

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>GRANT THORNTON LLP EMPLOYEES' RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>004</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GRANT THORNTON LLP</u></p> <p><u>171 N. CLARK STREET, SUITE 200</u> <u>CHICAGO, IL 60601</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1997</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-6055558</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>312-602-8310</u></p> <p><b>2d</b> Business code (see instructions) <u>541211</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/03/2024	MARGARET DURKIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	17668
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	7078
	<b>6a(2)</b>	6995
	<b>6b</b>	113
	<b>6c</b>	10585
	<b>6d</b>	17693
	<b>6e</b>	3
	<b>6f</b>	17696
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		936
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1C 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>GRANT THORNTON LLP EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GRANT THORNTON LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6055558</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>407681323</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>448449455</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>106</u>	<u>4369254</u>
	<b>b</b> For terminated vested participants .....	<u>10494</u>	<u>229652919</u>
	<b>c</b> For active participants .....	<u>7075</u>	<u>99157890</u>
	<b>d</b> Total .....	<u>17675</u>	<u>333180063</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.43 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>20911124</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>20911124</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/14/2024</u>
	<u>THOMAS MIANO</u>	Date
	Type or print name of actuary	<u>23-04601</u>
	<u>OCTOBER THREE CONSULTING LLC</u>	Most recent enrollment number
	Firm name	<u>312-878-2440</u>
	<u>6191 N. STATE HIGHWAY 161</u> <u>SUITE 470</u> <u>IRVING, TX 75038</u>	Telephone number (including area code)
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	6414049	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	6414049	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-14.76</u> % .....	-946714	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		16559092
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> % .....		917374
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		17476466
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	5467335	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	128.24 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	129.82 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	192.35 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2024	4250000	0			
07/12/2024	4250000	0			
09/12/2024	9500000	0			
<b>Totals ▶</b>			<b>18(b)</b>	18000000	<b>18(c)</b> <span style="float: right;">0</span>

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	16577205

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

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

**a** Target normal cost (line 6c)..... **31a** 20911124

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 20911124

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			16577205

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 16577205

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<b>A</b> Name of plan <b>GRANT THORNTON LLP EMPLOYEES' RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GRANT THORNTON LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6055558</b>	

**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).....  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

**THE NORTHERN TRUST COMPANY**

**36-1561860**

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

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

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

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(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?
99	NONE	3357	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name: CDH P.C.	<b>b</b> EIN: 36-4105119
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 100 E. PIERCE ROAD SUITE 100 ITASCA, IL 60143	<b>e</b> Telephone: 630-285-0215

Explanation: THE AUDITORS WERE CHANGED TO PROVIDE FRESH PERSPECTIVES ON FINANCIAL REPORTING, TO ENHANCE OBJECTIVITY, AND MITIGATE ANY RISKS IN THE PLAN.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>GRANT THORNTON LLP EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>004</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GRANT THORNTON LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6055558</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GOVERNMENT STIF

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

<b>c</b> EIN-PN <u>45-6138589-068</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2770653</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF GQG PARTNERS EMERGING MARKETS EQ

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

<b>c</b> EIN-PN <u>82-6258259-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17486512</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>	
<b>A</b> Name of plan <b>GRANT THORNTON LLP EMPLOYEES' RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GRANT THORNTON LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6055558</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	-1393
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	18000000	18000000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	285530	268179
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	13512819	20257165
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	376691488	436977390
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	408489837	475501341
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	284980	257784
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	284980	257784
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	408204857	475243557

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	18271806	
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		18271806
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	-6940	
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		-6940
(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)	12602749	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		12602749
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		4180449
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		40144605
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		75192669

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	8150612	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		8150612
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>	3357	
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		3357
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		8153969

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		67038700
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **PLANTE MORAN**

(2) EIN: **38-1357951**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 512290.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>GRANT THORNTON LLP EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GRANT THORNTON LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6055558</u>	

<b>Part I</b>	<b>Distributions</b>
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**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.....	<b>1</b>	<u>0</u>
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): <u>36-3046063</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>156</u>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
b Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
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) .....	<b>6c</b>	

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 50.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 49.3 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

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# Grant Thornton LLP Employees' Retirement Plan

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**Financial Report**  
**December 31, 2023**

