# 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
GEORGE EASTMAN MUSEUM RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1976

**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)
GEORGE EASTMAN MUSEUM

900 EAST AVE
ROCHESTER, NY 14607-2219

**2b** Employer Identification Number (EIN)
16-0743991

**2c** Plan Sponsor's telephone number
585-327-4800

**2d** Business code (see instructions)
712100

**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. | 10/15/2026 | JACQUELINE S. DISTEFANO |
| | **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** | 305 |
| **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)** | 83 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 86 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 214 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 300 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 2 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 302 |
| **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)** | 283 |
| **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)** | 294 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 4 |
| **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:

2L 2T 2M 2G 2F 3D

**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)** [ ] **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
GEORGE EASTMAN MUSEUM RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GEORGE EASTMAN MUSEUM

**D** Employer Identification Number (EIN)
16-0743991

**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
TIAA-CREF

| **(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 |
| 13-1624203 | 69345 | 500262 | 221 | 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 |
|---|---|
| | |

**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 | 5761935 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 8842455 |

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 | 5616902 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 8253 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 235012 | | |
| | (4) Transferred from separate account | 7c(4) | 119693 | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 362958 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 5979860 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 167974 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | 48958 | | |
| | (4) Other (specify below) ▶ FEES | 7e(4) | 993 | | |
| | (5) Total deductions | | | 7e(5) | 217925 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 5761935 |

## 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)** | 0 |
| **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)** | 0 |
| (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)** | 0 |
| (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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
GEORGE EASTMAN MUSEUM RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GEORGE EASTMAN MUSEUM

**D** Employer Identification Number (EIN)
16-0743991

## 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

TIAA

13-1624203

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(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
GEORGE EASTMAN MUSEUM RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
GEORGE EASTMAN MUSEUM

**D** Employer Identification Number (EIN)
16-0743991

## 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: TIAA REAL ESTATE

**b** Name of sponsor of entity listed in (a): TIAA-CREF

| **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) |
|---|---|---|
| 13-1624203-004 | P | 690610 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II** **Information on Participating Plans (to be completed by DFEs, 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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**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
GEORGE EASTMAN MUSEUM RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GEORGE EASTMAN MUSEUM

**D** Employer Identification Number (EIN)
16-0743991

## 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) | 67692 | 86025 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(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) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 647769 | 690610 |
| **(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) | 11964233 | 13857711 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 5616902 | 5761935 |
| **(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 | 18296596 | 20396281 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 18296596 | 20396281 |

## 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) | 86025 | |
| **(B)** Participants | 2a(1)(B) | 234548 | |
| **(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) | | 320573 |
| **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) | | |
| **(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) | 235012 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 235012 |
| **(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) | 313789 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 313789 |
| **(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) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 26025 |
| (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) | | 1752072 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2647471 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 525534 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 21215 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 546749 |
| 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) | 1037 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 1037 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 547786 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2099685 |
| 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)** [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

**(1)** Name: DEJOY & CO CPA'S, LLP **(2)** EIN: 16-1375790

**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 | | 500000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

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

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2025**

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

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

**A** Name of plan
GEORGE EASTMAN MUSEUM RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GEORGE EASTMAN MUSEUM

**D** Employer Identification Number (EIN)
16-0743991

## Part I Distributions

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

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

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

EIN(s): 82-2826183

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J600957A .

# GEORGE EASTMAN MUSEUM
# RETIREMENT PLAN

**EIN: 16-0743991**
**Plan Number: 001**

FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024
AND FOR THE YEAR ENDED DECEMBER 31, 2025
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

**GEORGE EASTMAN MUSEUM RETIREMENT PLAN**

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DeJoy & Co. CPAs, LLP

Rochester, New York

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
of the George Eastman Museum Retirement Plan:

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

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

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

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

## Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

**Basis for Disclaimer of Opinion**

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

**Responsibilities of Management for the Financial Statements**

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

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

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

**Auditors' Responsibilities for the Audit of the Financial Statements**

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

**Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

DeJoy & Co. CPAs, LLP

October 14, 2026.

