Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GRANT THORNTON LLP 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1981

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
GRANT THORNTON LLP

175 WEST JACKSON BLVD. 20TH FLOOR
CHICAGO, IL 60604

2b Employer Identification Number (EIN)
36-6055558

2c Sponsor's telephone number
312-602-8529

2d Business code (see instructions)
541211

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.	10/14/2011	LOU ANN HUTCHISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	LOU ANN HUTCHISON
	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 (if same as plan sponsor, enter "Same")

GRANT THORNTON LLP

175 WEST JACKSON BLVD., 20TH FLOOR
CHICAGO, IL 60604

3b Administrator's EIN: 36-6055558

3c Administrator's telephone number: 312-602-8529

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	9088
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	5217
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	2497
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	7714
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	7714
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	7178
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	645
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:

2A 2E 2F 2G 2J 2K 2S 2T

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GRANT THORNTON LLP 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRANT THORNTON LLP

D Employer Identification Number (EIN)
36-6055558

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

FIDUCIARYVEST, LLC

20-2217636

(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?
27 50	NONE	26116	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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?
15 50 64	NONE	9300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	RECORDKEEPER	21679	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

(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
CHARLES SCHWAB & CO AND AFFILIATES	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT EQ GRTH INV - AMERICAN CENT 44-0619208	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DAVIS NY VENTURE A - BOSTON FINANCI 04-2526037	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX INTL STK - BOSTON FINAN 04-2526037	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREY CASH MGMT PL IS - DREYFUS TRAN 13-5673135	0.05%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GS SM CAP VALUE INST - GOLDMAN, SAC 13-5108880	0.10%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF ACTIVE INTL P - MORGAN STANLEY 13-3799749	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TEMPLETON FOREIGN A - FRANKLIN TEMP 94-3167260	0.35%

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GRANT THORNTON LLP 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GRANT THORNTON LLP

D Employer Identification Number (EIN)
36-6055558

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: SCHWAB STABLE VALUE FUND

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

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)
81-0625180-001	C	42467452

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MIP FUND 632

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-024	C	14005844

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)

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GRANT THORNTON LLP 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRANT THORNTON LLP

D Employer Identification Number (EIN)
36-6055558

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		1081
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16133692	15615681
(2) Participant contributions	1b(2)	840981	813972
(3) Other	1b(3)		167095
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	42369352	
(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)	4581404	4874016
(9) Value of interest in common/collective trusts	1c(9)	13606500	56473296
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	322982399	361960888
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	400514328	439906029
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	400514328	439906029

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)	18818923	
	(B) Participants	2a(1)(B)	34228601	
	(C) Others (including rollovers)	2a(1)(C)	5619966	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		58667490
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2224	
	(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)	211455	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		213679
	(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)	6176505	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6176505
	(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

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2023127
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		37224049
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		104304850
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	64792917	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		64792917
f Corrective distributions (see instructions)	2f		29936
g Certain deemed distributions of participant loans (see instructions)	2g		11573
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	26116	
(4) Other	2i(4)	52607	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		78723
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		64913149
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		39391701
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) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CORBETT, DUNCAN & HUBLY (2) EIN: 36-4105119

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
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		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GRANT THORNTON LLP 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GRANT THORNTON LLP

D Employer Identification Number (EIN)
36-6055558

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): 42-1558009 04-6568107

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 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 items (a) through (c)

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

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

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

Plan Name: Grant Thornton LLP 401(k) Savings Plan
Plan Number: 001
Plan Sponsor EIN: 36-6055558

GRANT THORNTON LLP 401(k) SAVINGS PLAN

AUDIT REPORT
December 31, 2010 and 2009

Corbett, Duncan & Hubly PC

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Grant Thornton LLP 401(k) Savings Plan

We were engaged to audit the statements of net assets available for benefits of the Grant Thornton LLP 401(k) Savings Plan (the "Plan") as of December 31, 2010 and 2009, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental information included in "Schedule H, Line 4i – Schedule of Assets (Held at End of Year)," IRS Form 5500, as of the year ended December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Charles Schwab Trust Company (2010) and Fidelity Management Trust Company (2009), the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental information taken as a whole. The form and content of the information included in the financial statements and supplemental information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Corbett, Duncan & Hubly, P.C.