**Grant Thornton LLP Employees' Retirement Plan**

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**Contents**

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<b>Independent Auditor's Report</b>	1-3
<b>Statement of Net Assets Available for Benefits</b>	4
<b>Statement of Changes in Net Assets Available for Benefits</b>	5
<b>Notes to Financial Statements</b>	6-11
<b>Schedule of Assets (Held at End of Year)</b>	12
<b>Schedule of Reportable Transactions - December 31, 2023</b>	13

## Independent Auditor's Report

To the Plan Administrator  
Grant Thornton LLP Employees' Retirement Plan

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

We have performed an audit of the financial statements of Grant Thornton LLP Employees' Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2023 and the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2023 and for the year then ended stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### **Opinion**

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

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

### **Basis for Opinion**

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

To the Plan Administrator  
Grant Thornton LLP Employees' Retirement Plan

### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

To the Plan Administrator  
Grant Thornton LLP Employees' Retirement Plan

### ***Supplemental Schedules Required by ERISA***

The supplemental schedules of assets (held at end of year) as of December 31, 2023 and reportable transactions for the year ended December 31, 2023 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

### **Report on Prior Year Financial Statements**

Predecessor auditors performed an audit of the 2022 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 12, 2023 indicated that (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2022 supplemental schedules, other than the information in the 2022 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2022 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

*Plante & Moran, PLLC*

Ann Arbor, Michigan  
September 19, 2024

## Grant Thornton LLP Employees' Retirement Plan

### Statement of Net Assets Available for Benefits

	December 31, 2023 and 2022	
	2023	2022
<b>Assets</b>		
Investments - At fair value	\$ 457,233,164	\$ 390,204,307
Receivables:		
Employer contributions	18,000,000	18,000,000
Accrued interest and dividends	<u>268,177</u>	<u>285,530</u>
Total receivables	18,268,177	18,285,530
<b>Liabilities</b> - Accrued expenses	<u>257,784</u>	<u>284,980</u>
<b>Net Assets Available for Benefits</b>	<b><u>\$ 475,243,557</u></b>	<b><u>\$ 408,204,857</u></b>

## Grant Thornton LLP Employees' Retirement Plan

### Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
<b>Additions</b>		
Employer contributions	\$ 18,271,806	\$ 18,000,000
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	44,199,940	(77,286,426)
Interest and dividends	<u>12,720,923</u>	<u>8,927,464</u>
Net investment income (loss)	<u>56,920,863</u>	<u>(68,358,962)</u>
Total additions - Net	75,192,669	(50,358,962)
<b>Deductions</b>		
Benefit payments	8,150,612	8,258,736
Administrative expenses	<u>3,357</u>	<u>3,991</u>
Total deductions	<u>8,153,969</u>	<u>8,262,727</u>
<b>Net Increase (Decrease)</b>	67,038,700	(58,621,689)
<b>Net Assets Available for Benefits</b>		
Beginning of year	<u>408,204,857</u>	<u>466,826,546</u>
End of year	<u><u>\$ 475,243,557</u></u>	<u><u>\$ 408,204,857</u></u>

December 31, 2023 and 2022

### Note 1 - Plan Description

The following description of Grant Thornton LLP Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plans provisions.

Grant Thornton LLP (the "Firm") sold its public sector advisory practice (PSA) to a third party, Guidehouse Inc., on September 30, 2022.

#### **General**

The Plan was effective January 1, 1997. The Plan is a cash balance defined benefit pension plan covering all nonpartner employees employed by the Firm, Global Mobility LLP and Global Mobility LLC who are age 21 or older. Partners of the Firm are ineligible to participate, except for the plan year during which a participant becomes a partner. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective May 31, 2024, there was a change in plan sponsor from Grant Thornton LLP to Grant Thornton Advisors LLC as a result of a securities purchase and reorganization agreement dated March 4, 2024.

#### **Pension Benefits and Vesting**

Under the plan provisions, amounts are credited by the Firm to the participants' notional accounts. Notional participant account balances are credited annually with 4 percent of each participant's eligible earnings (6 percent for employees classified as executive directors, senior directors, and managing directors) and an applicable interest rate, which is the 30-year U.S. Treasury rate in November of the previous plan year. The Plan permits early retirement at age 55 for those satisfying the vesting requirement of the Plan. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life or joint and survivor annuity payable monthly during retirement. Employees become fully vested upon completion of three years of service with the Firm. Eligible employees become vested prior to completing three years of service with the Firm if they separate from service due to death or disability or upon reaching 65 years of age.