**GEORGE EASTMAN MUSEUM RETIREMENT PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2025 AND 2024**

| | 2025 | 2024 |
|---|---|---|
| **ASSETS:** | | |
| **INVESTMENTS**, at fair value: | | |
| Registered investments | $ 13,857,711 | $ 11,964,233 |
| Fixed annuity contracts, non-fully benefit-responsive | 4,608,296 | 4,494,862 |
| Variable annuity separate account | 690,610 | 647,769 |
| | 19,156,617 | 17,106,864 |
| **INVESTMENTS**, at contract value: | | |
| Fixed annuity contracts, fully benefit-responsive | 1,153,639 | 1,122,040 |
| **EMPLOYER CONTRIBUTION RECEIVABLE** | 86,025 | 67,692 |
| **TOTAL ASSETS** | 20,396,281 | 18,296,596 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 20,396,281 | $ 18,296,596 |

The accompanying notes to financial statements are an integral part of these statements.

**GEORGE EASTMAN MUSEUM RETIREMENT PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**FOR THE YEAR ENDED DECEMBER 31, 2025**

| | |
|---|---|
| **ADDITIONS:** | |
| Investment income - | |
| Net appreciation in fair value of investments | $ 1,960,218 |
| Interest and dividend income | 366,680 |
| Net investment income | 2,326,898 |
| Contributions - | |
| Participant | 234,548 |
| Employer | 86,025 |
| Total contributions | 320,573 |
| **TOTAL ADDITIONS** | 2,647,471 |
| **DEDUCTIONS:** | |
| Benefits paid to participants | 546,749 |
| Administrative expenses | 1,037 |
| **TOTAL DEDUCTIONS** | 547,786 |
| **NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** | 2,099,685 |
| **NET ASSETS AVAILABLE FOR BENEFITS,** | |
| Beginning of year | 18,296,596 |
| End of year | $ 20,396,281 |

The accompanying notes to financial statements are an integral part of this statement.

## 1. DESCRIPTION OF PLAN

The following description of the George Eastman Museum Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General -

The Plan is a defined contribution plan under Section 403(b) of the Internal Revenue Code (the "Code") and covers substantially all employees of the George Eastman Museum (the "Museum"). Employees are eligible to become participants in the Plan upon hire and may enter the Plan on commencement of employment. The Plan was initially effective January 1, 1976 and restated as of January 1, 2019. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration -

The Museum serves as Plan administrator (the "Administrator") and is solely responsible for the general administration of the Plan and carrying out Plan provisions. Teachers Insurance and Annuity Association ("TIAA") and College Retirement Equities Fund ("CREF") (collectively "TIAA and CREF") serve as custodians of the Plan's assets and also provide the Plan's recordkeeping services.

Contributions -

Participants may elect to contribute a percentage of their eligible compensation up to the maximum amount allowed under the Code. Deferral limits under the Code were $23,500 for the year ended December 31, 2025. In addition, participants age fifty and over at the end of the Plan year could elect to contribute a "catch-up" contribution of $7,500 during the year ended December 31, 2025.

Participants are allowed to make rollover contributions from other qualified plans into the Plan in accordance with regulations under the Code.

The Museum may make a discretionary nonelective contribution to the Plan for employees over the age of 21 and who have completed 1,000 hours of service during the Plan year and are employed as of the last day of the Plan year. The discretionary nonelective contribution may be made to former employees as a result of death, disability, retirement, or other conditions during the Plan year. For the year ended December 31, 2025, the Museum made a discretionary nonelective contribution of $89,093.

Administrative expenses and Plan servicing credits -

Under the terms of the recordkeeping service agreement, TIAA and CREF has an annual revenue requirement ranging from 15 to 70 basis points of Plan assets. Revenue generated by the Plan that is considered by the annual revenue requirements is generated from certain proprietary and non-proprietary mutual fund investments that make Revenue Sharing Payments to TIAA and CREF as the recordkeeper. Plan expense offsets are also considered which are provided by TIAA for proprietary TIAA and/or CREF annuity products.