CORBETT, DUNCAN & HUBLY, P.C.
Itasca, IL
October 12, 2011

CPAs & Consultants
100 Pierce Road
Suite 100
Itasca, IL 60143
630-285-0215 tel
630-285-1166 fax
www.cdhcpa.com

Grant Thornton LLP
401(k) Savings Plan

Statements of Net Assets Available for Benefits
As of December 31,

	2010	2009
Cash	$ 1,081	$ 42,369,352
Investments, at fair value (see Note 10)		
Registered investment companies	361,960,888	322,982,400
Common and collective trusts	56,473,296	13,606,500
Total Investments	418,434,184	336,588,900
Receivables		
Notes receivable from participants	4,874,016	4,581,404
Notes receivable from participants- accrued interest	21,094	-
Employer contributions	15,615,681	16,133,693
Participant contributions	813,972	840,980
Dividends receivable	146,001	-
Total Receivables	21,470,764	21,556,077
Net Assets Available for Benefits at Fair Value	439,906,029	400,514,329
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(1,068,103)	253,015
Net Assets Available for Benefits	$ 438,837,926	$ 400,767,344

The accompanying notes are an integral part of these statements.

Grant Thornton LLP
401(k) Savings Plan

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31,

	2010	2009
Net Assets Available for Benefits, Beginning of Year	$ 400,767,344	$ 294,584,956
Investment income		
Net appreciation in fair value:		
Registered investment companies	37,224,048	69,846,390
Common & collective trusts	702,009	215,033
Interest and dividends	6,390,184	322,566
Total Investment Income	44,316,241	70,383,989
Contributions		
Employer	18,818,923	19,328,672
Employee	39,848,567	37,220,002
Total Contributions	58,667,490	56,548,674
Withdrawals		
Benefit payments	(64,822,853)	(20,714,487)
Deemed distributions	(11,573)	(7,055)
Administrative expenses	(78,723)	(28,733)
Total Withdrawals	(64,913,149)	(20,750,275)
Net Change During Year	38,070,582	106,182,388
Net Assets Available for Benefits, End of Year	$ 438,837,926	$ 400,767,344

The accompanying notes are an integral part of these statements.

Grant Thornton LLP
401(k) Savings Plan

Notes to the Financial Statements
For the Years Ended December 31, 2010 and 2009

NOTE 1 – PLAN DESCRIPTION

The following description of the Grant Thornton LLP (the "Firm") 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description for more complete information.

A. GENERAL

On December 1, 2001, the Grant Thornton LLP Partners Savings Plan and the Grant Thornton LLP Partners Social Security Supplement Plan were merged with the Grant Thornton LLP 401(k) Social Security Supplement Plan. The new plan was named the Grant Thornton LLP 401(k) Savings Plan. The Plan is a defined contribution plan covering all partners and employees of the Firm. The Firm administers the Plan and funds contributed under the Plan are held, invested and distributed by the Trustees acting under trust agreements between the Trustees and the Firm in which all transactions are participant directed. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ('ERISA").

Significant amendments pertaining to 2010 and 2009, and related effective dates are as follows:

- Effective July 15, 2010, the Plan was amended to effect the following changes:

  1- The plan sponsor added a separate bonus deferral election option.
  2- Participants are able to defer up to 100% of eligible compensation.

B. ELIGIBILITY

401(k) Plan
All partners and employees of the firm over 21 years of age are eligible to participate in the Plan on the entry date subsequent to the employee's 30-day anniversary of their initial date of employment. Entry is allowed any time after an employee's 30-day anniversary of their initial employment. The Plan has an automatic enrollment feature whereby employees who do not make a positive election to waive participation will be automatically enrolled at a 2% deferral rate 60 days from their initial date of hire. Eligibility for employer matching contributions requires one year of employment with the firm and attainment of the age of 21. Partners are ineligible for employer matching contributions.

Partners Profit Sharing Plan
Partners become eligible to receive a partners' profit sharing contribution upon completion of one hour of service or upon reaching 21 years of age, whichever is later.