#### **Death and Disability Benefits**

If an active employee dies after becoming a participant in the Plan, a death benefit will be payable equal to the value of the employee's accumulated pension benefits and will be paid to the participant's beneficiary. Preretirement spousal benefits are dependent upon spousal eligibility and the deceased's accumulated benefits. Disability benefits are only available to those participants who provide evidence of disability during their time of employment with the plan sponsor. There are no other specific benefits for disability, other than becoming immediately vested if not otherwise.

### Note 2 - Summary of Significant Accounting Policies

#### **Funding Policy**

The Plan does not provide for contributions by participants. The Firm contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet benefits to be paid to plan participants. Annual contributions are currently made based upon amounts required to meet the minimum funding provisions of ERISA. Minimum ERISA funding requirements have been met by the Plan for the years ended December 31, 2023 and 2022.

#### **Basis of Accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting according to accounting principles generally accepted in the United States of America (U.S. GAAP).

December 31, 2023 and 2022

### Note 2 - Summary of Significant Accounting Policies (Continued)

#### ***Use of Estimates***

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

#### ***Risks and Uncertainties***

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

#### ***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### ***Payment of Benefits***

Benefits are recorded when paid.

#### ***Administrative Expenses***

The Plan is responsible for any plan expenses not paid by the plan sponsor. The plan sponsor typically pays all direct costs associated with record-keeping services, actuarial services, investment consulting fees, attorney fees, audit fees and expenses related to Pension Benefit Guaranty Corporation (PBGC) premiums. Other expenses incurred related to the short-term investment fund, classified as a collective trust fund, are paid through the Plan.

#### ***Subsequent Events***

Plan management has evaluated the Plan's December 31, 2023 financial statements for subsequent events through September 19, 2024, which is the date the financial statements were available to be issued.

**December 31, 2023 and 2022**

**Note 3 - Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) normal retirement, (2) early retirement, (3) postponed retirement, (4) vested termination, and (5) preretirement death. Benefits under the Plan are based on the employee's length of service with the Firm. Benefits payable under all circumstances - retirement, death, and termination of employment - are included in accumulated plan benefits, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of the accumulated plan benefits is determined by the Plan's actuary. This amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest), the expected retirement age and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Certain actuarial assumptions used in the valuation as of December 31, 2022 are as follows:

Life expectancy of participants	Pri-2012 Mortality Table Updated with MP-2021
Investment return	7.00 percent
Weighted-average retirement age	60
Inflation rate	2.0 percent compounded annually
Interest crediting rate	3.99 percent for 1/1/2023 and 3.97 percent thereafter
Discount rate	7.00 percent

The actuarial present value of accumulated plan benefits as of December 31, 2022 is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 3,775,069
Other participants	<u>269,958,252</u>
Total vested benefits	273,733,321
Nonvested benefits	<u>11,266,579</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 284,999,900</u></u>

Changes in the actuarial present value of accumulated plan benefits for the plan year ended December 31, 2022 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	\$ 203,854,486
Increase (decrease) during the year attributable to:	
Benefits accumulated	15,986,795
Increase for interest	13,985,647
Benefits paid	(8,258,736)
Assumption changes	62,281,198
Demographic experience	<u>(2,849,490)</u>
Net increase	<u>81,145,414</u>
Actuarial present value of accumulated plan benefits - End of year	<u><u>\$ 284,999,900</u></u>

The increase in the actuarial present value of accumulated plan benefits due to assumption changes relates to an increase in the interest crediting rates. Effective January 1, 2022, the interest crediting rate was 1.94 percent and 1.90 percent thereafter and increased to 3.99 percent effective January 1, 2023 and 3.97 percent thereafter.

December 31, 2023 and 2022

### Note 4 - Plan Termination Priorities

Although the Firm has not expressed any intention of terminating the Plan, the Firm has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of a termination of the Plan, the accrued benefits shall become 100 percent vested; distribution of the Plan assets shall be made to the participants according to the provisions for such distribution in the Plan document.

If the Plan terminates, a portion of the benefits under the Plan is insured by the PBGC, a U.S. government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

### Note 5 - Certified Information

The Plan's investments are held in a trust administered by The Northern Trust Company (Northern Trust). 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 Northern Trust:

- Investments and accrued interest and dividends as shown in the statement of net assets available for benefits as of December 31, 2023 and 2022
- Investment income (loss) as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2023 and 2022
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2023
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2023

### Note 6 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The accounting framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quote prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

In accordance with the framework, the Firm groups plan assets measured at fair value into three levels based on the markets in which the assets are traded and the reliability of the assumptions used to determine fair value.