The Revenue Credit Account is a suspense account held under the terms of the Plan which is funded with excess revenue over $625 that is generated from the Plan that is beyond the basis point annual revenue requirement. At December 31, 2025, there were $11 of remaining Plan Servicing Credits available to offset Plan administrative expenses.

Participant accounts -

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited with the participant's contributions and allocations of the Museum's discretionary nonelective contributions and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting -

Participants are immediately vested in their elective deferrals, rollover contributions plus actual earnings thereon. Vesting in the Museum's discretionary nonelective contribution portion of their account plus earnings is based on years of continuous service as follows:

| Years of service | Percentage |
|---|---|
| Less than one | 0.0% |
| At least one but less than two | 33.3% |
| At least two but less than three | 66.6% |
| Three or more | 100.0% |

Investment options -

Participants direct the investment of their account into various investment options offered by the Plan. The Plan offers a number of investment options through a group annuity contract. The investment options include fixed annuity contracts, registered investments, and a variable annuity separate account managed by TIAA, as selected by the Administrator.

Payment of benefits -

A participant's vested account balance is distributed in a single life annuity, joint or survivor annuity, lump sum payment, fixed periodic annuity, or installment payments, based on his or her election under the Plan document, upon retirement, death, disability, or termination of employment. The Plan allows hardship distributions, as defined, from their deferral contribution and discretionary nonelective contribution accounts.

For terminated participant account balances of less than $5,000, the Plan has the option to make an automatic lump sum distribution to the participant.

Notes receivable from participants -

Participants may borrow up to a maximum of 50% of their vested account balance or $50,000, whichever is less. Note repayment terms range up to a maximum of five years, unless used for the purpose of purchasing a participant's principal residence, with interest at the prime rate plus 1% at the date of the loan and are collateralized by the individual participant's account. Principal and interest is paid ratably through payroll deductions.

There were no notes receivable from participants outstanding at December 31, 2025 and 2024.

Forfeitures -

Participants whose employment with the Museum has been terminated and who receive a distribution of the vested percentage of their account shall forfeit any amounts which are in excess of their vested interest as of the date of distribution. Participants whose employment with the Museum has been terminated and who do not receive a distribution of the vested percentage of their account before incurring five consecutive one-year breaks in service shall forfeit any amounts which are in excess of their vested interest as of the last date of the plan year in which the participant incurs five consecutive one-year breaks in service. The non-vested portion will be restored to the participant's account in the event the employee returns to employment before five consecutive one-year breaks in service and pays back the distribution received from the Plan. After restoration of any of these benefits, the remaining forfeitures may be used to reduce the Museum's discretionary nonelective contributions.

The cumulative balance of forfeitures available to offset future Museum discretionary nonelective contributions totaled approximately $3,100 as of December 31, 2025. This balance of forfeitures was used to reduce the Museum's 2025 discretionary nonelective contribution paid subsequent to December 31, 2025.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting -

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

Use of estimates -

The preparation of financial statements in conformity with GAAP requires the Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Significant estimates include, but are not limited to, the valuation of investments and the fixed annuity contracts. Actual results may differ from those estimates.

Annual reporting requirements -

Prior to July 1, 2009, TIAA and CREF maintained records at contract level and not Plan level. TIAA and CREF administratively decided not to provide accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodian accounts issued to former employees prior to July 1, 2009. As such, neither the Museum nor TIAA and CREF have been able to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to July 1, 2009. As a result, the completeness and the accuracy of the annuity and custodial accounts, related investment income, and distributions related to these accounts, if any, could not be determined.

Investment valuation and income recognition -

The investments of the Plan, with the exception of fully benefit-responsive ("FBR") investment contracts, are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. The Administrator determines the Plan's valuation policies utilizing information provided by the investment advisers and TIAA and CREF.

In estimating fair value of certain investments, Plan management may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third-parties, the Administrator evaluates a variety of factors, including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings. See Note 4 for a discussion of fair value measurements.