C. CONTRIBUTIONS

401(k) Plan
Participants may contribute up to 100 percent of their compensation, as defined in the Plan. Prior to July 15, 2010, participants could contribute up to 25 percent of compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The employer contributes 25 percent of the first six percent of compensation that an eligible participant contributes to the Plan. Contributions are subject to certain IRS limitations.

Partners Profit Sharing Plan
Each year, the Firm contributes to the Plan, on behalf of each eligible partner, a non-discretionary profit sharing contribution in such amount as may be determined each plan year by the Firm. Contributions are allocated to each partner employed with the Firm as of the final day of the plan year, with limited exceptions.

NOTE 1 – PLAN DESCRIPTION – (CONTINUED) –

C. CONTRIBUTIONS – (CONTINUED) –

The allocation of the employer contribution to each partner is based upon the partner's earnings for the plan year (as defined by the Plan) and age on the last day of the calendar year, according to the following schedule:

Age (at end of calendar year)	Contribution as a Percentage of Earnings
Under 30	5%
30-34	7%
35-39	9.50%
40-44	12.50%
45 and Older	*13.3% for 2010

*Note: This percentage will be adjusted each year based on annual IRS limits and the maximum contribution percentage.

Partners are not permitted to make contributions to the Profit Sharing Plan. Contributions are subject to certain IRS limitations.

D. PARTICIPANT ACCOUNTS

401(k) Plan and Partners Profit Sharing Plan
Each participant account is credited with the participant's elective contributions, employer contributions, and allocations of plan earnings and administrative expenses. Allocations are based on the participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are used to reduce future employer contributions. The benefit to which a participant is entitled is the participant's vested account balance.

E. VESTING

401(k) Plan
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the matched contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Upon completing one year of service, a participant becomes 20 percent vested and continues to vest an additional 20 percent per year of completed service until becoming fully vested upon completion of five years of service.

Partners Profit Sharing Plan
Participants vest in the employer contribution plus actual earnings thereon based on years of continuous service. Prior to completing three years of service with the Firm, a participant has no vested interest in their account. After completing three years of service with the Firm, a participant becomes fully vested in their account. Participants become fully vested in their accounts prior to completing three years of service with the Firm if they separate from service due to death or disability.

NOTE 1 – PLAN DESCRIPTION – (CONTINUED) –

F. PARTICIPANT LOANS

401(k) Plan
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, reduced by the highest principal amount of any other loan outstanding within the past 12-months, or 50 percent of their vested account balance. Loan terms range from one to five years or up to fifteen years for the purchase of a primary residence for loans made prior to January 1, 2002. Participant loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions and are recorded when received.

Partners Profit Sharing Plan
The Partners Profit Sharing Plan does not include provisions for participant loans.

G. PAYMENT OF BENEFITS

401(k) Plan
At retirement (normally age 65) or upon termination of service, a participant may receive a lump-sum amount equal to the value of his or her account. Participants should refer to the Summary Plan Description for more complete information regarding payment of benefits.

Partners Profit Sharing Plan
Upon termination, provided the participant is age 55 or older, the participant may elect to receive the value of his or her vested account in the form of a lump-sum payment. Payment of benefits prior to age 55 is not permitted unless the participant's termination occurs as a result of death or disability. If the balance in the participant's account is greater than $1,000, he or she may elect to defer payment until age 65.

H. INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value. Mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. See Note 9 for valuation of the Plan's common and collective trust.

Investment income is recorded when earned and allocated to each participant's account daily, based on the number of shares held in each participant's account. Both realized and unrealized gains and losses are included under the caption "net appreciation in fair value" on the accompanying Statements of Changes in Net Assets Available for Benefits.

I. PLAN EXPENSES

During 2010, there was a change in policy in which expenses relating to the administration of the Plan have been paid out of plan assets. In 2009, a portion of plan expenses were paid by the plan sponsor and were not significant to the operation of the Plan. This change in policy does not materially impact plan assets.