These levels are described as follows:

#### **Level 1**

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

#### **Level 2**

Inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

## Grant Thornton LLP Employees' Retirement Plan

### Notes to Financial Statements

December 31, 2023 and 2022

#### Note 6 - Fair Value Measurements (Continued)

##### Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

The following are descriptions of the valuation methodologies and inputs used for assets measured at fair value, as well as the general classification pursuant to the valuation hierarchy, used at December 31, 2023 and 2022:

##### Mutual Funds

Valued based on quoted prices reported in active markets.

##### Money Market Fund

Valued based on quoted prices reported in active markets.

##### Collective Trust Funds

The fair values of participation units held in the collective trust funds are based on the net asset values per unit as reported by the fund managers. The collective trust funds provide for daily redemptions at reported net asset values per share.

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

Assets Measured at Fair Value on a Recurring Basis at December 31, 2023				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 8,639,740	\$ 8,639,740	\$ -	\$ -
Mutual funds	428,336,259	428,336,259	-	-
Collective trust funds	20,257,165	20,257,165	-	-
Total	<u>\$ 457,233,164</u>	<u>\$ 457,233,164</u>	<u>\$ -</u>	<u>\$ -</u>

  

Assets Measured at Fair Value on a Recurring Basis at December 31, 2022				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 9,221,553	\$ 9,221,553	\$ -	\$ -
Mutual funds	367,469,934	367,469,934	-	-
Collective trust funds	13,512,820	13,512,820	-	-
Total	<u>\$ 390,204,307</u>	<u>\$ 390,204,307</u>	<u>\$ -</u>	<u>\$ -</u>

**Note 7 - Tax Status**

The Plan obtained its latest determination letter on March 9, 2021, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's external counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions, and the Plan is currently under audit for the December 31, 2019 plan year. The audit is still open, and no amounts have been recorded on the accompanying financial statements related to this audit.

**Note 8 - Party-in-interest Transactions**

The Plan's investments are held in a trust fund administered by Northern Trust, the trustee of the Plan. The Plan has funds invested in a short-term investment fund, classified as a collective trust fund, that is managed by Northern Trust Investments, Inc., an affiliate of Northern Trust, which qualifies as a party-in-interest transaction. As of December 31, 2023 and 2022, the balance of the short-term investment fund was \$2,770,653 and \$81,642, respectively.

## Grant Thornton LLP Employees' Retirement Plan

### Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Line 4i  
 EIN 36-6055558, Plan No. 004  
 December 31, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Collective trust funds:		
GQG Partners	GQG Partners Emerging Markets Equity	\$ 14,500,000	\$ 17,486,512
*Northern Trust	Northern Trust Government Short-Term	2,770,653	2,770,653
	Mutual funds:		
Artisan Partners	Artisan Partners FD High Income Institutional	14,042,686	13,368,908
BlackRock	BlackRock FDS V Strategic Income	35,772,666	35,298,752
Brandywine Global	Brandywine Global Opportunities Bond Fund	12,011,103	12,875,247
Cohen & Steers	Cohen & Steers Institutional Rlty SHS Inc	19,542,274	18,625,783
Conestoga	Conestoga Small Cap Institutional	14,036,037	16,287,018
Deutsche Bank	Deutsche Market Trust DWS Rreef Real Asset	19,227,006	17,545,898
Dodge & Cox Inc	Dodge & Cox Inc FD	128,624,755	122,784,964
Harding Lovener	Harding Lovener FS Inc International Fund	34,586,704	30,952,617
Hartford Funds	Hartford Mutual Funds II Inc Schroders	32,082,551	30,604,202
Hotchkis & Wiley	Hotchkis & Wiley Small Cap Diversified Fund	15,205,138	16,656,166
PIMCO	PIMCO Rae Emerging Markets Fund	15,839,756	17,176,775
Vanguard Group	Vanguard Institutional Index Fund	87,462,617	96,159,929
Vanguard Group	Money market fund - Vanguard Federal Money Market Fund	8,639,740	8,639,740
	Total assets (held at end of year)	<b><u>\$ 454,343,686</u></b>	<b><u>\$ 457,233,164</u></b>

\*Party in interest

## Grant Thornton LLP Employees' Retirement Plan

## Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j  
 EIN 36-6055558, Plan No. 004  
 Year Ended December 31, 2023

