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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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:
- [ ] Form 5558;
- [ ] automatic extension;
- [X] 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.	04/16/2012	LOU ANN HUTCHISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/16/2012	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**	8280
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**	5800
b	Retired or separated participants receiving benefits	**6b**	30
c	Other retired or separated participants entitled to future benefits	**6c**	3252
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	9082
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	6
f	Total. Add lines **6d** and **6e**	**6f**	9088
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	8077
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	653
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60 50	RECORDKEEPER	26399	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 [ ]

(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
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 - 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%

(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%

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.
DREYFUS CASH MGMT PL - 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%

(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%

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.
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%

(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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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: FID MGD INC PORT

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	13606500

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15649115	16133692
(2) Participant contributions	1b(2)	861303	840981
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	42161987	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)	3626085	4581404
(9) Value of interest in common/collective trusts	1c(9)	11548782	13606500
(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)	220114720	322982399
(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	293961992	400514328
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	293961992	400514328

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)	19328671	
(B) Participants	2a(1)(B)	34568076	
(C) Others (including rollovers)	2a(1)(C)	2651927	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		56548674
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	121325	
(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)	198955	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		320280
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	753	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5216034	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5216787
(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)		584981
(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)		64631890
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		127302612
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20706877	
(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)		20706877
f Corrective distributions (see instructions)	2f		7610
g Certain deemed distributions of participant loans (see instructions)	2g		7055
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)		
(4) Other	2i(4)	28734	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28734
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		20750276
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		106552336
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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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): 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):

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, 2009 and 2008, 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, 2009. 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 Fidelity Management Trust Company, the trustee 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, 2009 and 2008, 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 11, 2010

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

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, 2009 and 2008, 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, 2009. These financial statements and schedules are the responsibility of the Plan's management.

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Corbett, Duncan & Hubly, P.C.

CORBETT, DUNCAN & HUBLY, P.C.
Itasca, IL
October 11, 2010

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Corbett, Duncan & Hubly PC

GRANT THORNTON LLP 401(k) SAVINGS PLAN

AUDIT REPORT
December 31, 2009 and 2008

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, 2009 and 2008, 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, 2009. These financial statements and schedules are the responsibility of the Plan's management.

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Corbett, Duncan & Hubly, P.C.

CORBETT, DUNCAN & HUBLY, P.C.
Itasca, IL
October 11, 2010

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,

	2009	2008
Cash	$ 42,369,352	$ 42,159,268
Investments, at fair value		
Registered investment companies	322,982,400	220,117,439
Common and collective trusts	13,606,500	11,548,782
Investments, at estimated fair value		
Participant loans	4,581,404	3,626,085
Total investments	341,170,304	235,292,306
Receivables		
Employer contributions	16,133,693	15,649,115
Participant contributions	840,980	861,303
Total receivables	16,974,673	16,510,418
Net assets available for benefits at fair value	400,514,329	293,961,992
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	253,015	622,964
Net assets available for benefits	$ 400,767,344	$ 294,584,956

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,

	2009	2008
Net assets available for benefits, beginning of year	$ 294,584,956	$ 388,478,426
Investment income (loss)		
Net appreciation (depreciation) in fair value:		
Registered investment companies	69,846,390	(128,627,438)
Common & collective trusts	215,033	374,287
Interest and dividends	322,566	1,071,733
Total investment income (loss)	70,383,989	(127,181,418)
Contributions		
Employer	19,328,672	19,338,436
Employee	37,220,002	40,850,494
Total contributions	56,548,674	60,188,930
Withdrawals		
Benefit payments	(20,714,487)	(26,870,699)
Deemed distributions	(7,055)	(2,351)
Administrative expenses	(28,733)	(27,932)
Total withdrawals	(20,750,275)	(26,900,982)
Net change during year	106,182,388	(93,893,470)
Net assets available for benefits, end of year	$ 400,767,344	$ 294,584,956

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, 2009 and 2008

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 and the related effective dates are as follows:

- Effective January 1, 2003, the Plan was amended to apply the minimum distribution requirements of Section 401(a)(9) of the Internal Revenue Code.