NOTE 2 – ACCOUNTING POLICIES

A. FINANCIAL REPORTING FRAMEWORK

The accompanying financial statements are prepared according to accounting principles generally accepted in the United States of America (GAAP), as promulgated by the Financial Accounting Standards Board (FASB) in the Accounting Standards Codification (ASC).

B. BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting. As described in Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 946-210, formerly known as FASB Staff Position, FSP AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by ASC 946-210, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

C. ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

D. RISKS AND UNCERTAINTIES

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

E. NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

F. SUBSEQUENT EVENTS

The Plan evaluated subsequent events through October 12, 2011, which is the financial statement issuance date. All items which are required for disclosure have been included in the accompanying financial statements and notes thereto.

NOTE 2 – ACCOUNTING POLICIES – (CONTINUED) –

G. CHANGE IN ACCOUNTING PRINCIPLE

In September 2010, the FASB issued guidance clarifying the classification and measurement of participant loans by defined contribution pension plans. That guidance requires that participant loans be classified as notes receivable from participants and measured at their unpaid principal balance, plus any accrued but unpaid interest. The plan adopted this new guidance in its December 31, 2010, financial statements and has reclassified participant loans of $4,874,016 and $4,581,404 for the years ended December 31, 2010 and 2009, respectively, from investments to notes receivable from participants. Net assets of the plan were not affected by the adoption of the new guidance.

NOTE 3 – FORFEITED ACCOUNTS

At December 31, 2010 and 2009, forfeited non-vested accounts totaled approximately $479,000 and $386,000, respectively. In accordance with plan provisions, these funds will be used to reduce future employer contributions. For the years ended December 31, 2010 and 2009, forfeitures used to reduce employer contributions amounted to approximately $755,000 and $920,000, respectively.

NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan's investments are held in a trust fund administered by Charles Schwab Trust Company (2010) and Fidelity Management Trust Company (2009), the trustees of the Plan. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

Investments that represent five percent or more of the Plan's net assets available for benefits at December 31 are separately identified:

	2010	2009
PIMCO Total Return - Admin Class	$ 48,796,935	$ -
Blended Stable Value Fund	56,473,296	-
Vanguard Institution Index	54,901,543	-
EuroPacific Growth R4	47,468,292	-
Ridgeworth Sm Cap Equity	29,254,024	-
Aston/Optim UM Mid Cap	24,628,624	-
Fidelity Growth Company Fund	94,707,631	31,881,853
Fidelity Retirement Government Money Market Portfolio	-	42,369,352
Fidelity Contrafund	-	50,251,315
PIMCO	-	27,486,491
International Discovery	-	22,917,568
Other Mutual Funds	62,204,920	204,051,673
Total Investments at Fair Value	418,435,265	378,958,252
Notes Receivable from Participants	4,874,016	4,581,404
Total Investments and Notes Receivable	$ 423,309,281	$ 383,539,656

NOTE 5 – TAX STATUS

The Plan obtained its latest determination letter on November 7, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. However, the Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's legal counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code; therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Firm has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination or partial termination, each participant would become immediately 100 percent vested in their account balance.

NOTE 7 – UNPAID BENEFITS

At December 31, 2010 and 2009, there were unpaid vested benefits due to terminated employees of $16,029,969 and $14,766,924, respectively.

NOTE 8 – PARTY–IN–INTEREST

Certain Plan investments are shares in mutual funds managed by the trustee and, therefore, these transactions qualify as party-in-interest transactions. The total combined balance of these mutual funds was $41,399,349 and $345,442,651 for the years ended December 31, 2010 and 2009, respectively.

NOTE 9 – COMMON AND COLLECTIVE TRUST

The Plan has adopted Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 946-210, formerly known as FSP AAG INV-1, *Reporting of Fully Benefit Responsive Investment Contracts Held by Certain Investment Companies*, which was effective for Plan years ending after December 31, 2006.