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Loss
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Dodge & Cox Inc	MFO Dodge & Cox Inc FD	\$ 46,283,984	\$ -	\$ 46,300,000	\$ 46,300,000	\$ -
PIMCO	MFO PIMCO Funds StocksPlus Small Installation	-	28,840,714	49,359,819	28,840,714	(20,519,105)
Vanguard Group	MFO Vanguard Short Term Investment Grade Institutional	-	32,629,839	35,822,379	32,629,839	(3,192,540)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Dodge & Cox Inc	MFO Dodge & Cox Inc FD - Purchases - 7	59,777,750	-	59,777,750	59,777,750	-
PIMCO	MFO PIMCO Funds StocksPlus Small Installation: Purchases - 1 Sales - 1	304,164 -	- 28,840,714	304,164 49,359,819	304,164 28,840,714	- (20,519,105)
Vanguard Group	MFO Vanguard Short Term Investment Grade Institutional: Purchases - 2 Sales - 1	144,808 -	- 32,629,839	144,808 35,822,379	144,808 32,629,839	- (3,192,540)
Northern Trust	NT Collective Government Short Term Investment FD: Purchases - 36 Sales - 40	65,312,222 -	- 62,623,211	65,312,222 62,623,211	65,312,222 62,623,211	- -

There were no Category (ii) or (iv) reportable transactions during the year.

Grant Thornton LLP Employees' Retirement Plan  
 EIN / PN 36-0655558 / 004  
 Schedule SB, Line 26a - Schedule of Active Participant Data

Attained age		Completed years of credited service as of January 1, 2023								Total
		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 & over	
Under 25	Number	398	815	2	-	-	-	-	-	1,215
	Avg Pensionable Pay	\$93,546	\$84,418							
	Avg Cash Balance	\$1,596	\$3,292							
25 to 29	Number	526	1,145	479	-	-	-	-	-	2,150
	Avg Pensionable Pay	\$113,490	\$99,113	\$126,107						
	Avg Cash Balance	\$2,049	\$7,510	\$17,409						
30 to 34	Number	283	421	412	162	-	-	-	-	1,278
	Avg Pensionable Pay	\$134,899	\$132,028	\$151,101	\$177,475					
	Avg Cash Balance	\$2,668	\$11,328	\$27,532	\$42,689					
35 to 39	Number	125	221	180	174	50	-	-	-	750
	Avg Pensionable Pay	\$156,426	\$161,372	\$186,069	\$195,267	\$201,090				
	Avg Cash Balance	\$3,113	\$13,917	\$37,899	\$55,712	\$70,581				
40 to 44	Number	102	170	110	60	64	6	-	-	512
	Avg Pensionable Pay	\$176,258	\$185,013	\$187,030	\$201,418	\$206,469				
	Avg Cash Balance	\$3,833	\$18,163	\$41,808	\$66,362	\$86,495				
45 to 49	Number	58	115	67	38	32	11	5	-	326
	Avg Pensionable Pay	\$177,737	\$196,876	\$197,850	\$227,777	\$211,373				
	Avg Cash Balance	\$4,370	\$19,961	\$47,608	\$87,780	\$107,485				
50 to 54	Number	60	112	68	30	28	17	15	-	330
	Avg Pensionable Pay	\$182,354	\$197,699	\$220,949	\$223,859	\$176,695				
	Avg Cash Balance	\$4,330	\$21,034	\$57,790	\$95,264	\$97,034				
55 to 59	Number	36	81	74	21	19	13	12	-	256
	Avg Pensionable Pay	\$192,136	\$219,952	\$206,495	\$217,914					
	Avg Cash Balance	\$4,844	\$24,941	\$59,928	\$89,907					
60 to 64	Number	22	53	50	13	20	11	9	-	178
	Avg Pensionable Pay	\$160,112	\$208,341	\$212,135	\$199,866	\$189,103				
	Avg Cash Balance	\$3,755	\$25,686	\$54,458	\$100,698	\$120,002				
65 to 69	Number	4	16	14	11	6	2	8	-	61
70 & over	Number	-	3	6	4	1	2	3	-	19
<b>Total</b>		<b>1,614</b>	<b>3,152</b>	<b>1,462</b>	<b>513</b>	<b>220</b>	<b>62</b>	<b>52</b>	<b>-</b>	<b>7,075</b>

Grant Thornton LLP Employees' Retirement Plan  
EIN / PN 36-0655558 / 004  
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

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### Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the September immediately preceding the valuation year.