- Effective January 1, 2007, the Plan was amended to effect the following changes:

  1- The Company added a "deemed election to defer" provision. If a participant does not elect to defer within 60 days of employment, such individual will be deemed to have elected a 2% deferral rate.
  2- The method of determining partner profit sharing contributions was changed to an age-based approach.
  3- Vesting in partner profit sharing was changed from a five-year vesting to a three-year vesting (cliff vesting).
  4- Employees who terminate and are reemployed prior to any distributions will have their account balances restored as if no forfeitures had occurred.
  5- An additional "hardship" situation was identified that would be considered appropriate for purposes of qualification for hardship distributions.

- Effective January 1, 2008, the Plan was amended to update the definitions of compensation and eligible participant.

- Effective December 31, 2008, the Plan was amended to effect the following changes:

  1- The definition of eligible participant was revised for partner profit sharing contributions to include only those partners active on the last day of the plan year or who separated from service during the plan year for certain specific reasons.
  2- The Plan's brokerage account feature was eliminated.

NOTE 1 – PLAN DESCRIPTION – (continued) –

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 anytime after an employee's 30-day anniversary of their initial employment. 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 25 percent of their compensation, as defined in the Plan. 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 employer 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. For 2009, contributions are allocated to each partner employed with the Firm as of the final day of the plan year, with limited exceptions. For 2008, contributions are allocated to each partner who was associated with the Firm at any time during the plan year.

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 at the end 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 2009

*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.

NOTE 1 – PLAN DESCRIPTION – (continued) –

D. PARTICIPANT ACCOUNTS

401(k) Plan and Partners Profit Sharing Plan
Each participant account is credited with the participant's contributions and allocations of employer contributions and plan earnings and is charged with an allocation of 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.

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. The 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.

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.

NOTE 1 – PLAN DESCRIPTION – (continued) –

G. PAYMENT OF BENEFITS – (continued) –

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. Participant loans are valued at cost, which approximates fair value. 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 in the caption "net appreciation (depreciation) in fair value" on the Statement of Changes in Net Assets Available for Benefits.

I. PLAN EXPENSES

Certain expenses relating to the administration of the Plan have been paid by the Plan sponsor and are not significant to the operation of the Plan. The sponsor pays costs of administering the Plan, such as record-keeping and audit fees.

J. 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.

K. 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.

NOTE 1 – PLAN DESCRIPTION – (continued) –

L. SUBSEQUENT EVENTS

The Plan evaluated subsequent events through October 11, 2010, 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 – USE OF 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.

NOTE 3 – FORFEITED ACCOUNTS

At December 31, 2009 and 2008, forfeited non-vested accounts totaled approximately $386,000 and $433,000, respectively. In accordance with plan provisions, these funds will be used to reduce future employer contributions. For the years ended December 31, 2009 and 2008, forfeitures used to reduce employer contributions amounted to approximately $920,000 and $387,000, respectively.

NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan's investments are held in a trust fund administered by Fidelity Management Trust Company, the trustee 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 at December 31 are separately identified:

	2009	2008
Fidelity Retirement Government Money Market Portfolio	$ 42,369,352	$ 42,159,268
Fidelity Contrafund	50,251,315	38,086,083
Fidelity Growth Company Fund	31,881,853	20,740,533
International Discovery	22,917,568	15,886,942
PIMCO	27,486,491	17,013,242
Other Mutual Funds	204,051,673	139,939,421
	378,958,252	273,825,489
Investments at estimated fair value		
Participant Loans	4,581,404	3,626,085
Total Investments	$ 383,539,656	$ 277,451,574

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 Plan termination or partial termination, each participant would become 100 percent vested in their account balance.

NOTE 7 – UNPAID BENEFITS

At December 31, 2009 and 2008, there were unpaid vested benefits due to terminated employees of $14,766,924 and $13,704,406, 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 invested balance in these mutual funds was $345,442,651 and $253,595,778 for the years ended December 31, 2009 and 2008, 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.