On July 15, 2010, the plan's assets were transferred from Fidelity Management Trust Company ("FMTC") to Charles Schwab Trust Company ("CSTC"). The Plan is investing in the FMTC Managed Income Portfolio ("MIP"), in which it owns units of beneficial interest in the portfolio. The Plan is also investing in the Charles Schwab Stable Value Fund ("SVF"), in which it owns units of beneficial interest in the portfolio. The MIP and SVF together make up the balance of the Blended Stable Value Fund as presented above in Note 4. While the portfolios own investment contracts, the Plan does not directly own any of the contracts held in the portfolios. This type of arrangement qualifies as a fully benefit-responsive Common and Collective Trust Arrangement ("CCT"). The Plan is exempt from Form 5500 look-through requirements. The CCTs are credited with earnings on the underlying investments and charged for participant withdrawals. The CCTs are included in the statements of net assets available for benefits at fair value. The adjustment from fair value to contract value is reported on the statement of net assets available for benefits. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The investment contracts held in the MIP and SVF are primarily wrap contracts. These contracts amortize realized and unrealized gains and losses on the underlying investments through adjustments to the future crediting interest rate.

NOTE 9 – COMMON AND COLLECTIVE TRUST – (CONTINUED) –

Participants in the CCT funds earn interest based on the crediting interest rates that are reset monthly. The crediting interest rates represent the discount rate required to equate each portfolio's future market value with the portfolio's current contract value. The wrap contracts underlying the assets in the portfolio provide a guarantee that the crediting interest rate will not fall below 0%.

Crediting interest rates are affected by many factors, including the level of market interest rates; the amount and timing of participant contributions, transfers, and withdrawals into and out of the contract; investment returns generated by the bonds that back the wrap contracts; and the duration of the underlying investments backing the contracts. The impact of these factors on the crediting interest rate depends on whether the market value of underlying assets is higher or lower than the contract value of those assets. If the market value of underlying assets is higher than contract value, the crediting interest rate will normally be higher than the yield of the underlying assets. If the market value of underlying assets is lower, the crediting interest rate will ordinarily be lower than the yield of the underlying assets.

The average yields were approximately 1.65% for 2010 and 3.16% for 2009 for the MIP. The average yield was approximately 2.26% for 2010 for the SVF. Crediting interest rates were approximately 1.94% for 2010 and 1.20% for 2009 for the MIP. The crediting interest rate was approximately 2.73% for 2010 for the SVF.

Certain events would limit the Plan's ability to transact at contract value with FMTC. Examples of such events include, but are not limited to, the Plan's failure to qualify under Section 401(k) of the Internal Revenue Code, the establishment of a defined contribution plan that competes with the Plan for employee contributions, any substantive modification of the fund portfolio or the administration of the portfolio that is not consented to by the issuer of the underlying wrap contracts, any change in law or administrative ruling applicable to the Plan that could have a material adverse effect on a portfolio's cash flow, any communication given to participants by the plan sponsor that is designed to influence participants to not invest in the fund or to transfer assets out of the fund, and any transfer of assets to a competing investment option. As of December 31, 2010, the plan administrator does not believe the occurrence of such events is probable.

The wrap contracts underlying the FMTC portfolio may be terminated by the issuer at any time; however, FMTC can elect to keep the wrap contract in place if the market value of the covered assets is below its contract value at the time of termination. A wrap issuer may also terminate a contract if FMTC's investment management authority over the portfolio is limited or terminated as well as if all the terms of the wrap contract fail to be met. In such a circumstance, the issuer of the wrap contract would not be required to make payment to the MIP if the market value of the covered assets is below contract value.

Certain employer-initiated events would limit the Plan's ability to transact at contract value with CSTC. Examples of such events include, but are not limited to, a layoff, early retirement window, sale of a division, and plant closure. Participant-directed withdrawals in accordance with the plan are payable at contract value even if the withdrawal is precipitated by an employer-initiated event, so long as the employee experiences a bona fide job loss. In the event of a spin-off or sale of a division where the employee does not experience a bona fide job loss, the issuer will make a clone contract available to the successor employer's plan. In the event that the Plan is terminated, there is a material adverse change to the provisions of the Plan, or the employer elects to withdraw from a contract to switch to a different investment provider, the Plan would not be able to transact at contract value with CSTC. As of December 31, 2010, the plan administrator does not believe the occurrence of such events is probable.