The Plan's fully-benefit responsive investment contracts with TIAA (see Note 5) are valued at contract value. Contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals.

Contributions are recorded by the Plan when withheld from participants. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade date basis. Net appreciation in fair value of investments in the accompanying statement of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits -

Benefits paid to participants are recorded when paid.

Expenses -

Certain expenses of maintaining the Plan, including third-party investment advisory fees, custodian fees, and audit fees are paid directly by the Museum and are excluded from these financial statements. Participants are also charged administrative expenses for specific transactions within the Plan. Administrative expenses charged to the Plan totaled $1,037 for the year ended December 31, 2025.

Investment related expenses are included in net appreciation in fair value of investments in the accompanying statement of changes in net assets available for benefits.

Subsequent events -

The Administrator has evaluated subsequent events through October 14, 2026, which is the date the accompanying financial statements were available to be issued.

## 3. FINANCIAL INFORMATION PREPARED AND CERTIFIED BY TIAA AND CREF

The Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the investment information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared by, or derived from, information provided by the TIAA and CREF and furnished to the Administrator.

The Administrator has obtained certifications from TIAA and CREF that the information below is complete and accurate as of December 31, 2025 and 2024, and for the year ended December 31, 2025:

| | 2025 | 2024 |
|---|---|---|
| Registered investments | $13,857,711 | $11,964,233 |
| Fixed annuity contracts, non-fully benefit-responsive | 4,608,296 | 4,494,862 |
| Variable annuity separate account | 690,610 | 647,769 |
| Fixed annuity contracts, fully benefit-responsive | 1,153,639 | 1,122,040 |
| Net appreciation in fair value of investments | 1,960,218 | |
| Interest and dividend income | 366,680 | |

## 4. FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy are as follows:

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

*Level 2* Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Registered investments:

*Mutual funds:* Mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year end. NAV is derived from the quoted prices in active markets of the underlying investments. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission.

*Other registered investments:* Plan investment options include registered investments that invest principally in equity securities, fixed-income instruments, and short-term investments in accordance with each portfolio's investment objectives. Units held in the other registered investments are valued at their respective NAV. The NAV, as provided by TIAA and CREF, is used as a practical expedient to estimate fair value. The NAV of the other registered investments is published on NASDAQ; however, the other registered investments are not publicly traded. The NAV is measured based on the fair value of the underlying investments held by the fund less its liabilities.

The fair value of the underlying investments are determined using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments, including matrix pricing. Money market account holdings are generally valued at cost.

On a daily basis, units in the registered investments are revalued to reflect performance of the underlying investments minus any fees and charges.

Fixed annuity contracts:

The non-fully benefit-responsive ("NFBR") fixed annuity contracts, composed entirely of TIAA Traditional Annuity Contracts, are reported at fair value, which is approximated by contract value. Fair value is determined using a discounted cash flow model. The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals. The TIAA Traditional Annuity Contracts are not available for sale or transfer on any securities exchange. The fixed annuity contracts are subject to various restrictions (see Note 5).

Variable annuity separate account:

Units held in the variable annuity separate account are valued at NAV based on the fair market value of the underlying investments of the account less its liabilities. The NAV, as provided by TIAA, is used as a practical expedient to estimate fair value. The NAV of the variable annuity separate account is published on NASDAQ; however the variable annuity separate account is not publicly traded.

The variable annuity separate account holds between 15% and 25% of its net assets in investments other than real estate and real estate related investments, comprised of publicly traded liquid investments. Determination of fair value of the real estate assets, involves significant judgment.

Valuation of the variable annuity separate account's real estate properties are based on real estate appraisals, which are estimates of property values based on a professional's opinion and may not be accurate predictors of the amount the variable annuity separate account would actually receive if it sold a property.

Appraisals can be subjective in certain respects and rely on a variety of assumptions (including comparable property sales and historical pricing) and conditions at that property or in the market in which the property is located, which may change materially after the appraisal is conducted. Among other things, market prices for comparable real estate may be volatile, in particular, if there has been a lack of recent transaction activity in such market.