The Plan is investing in the Fidelity Management Trust Company ("FMTC") Managed Income Portfolio, in which it owns units of beneficial interest in the portfolio. While the portfolio owns investment contracts, the Plan does not directly own any of the contracts held in the portfolio. 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 CCT is credited with earnings on the underlying investments and charged for participant withdrawals. The CCT is included in the statements of net assets available for benefits at fair value. Fair value for investment contracts in the CCT is determined using a discounted cash flow model that considers recent fee bids as determined by recognized dealers, discount rates, and the duration of the underlying portfolio securities. Fair value for assets other than investment contracts, including securities, is determined by the most recent bid price in the principal market in which the securities are normally traded. Underlying short-term securities with remaining maturities of sixty days or less for which market quotations are not readily available are valued at original cost plus accrued interest or at amortized cost, both of which approximate current value. Otherwise, if prices are not readily available, a security may be valued by another method that the trustee believes accurately reflects fair value. The adjustment from fair value to contract value for the investment contract 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.

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

The average yields were approximately 3.16% for 2009 and 3.57% for 2008. The crediting interest rates were approximately 1.20% for 2009 and 3.04% for 2008. Crediting interest rates are affected by many factors, including purchases and redemptions by unit holders. The impact depends on whether the market value of underlying assets is higher or lower than contract value. If higher, the crediting rate will normally be higher than the yield of the underlying assets. Crediting interest rates represent the discount rate required to equate the portfolio's future market value with the portfolio's current contract value. Future market value is estimated by compounding a portfolio's current market value at the portfolio's current yield to maturity for a period equal to the portfolio's duration. Effective August 2009, crediting interest rates are reset monthly. Previously, crediting interest rates were reset quarterly. The wrap contracts underlying the assets in the portfolio provide a guarantee that the crediting interest rate will not fall below 0%.

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, 2009, the plan administrator does not believe the occurrence of such events is probable.

The wrap contracts underlying the CCT 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 CCT 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 CCT if the market value of the covered assets is below contract value.

NOTE 10 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("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 measurements). 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.

NOTE 10 – FAIR VALUE MEASUREMENTS – (continued) –

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 are 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 either on a monthly or quarterly 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.
- *Participant Loans* — Loans to plan participants are valued at cost plus accrued interest, which approximates fair value.

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, 2009:

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Indexed	$ 18,514,375	$ -	$ -	$ 18,514,375
Balanced	58,903,923	-	-	58,903,923
Blended	72,955,165	-	-	72,955,165
Growth	132,170,298	-	-	132,170,298
Cash	42,369,352	-	-	42,369,352
U.S. Government Securities	40,438,639	-	-	40,438,639
Stable Value Fund	-	13,606,500	-	13,606,500
Participant Loans	-	-	4,581,404	4,581,404
Total Assets at Fair Value	$ 365,351,752	$ 13,606,500	$ 4,581,404	$ 383,539,656

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

Participant Loans	
Balance, beginning of year	$ 3,626,085
Purchases, sales, issuances, and settlements (net)	955,319
Balance, end of year	$ 4,581,404

The following table classifies investments measured at fair value on a recurring basis by level within the fair value hierarchy as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 262,276,707	$ -	$ -	$ 262,276,707
Stable Value Fund	-	11,548,782	-	11,548,782
Participant Loans	-	-	3,626,085	3,626,085
Total Assets at Fair Value	$ 262,276,707	$ 11,548,782	$ 3,626,085	$ 277,451,574

NOTE 10 – FAIR VALUE MEASUREMENTS – (continued) –

Level 3 Gains and Losses

The following table provides a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2008:

	Participant Loans
Balance, beginning of the year	$ 3,275,137
Purchases, sales, issuances, and settlements (net)	350,948
Balance, end of year	$ 3,626,085

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:

	2009	2008
Net assets available for benefits per the accompanying financial statements	$ 400,767,344	$ 294,584,956
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(253,015)	(622,964)
Net assets per the Plan's Schedule H- Form 5500	$ 400,514,329	$ 293,961,992

The financial statements include the contract value adjustment as part of the net appreciation of the stable value fund while the Form 5500 does not include the contract value adjustment in the net appreciation of the stable value fund. The following is a reconciliation of Investment Income/Loss – Common Collective Trust per the accompanying financial statements for the year ended December 31, 2009 to the Plan's Schedule H of Form 5500:

Net appreciation in Stable Value Fund per the financial statements	$ 215,033
Prior year reversal of adjustment of fair value to contract value	622,964
Current year adjustment from fair value to contract value for fully benefit-responsive investment contract	(253,015)
Net appreciation in Stable Value Fund per Schedule H- Form 5500	$ 584,982

NOTE 12 – SUBSEQUENT CHANGE IN SERVICE PROVIDER

The Plan's Qualified Plan Committee (the "QPC") completed an evaluation of service provider options. As a result, the QPC decided to transfer plan assets from Fidelity Investments to Schwab Retirement Plan Services, effective July 15, 2010.