The contracts for the SVF limit the circumstances under which the issuer may unilaterally terminate the contract. The issuer may terminate the contract upon short notice upon the plan's loss of its qualified status, uncured material breaches of responsibilities, or material and adverse changes to the provisions of the plan. If one of these events was to occur, the issuer could terminate the wrap contract at the market value of the underlying bonds.

NOTE 10 – FAIR VALUE MEASUREMENTS

FASB ASC 820-10, formerly known as FASB Statement No. 157, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1: Observable inputs such as quoted prices in active markets;

Level 2: Inputs, other than quoted market prices in active markets, that are observable, either directly or indirectly; and

Level 3: Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions.

Assets and liabilities measured at fair value are based on one or more of the following three evaluation techniques noted in ASC 820:

A. Market Approach: Process and other relevant information by market transactions involving identical or comparable assets and liabilities.

B. Cost Approach: Amount that would be required to replace the service capacity on an asset (replacement cost).

C. Income Approach - Techniques to convert future amounts to a single present amount based on market expectation (including present value techniques, option-pricing and excess earnings models).

Investment Valuation —The Plan's investments are recorded at fair value, based upon the last traded or current bid prices in active markets. Where there is no readily available last traded or current bid prices, fair value estimation procedures used in determining asset values might cause differences from the values that would exist in a ready market due to the potential subjectivity in the estimates. Equities and mutual funds are valued based on quoted market prices on national exchanges

- *Collective Trust Funds* — The Collective Trust Funds are valued on a unit value basis by the fund manager or general partner, and are reviewed by the Plan's fiduciaries for reasonableness. The fair values of these investments are determined by reference to the respective fund's underlying assets, which are primarily marketable equity and fixed income securities. In the event that a fund manager's or general partner's valuation is not deemed reasonable, fair value is determined by the fair valuation policies prescribed by the Plan agreement.
- *Mutual Funds* — Mutual Funds are investment vehicles stated at fair value based on quoted market prices reported by the Trustee.

NOTE 10 – FAIR VALUE MEASUREMENTS – (CONTINUED) –

The following table classifies the investments measured at fair value by level within the fair value hierarchy as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Blended	178,718,452	-	-	178,718,452
Growth	104,099,745	-	-	104,099,745
Value	13,723,038			13,723,038
Bond	65,419,653	-	-	65,419,653
Cash	1,081	-	-	1,081
Stable Value Fund	-	56,473,296	-	56,473,296
Total Assets at Fair Value	$ 361,961,969	$ 56,473,296	$ -	$ 418,435,265

The following table classifies investments measured at fair value by level within the fair value hierarchy as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Blended	126,934,252	-	-	126,934,252
Growth	140,772,477	-	-	140,772,477
Value	14,837,032			14,837,032
Bond	40,438,639	-	-	40,438,639
Cash	42,369,352	-	-	42,369,352
Stable Value Fund	-	13,606,500	-	13,606,500
Total Assets at Fair Value	$ 365,351,752	$ 13,606,500	$ -	$ 378,958,252

NOTE 11 – RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Plan's Schedule H of Form 5500:

	2010	2009
Net assets available for benefits per the accompanying financial statements	$ 438,837,926	$ 400,767,344
Adjustment from fair value to contract value for fully benefit-responsive investment contract	1,068,103	(253,015)
Net assets per the Plan's Schedule H-Form 5500	$ 439,906,029	$ 400,514,329

NOTE 11 – RECONCILIATION TO FORM 5500 – (CONTINUED) –

The financial statements do not include the contract value adjustment as part of the net appreciation of the stable value fund while the Form 5500 does include the contract value adjustment in the net appreciation of the stable value fund. The following is a reconciliation of Investment Income – Common Collective Trust per the accompanying financial statements for the year ended December 31, 2010 to the Plan's Schedule H of Form 5500:

Net appreciation in Stable Value Fund per financial statements	$	702,009
Prior year reversal of adjustment of fair value to contract value		253,015
Current year adjustment from fair value to contract value for fully benefit-responsive investment contract		1,068,103
Net appreciation in Stable Value Fund per Schedule H-Form 5500	$	2,023,127

NOTE 12 – SUBSEQUENT EVENTS

As described above in Note 9, the Blended Stable Value Fund consisted of the Charles Schwab SVF and the Fidelity MIP as of December 31, 2010. On May 16, 2011, contractual restrictions on the Fidelity MIP were met and the plan's balance in the MIP was transferred to the SVF. This event has no financial effect on the net assets in the plan.