Further, as the variable annuity separate account generally obtains appraisals on a quarterly basis, there may be circumstances in the period between appraisals or interim valuation adjustments in which the true realizable value of a property is not reflected in the variable annuity separate account's daily net asset calculation in the variable annuity separate account's periodic financial statements.

The variable annuity separate account provides participants with a liquidity guarantee enabling the account to have funds available to meet participant redemption, transfer, or cash withdrawals. TIAA guarantees that participants can redeem their accumulation unit value determined after their transfer or cash withdrawal request is received in good order.

TIAA limits the ability of participants to transfer funds into the variable annuity separate account. Specifically, individual participants are limited from making internal transfers into their account if, after giving effect to such transfer, the total value of such participant's account (under all contracts issued to such participant) would exceed $150,000. A participant is not required to reduce his or her contract balance to a level at or below $150,000 if the participant's account totals more than $150,000.

The fair value of investments measured on a recurring basis at December 31, 2025 is presented below:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Registered investments | $4,588,207 | $ - | $ - | $ 4,588,207 |
| Fixed annuity contracts, NFBR | - | | 4,608,296 | 4,608,296 |
| | $4,588,207 | $ - | $4,608,296 | 9,196,503 |
| Investments measured at NAV | | | | 9,960,114 |
| | | | | $19,156,617 |

The fair value of investments measured on a recurring basis at December 31, 2024 is presented below:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Registered investments | $4,073,555 | $ - | $ - | $ 4,073,555 |
| Fixed annuity contracts, NFBR | - | | 4,494,862 | 4,494,862 |
| | $4,073,555 | $ - | $4,494,862 | 8,568,417 |
| Investments measured at NAV | | | | 8,538,447 |
| | | | | $17,106,864 |

Changes in the fair value of the Plan's Level 3 investments for the year ended December 31, 2025 is presented below:

| | |
|---|---|
| Balance, December 31, 2024 | $4,494,862 |
| Contributions | 39,011 |
| Withdrawals | (119,231) |
| Investment income | 193,654 |
| Balance, December 31, 2025 | $4,608,296 |

Fair value of investments using NAV as practical expedient are as follows as of December 31:

| | Fair Value 2025 | Fair Value 2024 | Redemption | Notice Period |
|---|---|---|---|---|
| Money market | $ 95,573 | $ 78,626 | Daily | None |
| Fixed income | 667,879 | 571,113 | Daily | None |
| U.S. equities | 6,392,682 | 5,612,941 | Daily | None |
| International equities | 1,658,193 | 1,225,361 | Daily | None |
| Balanced/Target date | 353,757 | 312,318 | Daily | None |
| Real estate | 101,420 | 90,319 | Daily | None |
| Real estate variable annuity separate account | 690,610 | 647,769 | Quarterly | Restrictions apply |
| Total | $9,960,114 | $8,538,447 | | |

The investment objectives for the investments measured using the NAV are as follows:

*Money market:* To invest in short-term securities or instruments that present minimal credit risk to provide liquidity and preserve capital.

*Fixed income:* To invest in a broad range of fixed income securities with high income yields, returns that outpace inflation, or returns that are designed to track a specified inflation index.

*U.S. equities*: To invest in a broad range of domestic common stocks to meet a specified favorable long-term rate of return using index and managed portfolios.

*International equities:* To invest in a broad range of international common stocks to meet a specified favorable long-term rate of return using index and managed portfolios.

*Balanced/Target date:* To invest in domestic and international common stocks, fixed income securities to create blended portfolios or portfolios designed to track asset allocation strategies customized to specific target retirement dates.

*Real estate:* To invest in rental income and other real estate to seek long-term returns and appreciation.

## 5. INVESTMENTS AT CONTRACT VALUE

As discussed in Note 4, fixed annuity contracts consist of investment options available to participants known as TIAA Traditional Annuity Contracts (“Annuity Contracts”). Annuity Contracts are established between the participants and TIAA, an insurance company registered in the State of New York. This investment option is offered in a variety of formats, including Retirement Annuities (“RA”), Supplemental Retirement Annuities (“SRA”), and Group Supplemental Retirement Annuities (“GSRA”). The return of Annuity Contracts contributions plus interest to participants is subject to TIAA’s claims-paying ability.

