involved	Description of investment	Purchase Price	Selling Price	Investment Cost	Current Value of Investment on Transaction Date	Net Gain / (Loss)
Category (i) - Single transaction in excess of 5% of Plan assets:						
* BlackRock	BLACKROCK RUSSELL1000 INDEX FUND	$20,150,000	-	$20,150,000	$20,150,000	-
* BlackRock	BLACKROCK LNG DUR CORPCR SCREEN NONLEND FI	-	16,100,000	15,967,980	16,100,000	132,020
* BlackRock	BLACKROCK RUSSELL 3000INDEX FUND	-	14,916,807	14,792,314	14,916,807	124,493
Category (iii) - Series of securities transactions in excess of 5% of Plan assets:						
Fidelity	FIMM GOV PORTFOLIO INSTL	$3,022,830	-	$3,022,830	$3,022,830	-
Fidelity	FIMM GOV PORTFOLIO INSTL	-	3,324,208	3,324,208	3,324,208	-
* BANK OF AMERICA	OVERNIGHT DEPOSIT - CUSTODY	6,977,533	-	6,977,533	6,977,533	-
* BANK OF AMERICA	OVERNIGHT DEPOSIT - CUSTODY	-	6,977,448	6,977,448	6,977,448	-
* BlackRock	BLACKROCK RUSSELL1000 INDEX FUND	20,310,000	-	20,310,000	20,310,000	-
* BlackRock	BLACKROCK RUSSELL1000 INDEX FUND	-	2,227,000	2,006,756	2,227,000	220,244
* BlackRock	BLACKROCK INTERMEDIATEGOVT BOND INDEX FUND	9,090,000	-	9,090,000	9,090,000	-
* BlackRock	BLACKROCK INTERMEDIATEGOVT BOND INDEX FUND	-	7,187,000	6,973,353	7,187,000	213,647
* BlackRock	BLACKROCK LNG DUR CORPCR SCREEN NONLEND FI	700,000	-	700,000	700,000	-
* BlackRock	BLACKROCK LNG DUR CORPCR SCREEN NONLEND FI	-	23,740,000	23,413,501	23,740,000	326,499
* BlackRock	BLACKROCK RUSSELL 3000INDEX FUND	1,167,000	-	1,167,000	1,167,000	-
* BlackRock	BLACKROCK RUSSELL 3000INDEX FUND	-	14,916,807	14,792,314	14,916,807	124,492

* Indicates a party-in-interest to the Plan
There were no category (ii) or (iv) transactions

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Rockefeller Group International, Inc.

D Employer Identification Number (EIN)
13-3975924

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	122,399,730
b Actuarial value	**2b**	124,323,101

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	226	46,645,725	46,645,725
b For terminated vested participants	156	16,806,810	16,806,810
c For active participants	97	42,190,391	42,190,391
d Total	479	105,642,926	105,642,926

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3,576,603
b Expected plan-related expenses	**6b**	210,000
c Target normal cost	**6c**	3,786,603

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Zorast Wadia

Signature of actuary — Date: 09/22/2026

Zorast Wadia, CFA, FSA, EA — Type or print name of actuary

26-06860 — Most recent enrollment number

Milliman, Inc. — Firm name

(646)473-3000 — Telephone number (including area code)

463 7th Avenue
19th Floor
New York NY 10018

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	34,549,859
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	34,549,859
10	Interest on line 9 using prior year's actual return of 0.30%	0	103,650
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6,430,659
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.23%		336,323
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		6,766,982
	d Portion of (c) to be added to prefunding balance		5,155,251
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	39,808,760

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	117.68%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.37%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	3,786,603
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	21,128,585	1,965,069
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	5,751,672

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		5,751,672	5,751,672

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.
EIN/PN: 13-3975924/001
Attachment to 2025 Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