SUPPLEMENTAL INFORMATION

Grant Thornton LLP
401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

Employer Identification Number: 36-6055558
Plan Number: 001

(a)	(b) Identity of issuer, 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
*	Participant Loans	Loans (3.25% - 9.50%)	-0-	4,874,016
*	Blended Stable Value Fund	Common Collective Trust Fund	**	56,473,296
	Fidelity Growth Company Fund	Registered Investment Company	**	94,707,632
	Vanguard Institution Index	Registered Investment Company	**	54,901,543
	PIMCO Total Return	Registered Investment Company	**	48,796,935
	EuroPacific Growth R4	Registered Investment Company	**	47,468,292
	Ridgeworth Sm Cap Value Equity	Registered Investment Company	**	29,254,024
	Aston/Optim UM Mid Cap	Registered Investment Company	**	24,628,624
	Lazard Emerging Markets	Registered Investment Company	**	14,765,879
	Sound Shore Fund	Registered Investment Company	**	13,723,038
	Loomis Sayles Global Bond	Registered Investment Company	**	9,885,281
	Hussman Strategic Growth	Registered Investment Company	**	9,392,115
	Vanguard Reit. Index Signal	Registered Investment Company	**	7,700,088
	JP Morgan High Yield Fund Sel	Registered Investment Company	**	6,737,437
	Cash		**	1,081
	Total assets held for investment purposes		$ -	$ 423,309,281

* Represents party-in-interest with respect to the Plan.
** Cost information is not provided as all investments are participant directed.
Blended Stable Value Fund is at fair value

Grant Thornton LLP 401(k) Savings Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2010

EIN: 36-6055558
Plan Number: 001

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Funds	33-0457728	Rate of 0.23% of average daily balance of asset(s)
American Funds	95-1411037	Rate of 0.32% of average daily balance of asset(s)
JPMorgan	13-2624428	Rate of 0.37% of average daily balance of asset(s)
Lazard	20-4571006	Rate of 0.09% of average daily balance of asset(s)
Natixis Funds	04-3200027	Rate of 0.18% of average daily balance of asset(s)
RidgeWorth	58-1604573	Rate of 0.37% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.23% of average daily balance of asset(s)
Sound Shore	06-1332926	Rate of 0.37% of average daily balance of asset(s)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: Grant Thornton LLP
NAME OF PLAN: Grant Thornton LLP 401(k) Savings Plan
EIN: 36-6055558
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
*	PARTICIPANT LOANS	Loans (3.25% - 9.50%)		4,874,016
*	SCHWAB STABLE VALUE FUND	Common Collective Trust Fund		42,467,452
	FIDELITY MIP FUND 632	Common Collective Trust Fund		14,005,844
	ASTON/OPTIMUM MID CAP I	Registered Investment Company		24,628,624
	EUROPACIFIC GROWTH R4	Registered Investment Company		47,468,292
	FIDELITY GROWTH COMPANY FUND	Registered Investment Company		94,707,631
	HUSSMAN STRATEGIC GROWTH	Registered Investment Company		9,392,115
	JP MORGAN HIGH YIELD FUND SEL	Registered Investment Company		6,737,437
	LAZARD EMERGING MARKETS INSTL	Registered Investment Company		14,765,879
	LOOMIS SAYLES GLOBAL BOND CL I	Registered Investment Company		9,885,281
	PIMCO TOTAL RETURN-ADMIN CLASS	Registered Investment Company		48,796,935
	RIDGEWORTH SMCAP VAL EQUITY I	Registered Investment Company		29,254,024
	SOUND SHORE FUND	Registered Investment Company		13,723,038
	VANGUARD INSTITUTIONAL INDEX	Registered Investment Company		54,901,543
	VANGUARD REIT INDEX SIGNAL	Registered Investment Company		7,700,088