Annuity Contracts are credited with a guaranteed minimum rate of interest that is determined annually. Participants may also earn interest in addition to the guaranteed rate at the discretion of TIAA. Such discretionary interest, if any, is declared by TIAA on a year-by-year basis and remains in effect for the subsequent twelve-month "declaration year".

Contributions to the Annuity Contracts are grouped by TIAA into "vintages" compromised of premiums received over defined time periods of one or more contiguous calendar months. The interest crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Crediting rates are also determined by the performance of investments contained in TIAA's general account.

RA account balances may only be withdrawn over 10 annual payments. RAs are not considered to be fully benefit-responsive investment contracts as defined by GAAP, because this provision is considered to restrict participants' reasonable access to their contract balances.

SRAs and GSRAs are considered fully benefit-responsive investment contracts, because they are fully liquid and are immediately redeemable once a participant terminates employment with the Museum.

During the year ended December 31, 2025, the crediting rates of the Annuity Contracts range as follows:

| | |
|---|---|
| RA | 3.55% to 6.50% |
| GSRA | 3.00% to 5.75% |
| SRA | 3.00% to 5.75% |

As of December 31, 2025 and 2024, investments at contract value totaled $1,153,639 and $1,122,040, respectively.

## 6. TAX STATUS

The Museum has adopted a volume submitter 403(b) plan sponsored by TIAA. The Internal Revenue Service has provided an opinion letter dated August 7, 2017 that the Plan document is designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the opinion letter, the Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements for the year ended December 31, 2025.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 7. PARTY-IN-INTEREST TRANSACTIONS

Certain investments are managed by TIAA and CREF. The related investment fees are included in net appreciation in fair value of investments in the accompanying statement of changes in net assets available for benefits. These investments and fees qualify as exempt party-in-interest transactions.

## 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Museum has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in the Museum's discretionary nonelective contribution account balance as of the date of the termination.

## 9. 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 such changes could materially affect participant account balances and the amounts reported in the accompanying statements of net assets available for benefits.