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Age	Number of Lives Remaining	Retirement Rate	Number of Retirees	Age multiplied by Number of Retirees
55	10,000.00	5.00%	500	27,500.00
56	9,500.00	5.00%	475	26,600.00
57	9,025.00	5.00%	451.25	25,721.25
58	8,573.75	5.00%	428.6875	24,863.88
59	8,145.06	10.00%	814.5063	48,055.87
60	7,330.56	15.00%	1099.583	65,975.01
61	6,230.97	15.00%	934.6459	57,013.40
62	5,296.33	15.00%	794.449	49,255.84
63	4,501.88	15.00%	675.2817	42,542.75
64	3,826.60	20.00%	765.3192	48,980.43
65	3,061.28	30.00%	918.3831	59,694.90
66	2,142.89	30.00%	642.8682	42,429.30
67	1,500.03	30.00%	450.0077	30,150.52
68	1,050.02	30.00%	315.0054	21,420.37
69	735.01	30.00%	220.5038	15,214.76
70	514.51	100.00%	514.5088	36,015.62
		Total	10,000.00	621,433.88
			Weighted Average Retirement Age	621,433.88/10,000.00 = 62

Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.
EIN/PN: 13-3975924/001
Attachment to 2025 Form 5500
Schedule SB, Line 24 – Change in Assumptions

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1. The investment return assumption changed from 6.90% to 5.80% due to observations of estimates inherent in market data.

2. The administrative expense assumption was changed from $190,000 to $210,000 to better reflect anticipated expenses paid from trust assets.

Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.
EIN/PN: 13-3975924/001
Attachment to 2025 Form 5500
Schedule SB, Line 26a - Schedule of Active Participant Data

Number of Participants by Age and Service Groups

	Years of Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Total**
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	2	-	-	-	-	-	-	-	2
35–39	-	-	5	4	2	-	-	-	-	-	11
40–44	-	-	2	3	1	1	-	-	-	-	7
45–49	-	-	-	6	4	6	-	-	-	-	16
50–54	-	-	1	1	3	6	1	-	-	-	12
55–59	-	-	2	1	1	4	5	2	1	-	16
60–64	-	-	3	1	4	3	4	1	4	-	20
65–69	-	-	-	2	3	1	1	3	2	-	12
70&Up	-	-	-	-	1	-	-	-	-	-	1
Total	**-**	-	15	18	19	21	11	6	7	-	97

Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.
EIN/PN: 13-3975924/001
Attachment to 2025 Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target for the plan year beginning January 1, 2025 is determined below. The Funding Shortfall is amortized in fifteen level payments using the interest rates for determining the Applicable Funding Target for the current plan year.

1.	Applicable Funding Target	$105,642,926
2.	Actuarial Value of Assets less Prefunding Balance	84,514,341
3.	Funding Shortfall [(1) - (2), but not < $0]	21,128,585
4.	Amortization factor	10.752081
5.	Shortfall Amortization for current plan year [(3) ÷ (4)]	1,965,069

Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.
EIN/PN: 13-3975924/001
Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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Actuarial Methods

Attribution Method: The valuation of retirement benefits is determined under the "Unit Credit Actuarial Cost Method", as prescribed by the Pension Protection Act of 2006 (PPA). Under this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of accrued benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets (with adjustments for credit balances). The amortization payment for a plan year is the aggregate total of the Shortfall Amortization payments, which are based on amounts necessary to amortize the additional Shortfall of each year in level annual installments over a 15-year period beginning with such year.

The Target Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administration expense, if any.

Asset Valuation Method: 2-year (3-point) Average Value of Assets as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of Market Value of Assets on the valuation date.

Actuarial Assumptions

Economic Assumptions

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0-5 years)	5.00%	5.00%	4.65%
Segment 2 (5-20 years)	5.27%	5.27%	5.28%
Segment 3 (20+ years)	5.50%	5.40%	5.63%
Effective Interest Rate	5.36%	5.31%	5.40%

Interest Rate Election for Determining Funding Liabilities: Segment Rates without lookback.

For ERISA minimum funding purposes: 24-month average segment rates, without lookback, adjusted to reflect the applicable segment rate stabilization corridor.

For Maximum Deductible Contribution purposes: 24-month average segment rates, without lookback, but not adjusted to reflect segment rate stabilization.

Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.
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For PBGC Premium purposes: Spot segment rates for the month of December 2024 published by PBGC. The standard method (adopted January 1, 2019) is used for the PBGC variable rate premium calculation.

Rationale: Chosen by Plan Sponsor.

For FASB ASC Topic 960 purposes: Discount rate of 5.80% per year (previously, 6.90% per year). This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including inflation. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

Rationale: The interest rate used in FASB ASC Topic 960 is consistent with the investment rate of return. This assumption is selected by the Plan Sponsor based on the expected asset return for each asset category provided by the Plan's investment advisors. It was based on models and capital market assumptions developed by the Plan's investment consultants.