SUPPLEMENTAL INFORMATION

Grant Thornton LLP
401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

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
*	Fidelity Investments	Retirement Government Money Market Trust	**	$ 42,369,352
*	Fidelity Investments	Managed Income Portfolio- Common/Collective Trust	**	13,859,515
*	Fidelity Investments	Magellan Fund	**	15,294,765
*	Fidelity Investments	Contrafund	**	50,251,315
*	Fidelity Investments	Equity Inc	**	11,356,745
*	Fidelity Investments	Growth Company Fund	**	31,881,853
*	Fidelity Investments	Growth & Income Portfolio	**	10,417,480
*	Fidelity Investments	Intermediate Bond Fund	**	12,952,148
*	Fidelity Investments	International Discovery	**	22,917,568
*	Fidelity Investments	Low Price Stock	**	15,195,043
*	Fidelity Investments	Spartan U.S. Equity Index	**	18,514,375
*	Fidelity Investments	Freedom 2040	**	13,543,277
*	Fidelity Investments	Freedom 2020	**	14,510,970
*	Fidelity Investments	Freedom 2030	**	14,032,705
*	Fidelity Investments	Freedom 2000	**	958,127
*	Fidelity Investments	Freedom 2010	**	7,679,081
*	Fidelity Investments	Davis NY Venture A	**	11,297,134
*	Fidelity Investments	Small Cap Independent	**	9,129,842
*	Fidelity Investments	Freedom Income	**	902,127
*	Fidelity Investments	AM Cent EQ Growth Inv	**	7,277,636
*	Fidelity Investments	Dodge & Cox Int Stk	**	16,773,204
*	Fidelity Investments	Brokeragelink	**	-
*	Participant loans	Interest rates ranging from 6% to 11.5%	-0-	4,581,404
	Goldman Sachs	GS Sm Cap Value Inst	**	7,130,227
	Templeton	Foreign Fund	**	3,480,287
	Pacific Investment Management Co	Total Return Adm	**	27,486,491
	Total assets held for investment purposes		$ -	$ 383,792,671

* Represents party-in-interest with respect to the Plan.
** Cost information is not provided as all investments are participant directed.
Managed Income Portfolio is at contract value

Grant Thornton LLP
401(k) Savings Plan

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December 31, 2009

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*	Fidelity Investments	International Discovery	**	22,917,568
*	Fidelity Investments	Low Price Stock	**	15,195,043
*	Fidelity Investments	Spartan U.S. Equity Index	**	18,514,375
*	Fidelity Investments	Freedom 2040	**	13,543,277
*	Fidelity Investments	Freedom 2020	**	14,510,970
*	Fidelity Investments	Freedom 2030	**	14,032,705
*	Fidelity Investments	Freedom 2000	**	958,127
*	Fidelity Investments	Freedom 2010	**	7,679,081
*	Fidelity Investments	Davis NY Venture A	**	11,297,134
*	Fidelity Investments	Small Cap Independent	**	9,129,842
*	Fidelity Investments	Freedom Income	**	902,127
*	Fidelity Investments	AM Cent EQ Growth Inv	**	7,277,636
*	Fidelity Investments	Dodge & Cox Int Stk	**	16,773,204
*	Fidelity Investments	Brokeragelink	**	-
*	Participant loans	Interest rates ranging from 6% to 11.5%	-0-	4,581,404
	Goldman Sachs	GS Sm Cap Value Inst	**	7,130,227
	Templeton	Foreign Fund	**	3,480,287
	Pacific Investment Management Co	Total Return Adm	**	27,486,491
	Total assets held for investment purposes		$ -	$ 383,792,671

* Represents party-in-interest with respect to the Plan.
** Cost information is not provided as all investments are participant directed.
Managed Income Portfolio is at contract value