**GEORGE EASTMAN MUSEUM RETIREMENT PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2025**

**EIN: 16-0743991**
**Plan Number: 001**

| (a) Party-in-interest | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (e) Current value |
|---|---|---|---|
| | **PARTICIPANT-DIRECTED INVESTMENTS:** | | |
| * | TIAA | TIAA Traditional Non Benefit-Responsive | $ 4,301,023 |
| * | TIAA | TIAA Traditional Non Benefit-Responsive 2 | 307,273 |
| | | TOTAL FIXED ANNUITY CONTRACTS, NON-FULLY BENEFIT-RESPONSIVE | 4,608,296 |
| * | TIAA | TIAA Traditional Benefit-Responsive | 880,885 |
| * | TIAA | TIAA Traditional Benefit-Responsive 2 | 272,754 |
| | | TOTAL FIXED ANNUITY CONTRACTS, FULLY BENEFIT-RESPONSIVE | 1,153,639 |
| | | TOTAL FIXED ANNUITY CONTRACTS | 5,761,935 |
| * | CREF | CREF Total Global Stock | 4,332,003 |
| * | CREF | CREF Global Equities | 993,306 |
| * | CREF | TIAA-CREF Social Choice Equity | 535,819 |
| * | TIAA-CREF | NUVEEN S&P 500 Index | 518,144 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2020 | 474,021 |
| * | TIAA-CREF | NUVEEN International Equity Index | 468,258 |
| | HARTFORD | Hartford Dividend & Growth | 462,593 |
| | AMERICAN FUNDS | American Funds American Balanced | 398,951 |
| * | CREF | CREF Growth | 394,528 |
| | PRINCIPAL | Principal Mid Cap | 353,231 |
| * | TIAA-CREF | NUVEEN Small-Cap Blend Index | 333,341 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2050 | 329,264 |
| * | CREF | CREF Core Bond Account | 320,910 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2030 | 292,558 |
| * | TIAA | TIAA-CREF Lifecycle 2030 | 282,817 |
| | BAIRD | Baird Short Term Bond | 238,652 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2025 | 236,293 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2045 | 221,966 |
| | PGIM JENNISON | PGIM Jennison Growth | 213,149 |
| * | TIAA | TIAA-CREF International Equity | 196,629 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2055 | 170,920 |
| * | CREF | CREF Inflation Linked Bond | 167,943 |
| * | CREF | CREF Equity Index | 156,041 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2015 | 153,593 |
| | AMERICAN FUNDS | American Funds EuroPacific Growth | 141,491 |
| * | TIAA-CREF | NUVEEN Core Bond Premier | 131,258 |
| * | TIAA | TIAA-CREF Quant Small-Cap Equity | 126,928 |
| | AMERICAN FUNDS | American Funds New World | 109,623 |
| * | TIAA | TIAA-CREF Real Estate | 101,420 |
| * | CREF | CREF Money Market | 95,573 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2060 | 93,397 |
| | BLACKROCK | Blackrock Inflation Protected Bond | 92,284 |
| * | TIAA | TIAA-CREF Small-Cap Blend Index | 87,827 |
| * | TIAA | TIAA-CREF Mid-Cap Value | 82,719 |
| * | TIAA | TIAA-CREF Large-Cap Value | 82,164 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2035 | 81,726 |
| | AMERICAN CENTURY | American Century Mid Cap Growth | 79,411 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2040 | 46,976 |
| * | TIAA | TIAA-CREF Core Bond Plus | 41,787 |
| | PIMCO | PIMCO Income Admin | 36,868 |
| * | TIAA | TIAA-CREF Lifecycle 2015 | 34,318 |
| * | TIAA | TIAA-CREF Core Equity | 30,438 |
| * | TIAA | TIAA-CREF Lifecycle 2045 | 27,228 |
| * | TIAA | TIAA-CREF Equity Index | 21,639 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2010 | 19,901 |
| * | TIAA | TIAA-CREF Mid-Cap Growth | 13,487 |
| * | TIAA | TIAA-CREF Lifecycle 2050 | 6,177 |
| * | TIAA | TIAA-CREF Large-Cap Growth | 5,998 |
| * | TIAA | TIAA-CREF Core Bond | 5,981 |
| * | TIAA | TIAA-CREF Large Cap Res Equity | 4,947 |
| * | TIAA-CREF | NUVEEN Money Market | 4,839 |
| * | TIAA | TIAA-CREF Lifecycle 2025 | 3,217 |
| * | TIAA-CREF | NUVEEN Lifecycle Index 2065 | 3,159 |
| | | TOTAL REGISTERED INVESTMENTS | 13,857,711 |
| * | TIAA | TIAA Real Estate | 690,610 |
| | | TOTAL VARIABLE ANNUITY SEPARATE ACCOUNT | 690,610 |
| | | | $ 20,310,256 |

* Denotes party-in-interest.

The accompanying notes to financial statements are an integral part of this schedule.