Change in Assumption: As of December 31, 2024, the expected return on assets assumption decreased to 5.80% compared to 6.90% as of December 31, 2023. The assumption decreased due to observations of estimates inherent in market data.

For FASB ASC Subtopic 715-30 purposes: Effective discount rate of 5.58%, compounded annually. The plan sponsor has adopted the spot rate approach for determining plan obligations and Net Periodic Pension Cost / (Income). Under this approach, the individual spot rates on the yield curve are applied to each year's cash flow in measuring the obligations, Service Cost, and Interest Cost.

Rationale: Expected cash flows are discounted to the measurement date utilizing the Above Median FTSE Pension Discount Curve as of December 31, 2024. A singular discount rate is determined such that the resulting liability from discounting using the curve matches the liability resulting from discounting the same cash flows using the aforementioned singular discount rate.

Change in Assumption: The increase in the discount rate was the result of changes inherent in market data since the prior measurement date

Interest Rates for Lump Sums:

ERISA minimum funding: Equal to Minimum Funding rates shown above.

ERISA Section 4010 and Maximum Deductible Contribution: Equal to Maximum Deductible rates shown above.

PBGC Premium: Equal to PBGC Premium rates shown above.

FASB ASC Topic 960: Above Median FTSE Pension Discount Curve as of December 31, 2024.

Rationale: The segment rates are required by law for PPA Funding and PBGC Premium purposes. For FASB purposes, the yield curve resembles anticipated market settlement rates.

Investment Return

Assumption: 5.80%, compounded annually (previously 6.90%). This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including inflation. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

Rationale: This assumption is selected by the Plan Sponsor based on the expected asset return for each asset category provided by the Plan's investment advisors. It was based on models and capital market assumptions developed by the Plan's investment consultants.

Change in Assumption: The investment return assumption was changed from 6.90% to 5.80%, compounded annually. The assumption decreased due to observations of estimates inherent in market data.

CPI

Assumption: 3.00%, compounded annually. This assumption represents an estimate of future experience and is based on observations of estimates inherent in market data.

Rationale: In developing the long-term inflation assumptions, we considered historical and projected rates for this component. The assumption reflects professional judgement, relevant economic data as of measurement date, and represents our current best estimate of future experience.

Increase in Internal Revenue Code (IRC) Limit

Assumption: The statutory limit on benefits (IRC 415) and the compensation limit (IRC 401(a)(17)) are assumed to increase at a rate of 3.00% (CPI) per year, with appropriate rounding.

Rationale: The assumption is equal to the CPI expectation. See above for rationale related to the CPI.

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Salary Increases

Assumption: Salary increase rates per year vary by years of service as shown below:

Years of Service	Rate
0-4	7.50%
5-19	5.00%
20+	3.00%

Rationale: This assumption is unchanged from the prior actuary's assumption which was based on an experience study dated December 19, 2019. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Administrative Expenses

Assumption for Funding purposes: Administration expenses of $210,000 were added to the Target Normal Cost. The assumption was based on a 3-year average of actual prior year expenses paid (excluding fees paid to the prior actuary) and adjusted for inflation, plus Milliman's anticipated fees. The final result was rounded up to the nearest $10,000.

Rationale: This assumption is our best estimate of future administrative expenses payable from the plan's assets.

Demographic Assumptions:

Mortality

Mortality for Healthy and Disabled Participants:

ERISA minimum funding, ERISA Section 4010, and PBGC premium: Statutory generational tables based on Pri-2012 Mortality Table, with projections to anticipate greater future longevity using projection scale MP-2021, with separate rates for non-annuitants and annuitants.

FASB ASC Topic 960: Pri-2012 White Collar Dataset Employee/Retiree Amount-Weighted Mortality Tables projected with MP-2021 Scale, for males and females. The Pri-2012 White Collar Contingent Survivor Amount-Weighted Mortality Tables were reflected for current beneficiaries. For disabled participants, the Pri-2012 Total Dataset Disabled Amount-Weighted Mortality Table projected with MP-2021 Scale were used.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table in which credible mortality experience was analyzed. We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Mortality for Lump Sums:

ERISA minimum funding, ERISA Section 4010, and PBGC premium: Statutory static IRC Section 417(e) applicable mortality table for the 2025 plan year.

FASB ASC Topic 960: Pri-2012 Blended Mortality Table (50% male / 50% female) projected forwarded with IRS-modified MP-2021 Scale (50% male / 50% female) on a generational basis.

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Change in Assumption: The lump sum mortality basis was updated to reflect the basis in effect under current law.

Withdrawal

Assumption: Turnover rates associated with the probability of receiving ordinary vesting benefits. Rates at selected ages vary by years of service as shown below:

Age	Prior to attaining 5 years of service	After attaining 5 years of service
20	0.00%	0.00%
25	25.00%	10.00%
30	15.00%	12.00%
35	15.00%	9.00%
40	15.00%	5.00%
45	15.00%	5.00%
50	15.00%	4.00%
55	15.00%	0.00%
60+	0.00%	0.00%

Rationale: This assumption is unchanged from the prior actuary's assumption which was based on an experience study dated December 19, 2019. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Retirement

Active Retirement Assumption: Rates vary by age for active participants as shown below:

Age	Rate
Under 55	0.00%
55-58	5.00%
59	10.00%
60-63	15.00%
64	20.00%
65-69	30.00%
70	100%

Rationale: This assumption is unchanged from the prior actuary's assumption which was based on an experience study dated December 19, 2019. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Inactive Retirement Assumption: For participants that have a date of termination within 2 years prior to the valuation date, 50% are assumed to retire immediately with a lump sum form of payment election and 50% are assumed to defer commencement until age 65 and elect an annuity form of payment (according to the annuity optional form of payment assumption for terminated vested participants indicated on the following page). All other terminated vested participants are assumed to defer commencement to age 65.

Rationale: This assumption is unchanged from the prior actuary's assumption which was based on an experience study dated December 19, 2019. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

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Disability

Assumption: Rates vary by age and gender, sample rates are shown below:

Age	Male	Female
20	0.083%	0.101%
25	0.083%	0.101%
30	0.083%	0.101%
35	0.098%	0.136%
40	0.114%	0.171%
45	0.293%	0.337%
50	0.473%	0.504%
55	0.900%	0.796%
60	1.327%	1.088%
62	1.498%	1.205%
64	1.669%	1.322%
65+	1.754%	1.138%

Rationale: This assumption is unchanged from the prior actuary's assumption which was based on an experience study dated December 19, 2019. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marital Characteristics

Assumption: 75% of male and 60% of female participants are assumed to be married with females assumed to be three years younger than males. Actual birth dates of spouses are used for current retirees.

Rationale: This assumption is unchanged from the prior actuary's assumption which was based on an experience study dated December 19, 2019. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

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Form of Payment

Assumption: Upon retirement, active and terminated vested participants (except for those with add-back eligibility) are assumed to elect a form of payment with the following probability:

Form of Payment	Active Participants	Terminated Vested Participants
Single Life	25%	20%
50% Joint and Survivor	10%	10%
75% Joint and Survivor	10%	3%
100% Joint and Survivor	10%	10%
10 Year Certain and Life	5%	7%
Lump Sum	40%	50%*

** See discussion on Inactive Retirement on prior page.*

Upon retirement, active participants with add-back eligibility are assumed to elect a form of payment with the following probability:

Age	Single Life	50% Joint and Survivor	100% Joint and Survivor	10 Year Certain and Life	Lump Sum
55	40.0%	20.0%	20.0%	10.0%	10.0%
56	36.0%	18.5%	18.5%	9.5%	17.5%
57	32.4%	16.8%	16.8%	9.0%	25.0%
58	28.8%	15.1%	15.1%	8.5%	32.5%
59	25.2%	13.4%	13.4%	8.0%	40.0%
60	21.6%	11.7%	11.7%	7.5%	47.5%
61+	18.0%	10.0%	10.0%	7.0%	55.0%

Upon death of married active participants (except for those with add-back eligibility), spouses are assumed to elect a form of payment with the following probability:

Form of Payment	Probability
Single Life	60%
Lump Sum	40%

Upon death of married active participants with add-back eligibility, spouses are assumed to elect a form of payment with the following probability:

Age	Single Life	Lump Sum
55	90.0%	10.0%
56	82.5%	17.5%
57	75.0%	25.0%
58	67.5%	32.5%
59	60.0%	40.0%
60	52.5%	47.5%
61+	45.0%	55.0%

Rationale: This assumption is unchanged from the prior actuary's assumption which was based on an experience study dated December 19, 2019. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Participant Data

As of the valuation date.

Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.
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Schedule SB, Part V – Summary of Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.

EIN/PN: 13-3975924/001

Effective Date of Last Plan Restatement: January 1, 2014

Effective Date of Latest Amendment: January 1, 2020

Plan Year / Fiscal Year: January 1 - December 31

Employees: Any common-law employee, excluding: independent contractors, employees whose service was subject to collective bargaining, leased employees, and temporary employees.

Salaried Employees: Any Employee who is classified as such in accordance with the Employer's established personnel practices.

Eligibility: A Salaried Employee shall become a Participant on the first day of the month coinciding with or next following the completion of a 6-month of Period of Service. Employees hired or re-hired on or after January 1, 2017 are not eligible to participate in the Plan.

Credited Salaried Service: 1/12th of one year for each month of a Period of Service while employed as a Salaried Employee.

Period of Service: Period of employment measured from participant's date of hire or re-hire to date of termination.

Compensation: Total pay earned in a Plan Year (including bonuses, commissions, and overtime) limited by the Statutory Compensation Limit.

Final Salaried Compensation: Total compensation averaged over the last 36 months of participation.

Contributions: The Plan is funded solely by means of Employer contributions.

Statutory Compensation Limit: The maximum salary used to determine Plan benefits is limited by Internal Revenue Code (IRC) Section 401(a)(17). The limit for 2025 was $350,000.

Statutory Benefit Limit: The valuation applied the 2025 maximum defined benefit limit of $280,000 under IRC Section 415(b).

Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.
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Benefit Formulas and Eligibilities

Accrued Benefit: The sum of:

a) 1.5% of Final Salaried Compensation multiplied by Credited Salaried Service up to 30 years;

plus

b) 1.0% of Final Salaried Compensation multiplied by Credited Salaried Service in excess of 30 years.

Normal Retirement

Normal Retirement Date: For a Participant hired before January 1, 2010, it is the first day of the month coincident with or next following the Participant's 65th birthday.

For a Participant hired on or after January 1, 2010, it is the first day of the month coincident with or next following the later of the Participant's 65th birthday or completion of Periods of Service equal to 5 years.

Normal Retirement Benefit: Accrued Benefit commencing on the Participant's Normal Retirement Date.

Early Retirement

Early Retirement Date: For a Participant hired before January 1, 2010, it is the first day of the month coincident with or next following the Participant's 55th birthday.

For a Participant hired on or after January 1, 2010, it is the first day of the month coincident with or next following the later of the Participant's 55th birthday or completion of Periods of Service equal to 5 years.

Early Retirement Benefit: Accrued Benefit determined as described above, reduced by 5% multiplied by the number of whole years (or a pro-rata percentage for less than whole years) between Participant's age at Early Retirement Date and Normal Retirement Date.

Special Add-Back Participants: A Participant who was born on or after January 1, 1940 but before January 1, 1959 and had Final Salaried Compensation of less than $85,000 determined as of January 1, 2005 by taking into account only compensation for the 2004 calendar year, or a participant who commenced employment prior to January 1, 1985.

For Special Add-Back Participants, the reduction of 5% stated above will be reduced by 1% multiplied by the number of years of service credited between age 25 and age 55.

Retirement Income Plan for Salaried Employees of Rockefeller Group International, Inc.
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Schedule SB, Part V – Summary of Plan Provisions

Deferred Retirement

Deferred Retirement Date: Commencement date after Normal Retirement Date.

Deferred Retirement Benefit: Payable on the Participant's Deferred Retirement Date, the benefit is the greater of the Accrued Benefit based on Credited Salaried Service and Final Salaried Compensation as of Deferred Retirement Date or the actuarially adjusted Normal Retirement Benefit as of Deferred Retirement Date.

Disability Retirement

Disability Retirement Eligibility: Continued receipt from RGI's Long Term Disability Plan (the "LTD Plan").

Disability Retirement Benefit: Accrued Benefit payable in accordance with the provisions described above.

Vested Termination

Vested Termination Eligibility: Participant hired before January 1, 2010 will be 100% vested after attaining age 55 or completing Periods of Service equal to 5 years.

Participant hired on or after January 1, 2010 will be 100% vested after completing Periods of Service equal to 5 years.