**Schedule H, Line 4i**
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► George Eastman Museum Retirement Plan

Employer Identification Number:► 16-0743991

For plan year (beginning/ending):► 1/1/2025 to 12/31/2025 Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Benefit Responsive | | $ 880,884.60 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Non Benefit Responsive | | $ 4,301,023.13 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Benefit Responsive 2 | | $ 272,753.76 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Non Benefit Responsive 2 | | $ 307,272.97 |
| * | College Retirement Equities Fund variable annuities | CREF Total Global Stock R1 | | $ 4,332,003.19 |
| * | College Retirement Equities Fund variable annuities | CREF Money Market R1 | | $ 95,573.19 |
| * | College Retirement Equities Fund variable annuities | CREF Responsible Balanced R1 | | $ 535,818.62 |
| * | College Retirement Equities Fund variable annuities | CREF Global Equities R1 | | $ 993,306.32 |
| * | College Retirement Equities Fund variable annuities | CREF Growth R1 | | $ 394,528.23 |
| * | College Retirement Equities Fund variable annuities | CREF S&P 500 Index R1 | | $ 156,041.23 |
| * | College Retirement Equities Fund variable annuities | CREF Inflation-Linked Bond R1 | | $ 167,942.71 |
| * | College Retirement Equities Fund variable annuities | TIAA Real Estate | | $ 690,609.65 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Core Pl Bd T4 | | $ 41,787.20 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Core Bond T4 | | $ 5,980.58 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Equity Idx T4 | | $ 21,639.03 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Core Equity T4 | | $ 30,438.25 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Intl Equity T4 | | $ 196,629.03 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Lrg Cap Gr T4 | | $ 5,998.39 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Lrg Cap Val T4 | | $ 82,164.41 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2015 T4 | | $ 34,318.01 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2025 T4 | | $ 3,216.67 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2030 T4 | | $ 282,816.70 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2045 T4 | | $ 27,227.82 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2050 T4 | | $ 6,177.22 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Qnt MdCpGrw T4 | | $ 13,486.85 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Mid Cap Val T4 | | $ 82,719.48 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv RlEstSecSel T4 | | $ 101,419.87 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Sm Cp Bl Ix T4 | | $ 87,826.79 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Qt Sm Cp Eq T4 | | $ 126,928.28 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LgCp Res Eq T4 | | $ 4,947.29 |
| * | College Retirement Equities Fund variable annuities | CREF Core Bond R1 | | $ 320,910.20 |
| | College Retirement Equities Fund variable annuities | Nuveen Core Bond Premier | | $ 131,258.11 |
| | College Retirement Equities Fund variable annuities | Nuveen Internatl Eq Idx Retire | | $ 468,258.28 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2010 Retire | | $ 19,900.98 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2015 Retire | | $ 153,592.70 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2020 Retire | | $ 474,020.80 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2025 Retire | | $ 236,292.85 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2030 Retire | | $ 292,557.72 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2035 Retire | | $ 81,725.77 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2040 Retire | | $ 46,976.10 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2045 Retire | | $ 221,966.22 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2050 Retire | | $ 329,263.74 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2055 Retire | | $ 170,919.71 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2060 Retire | | $ 93,397.10 |
| | College Retirement Equities Fund variable annuities | Nuveen Money Market Retirement | | $ 4,839.06 |
| | College Retirement Equities Fund variable annuities | Nuveen S&P 500 Index Retire | | $ 518,144.19 |
| | College Retirement Equities Fund variable annuities | Nuveen Small Cap Bld Idx Rtmt | | $ 333,341.19 |
| | College Retirement Equities Fund variable annuities | BlackRock Inflat Prot Bnd Inst | | $ 92,284.17 |
| | College Retirement Equities Fund variable annuities | PGIM Jennison Growth Z | | $ 213,149.35 |
| | College Retirement Equities Fund variable annuities | Hartford Dividend & Growth R5 | | $ 462,592.69 |
| | College Retirement Equities Fund variable annuities | American Funds EUPAC Class R-4 | | $ 141,491.26 |
| | College Retirement Equities Fund variable annuities | Baird Short Term Bond Fund Inv | | $ 238,651.60 |
| | College Retirement Equities Fund variable annuities | Am Century Mid Cap Value Inv | | $ 79,411.40 |
| | College Retirement Equities Fund variable annuities | Principal MidCap Fund R5 | | $ 353,231.43 |
| | College Retirement Equities Fund variable annuities | AF American Balanced Fund R4 | | $ 398,951.25 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2065 Retire | | $ 3,158.65 |
| | College Retirement Equities Fund variable annuities | American Fds New World R4 | | $ 109,623.29 |
| | College Retirement Equities Fund variable annuities | PIMCO Income Admin | | $ 36,867.62 |
| | | | | |
| | Grand Total | | | $ 20,310,256 |