Vested Termination Benefit: Accrued Benefit payable at Normal Retirement Date. The benefit amount is reduced if payable prior to Normal Retirement Date as follows:

5.0% reduction for each of the first 10 years before age 65,
3.0% reduction for each of the next 10 years before age 55,
1.0% reduction for each of the next 10 years before age 45, and
0.5% reduction for each of the years before age 35.

Pre-retirement Death

Pre-retirement Surviving Spouse Benefit Eligibility: Vested participant dies before commencement of benefit.

Pre-retirement Surviving Spouse Benefit: For a married participant who dies after completing Periods of Service equal to 5 years, a death benefit is payable for life to the eligible spouse on the first day of the month following the participant's date of death. If a married participant dies while: a) still employed or b) after terminating employment but reaching age 55 prior to termination of employment, the death benefit will be based on an actuarially reduced 100% Joint & Survivor Annuity or Lump Sum that the participant would have received had he/she retired on the first day of the month following the participant's date of death. If a married participant dies after terminating employment but prior to

reaching age 55, the death benefit payable to the spouse is based on an actuarially reduced 50% Joint & Survivor Annuity.

For a single participant who dies while still employed and after completing Periods of Service equal to 5 years, a death benefit is payable to the beneficiary based on a 10-Year Certain and Life Annuity that the participant would have received had he/she retired on the first day of the month following the his/her date of death.

For participants of the plan prior to January 1, 1985 who die prior to attaining age 55 with 20 years of Credited Service at the time of death, the death benefit shall reflect the 1% add-back on early retirement. There is no additional reduction applied to the death benefit if the spouse of such deceased participant elects to commence prior to the date when the participant attains age 55.

Forms of Payment

Normal Forms:

Single participants: Single Life Annuity.

Married participants: 50% Joint and Survivor Annuity.

Optional Forms of Benefit: 50%, 75% or 100% Joint and Survivor Annuity, 10 Years Certain and Life Annuity, 50%, 75% or 100% Joint and Survivor Annuity with 10 Years Certain Period, and Lump Sum (limited to $25,000 if terminated before July 18, 1995 and unlimited if terminated on or after July 18, 1995).

Actuarial Equivalence:

Optional Forms of Benefit (other than Lump Sum): Based on tabular factors set forth in Exhibit-A of the Plan document.

Lump Sum: Based on the Applicable Mortality Table and Applicable Interest Rates (for the month preceding the calendar quarter immediately prior to the calendar quarter that includes the distribution date) set forth in IRC Section 417(e).

RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.
EIN: 13-3975924
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

PLAN NO. 001

	Identity of Issuer Borrower, Lessor or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Investment Cost	Current Value
*	BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY	Interest Bearing Cash with an interest rate of 3.359 %	440,105	440,105
	FIDELITY GOVERNMENT PORTFOLIO INSTITUTIONAL CLASS	Money Market Fund	153,772	153,772
			$593,877	$593,877

* Indicates a party-in-interest to the Plan.

RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.
EIN: 13-3975924
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

PLAN NO. 001

	Identity of Issuer Borrower, Lessor or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Investment Cost	Current Value
*	Equitable	Pooled separate account; S.A. No. 2 - Short-Term Liquidity Account	$28,680	$28,680
*	Equitable	Pooled separate account; S.A. No. 5 - Strategic Bond Account	2,968,120	2,968,120
			$2,996,800	$2,996,800

* Indicates a party-in-interest to the Plan.

RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.
EIN: 13-3975924
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

PLAN NO. 001

Identity of Issuer Borrower, Lessor or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Units	Investment Cost	Current Value
* BlackRock Institutional Trust Company, N.A.	BLACKROCK EMERGING MARKETS ALPHA TILTS FUND	110,904	$2,421,249	$3,267,911
* BlackRock Institutional Trust Company, N.A.	BLACKROCK HIGH YIELD BOND FUND	202,829	2,447,771	3,215,850
* BlackRock Institutional Trust Company, N.A.	BLACKROCK INTERMEDIATE GOVT BOND INDEX FUND	292,170	13,868,592	14,530,717
* BlackRock Institutional Trust Company, N.A.	BLACKROCK INTL ALPHA TILTS FUND	107,563	5,033,000	8,207,612
* BlackRock Institutional Trust Company, N.A.	BLACKROCK JPM EMBI GLBL DIV IDX FUND C	337,878	3,429,191	3,842,518
* BlackRock Institutional Trust Company, N.A.	BLACKROCK LNG DUR CORP CR SCREEN NONLEND FD	2,270,236	46,448,780	44,558,370
* BlackRock Institutional Trust Company, N.A.	BLACKROCK TSY U.S. 5 YR KEY RATE DUR NL FD A	334,897	3,150,854	2,727,168
* BlackRock Institutional Trust Company, N.A.	BLACKROCK TSY U.S. 15 YR KEY RATE DUR NL FUND	784,446	4,579,802	3,152,377
* BlackRock Institutional Trust Company, N.A.	BLACKROCK TSY U.S. 20 YR KEY RATE DUR NL FD	587,247	2,501,605	2,161,185
* BlackRock Institutional Trust Company, N.A.	BLACKROCK TSY U.S. 25 YR KEY RATE DUR NL FD	2,052,278	13,822,109	7,733,393
* BlackRock Institutional Trust Company, N.A.	BLACKROCK TSY U.S. 10 YR KEY RATE DUR NL FD A	610,254	5,054,881	3,512,990
* BlackRock Institutional Trust Company, N.A.	BLACKROCK WORLD REAL ESTATE SEC FUND	154,189	2,073,852	2,521,999
* BlackRock Institutional Trust Company, N.A.	BLACKROCK RUSSELL 1000 INDEX FUND	36,863	18,303,244	21,262,652
* BlackRock Institutional Trust Company, N.A.	BLACKROCK RUSSELL 2000 ALPHA TILTS FD	3,588	1,522,329	1,849,032
			$124,657,259	$122,543,774

* A party-in-interest to the Plan, as defined by ERISA

RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES OF ROCKEFELLER GROUP INTERNATIONAL, INC.
EIN: 13-3975924
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

PLAN NO. 001

Identity of Party involved	Description of investment	Purchase Price	Selling Price	Investment Cost	Current Value of Investment on Transaction Date	Net Gain / (Loss)
Category (i) - Single transaction in excess of 5% of Plan assets:						
* BlackRock	BLACKROCK RUSSELL1000 INDEX FUND	$20,150,000	-	$20,150,000	$20,150,000	-
* BlackRock	BLACKROCK LNG DUR CORPCR SCREEN NONLEND FI	-	16,100,000	15,967,980	16,100,000	132,020
* BlackRock	BLACKROCK RUSSELL 3000INDEX FUND	-	14,916,807	14,792,314	14,916,807	124,493
Category (iii) - Series of securities transactions in excess of 5% of Plan assets:						
Fidelity	FIMM GOV PORTFOLIO INSTL	$3,022,830	-	$3,022,830	$3,022,830	-
Fidelity	FIMM GOV PORTFOLIO INSTL	-	3,324,208	3,324,208	3,324,208	-
* BANK OF AMERICA	OVERNIGHT DEPOSIT - CUSTODY	6,977,533	-	6,977,533	6,977,533	-
* BANK OF AMERICA	OVERNIGHT DEPOSIT - CUSTODY	-	6,977,448	6,977,448	6,977,448	-
* BlackRock	BLACKROCK RUSSELL1000 INDEX FUND	20,310,000	-	20,310,000	20,310,000	-
* BlackRock	BLACKROCK RUSSELL1000 INDEX FUND	-	2,227,000	2,006,756	2,227,000	220,244
* BlackRock	BLACKROCK INTERMEDIATEGOVT BOND INDEX FUND	9,090,000	-	9,090,000	9,090,000	-
* BlackRock	BLACKROCK INTERMEDIATEGOVT BOND INDEX FUND	-	7,187,000	6,973,353	7,187,000	213,647
* BlackRock	BLACKROCK LNG DUR CORPCR SCREEN NONLEND FI	700,000	-	700,000	700,000	-
* BlackRock	BLACKROCK LNG DUR CORPCR SCREEN NONLEND FI	-	23,740,000	23,413,501	23,740,000	326,499
* BlackRock	BLACKROCK RUSSELL 3000INDEX FUND	1,167,000	-	1,167,000	1,167,000	-
* BlackRock	BLACKROCK RUSSELL 3000INDEX FUND	-	14,916,807	14,792,314	14,916,807	124,492

* Indicates a party-in-interest to the Plan
There were no category (ii) or (iv) transactions