### Economic Assumptions

	Funding Target	
	with stabilization	without stabilization
First segment rate (years 0 to 4):	4.75%	1.41%
Second segment rate (years 5 to 19):	5.00%	3.09%
Third segment rate (years 20 and after):	5.74%	3.58%
Effective interest rate (current year):	5.43%	3.38%
Long-term rate of return on assets:	7.00%	
Salary increase:	5.00%	
Inflation:	2.00%	
Interest crediting rate:	3.99% for 2023 3.97% thereafter	

*The interest rates listed above are compounded annually.*

Grant Thornton LLP Employees' Retirement Plan  
EIN / PN 36-0655558 / 004  
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

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## Demographic Assumptions

### **RETIREMENT**

The retirement decrement assumptions for active participants are described in Exhibit A.

### **WITHDRAWAL**

The withdrawal decrement assumptions are summarized in Exhibit B.

### **DISABILITY**

None.

### **MORTALITY AND MORTALITY IMPROVEMENT**

The mortality follows the IRS 2023 Static Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1. For ASC 960, the Pri-2012 mortality table was used. The MP-2021 scale was used to project generational mortality improvements.

### **MARITAL STATUS**

100% of employees are assumed to be married; husbands are assumed to be three years older than wives.

### **DECREMENT TIMING**

Decrements are assumed to occur as of the beginning of the year.

## Other Assumptions

### **FORM OF PAYMENT**

All participants are assumed to elect a lump sum form of payment.

### **MAXIMUM EARNINGS**

The maximum compensation limit under IRC section 401(a)(17) is \$330,000 for 2023.

### **MAXIMUM BENEFIT**

The maximum benefit payable under IRC section 415 is \$265,000 for 2023.

### **EXPENSES**

Assumed expenses are \$0 for 2023. The assumed expenses are based on actual expenses paid in the prior plan year, rounded to the nearest thousand. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

Grant Thornton LLP Employees' Retirement Plan  
EIN / PN 36-0655558 / 004  
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

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## Actuarial Methods

### **VALUATION DATE**

The valuation date is January 1, 2023.

### **ACTUARIAL VALUE OF ASSETS**

The actuarial value of assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The actuarial value of assets must be within 10% of the market value of assets.

### **MINIMUM FUNDING METHOD**

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

Grant Thornton LLP Employees' Retirement Plan  
EIN / PN 36-0655558 / 004  
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

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Exhibit A - Retirement Rates

<u>Age</u>	<u>Percentage retiring during the year</u>
55	20%
56-61	15%
62	20%
63	15%
64	20%
65	30%
66-69	15%
70-74	30%
75+	100%

Exhibit B - Sample Withdrawal Rates

<u>Age</u>	<u>Years of Service</u>	
	<u>&lt;=4</u>	<u>5+</u>
20	25%	23.88%
25	25%	23.25%
30	25%	22.42%
35	25%	21.11%
40	25%	18.79%
45	25%	15.09%
50	25%	9.67%
55	25%	3.45%
60	25%	0.00%

## Grant Thornton LLP Employees' Retirement Plan

## Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j  
 EIN 36-6055558, Plan No. 004  
 Year Ended December 31, 2023

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Loss
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Dodge & Cox Inc	MFO Dodge & Cox Inc FD	\$ 46,283,984	\$ -	\$ 46,300,000	\$ 46,300,000	\$ -
PIMCO	MFO PIMCO Funds StocksPlus Small Installation	-	28,840,714	49,359,819	28,840,714	(20,519,105)
Vanguard Group	MFO Vanguard Short Term Investment Grade Institutional	-	32,629,839	35,822,379	32,629,839	(3,192,540)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Dodge & Cox Inc	MFO Dodge & Cox Inc FD - Purchases - 7	59,777,750	-	59,777,750	59,777,750	-
PIMCO	MFO PIMCO Funds StocksPlus Small Installation: Purchases - 1 Sales - 1	304,164 -	- 28,840,714	304,164 49,359,819	304,164 28,840,714	- (20,519,105)
Vanguard Group	MFO Vanguard Short Term Investment Grade Institutional: Purchases - 2 Sales - 1	144,808 -	- 32,629,839	144,808 35,822,379	144,808 32,629,839	- (3,192,540)
Northern Trust	NT Collective Government Short Term Investment FD: Purchases - 36 Sales - 40	65,312,222 -	- 62,623,211	65,312,222 62,623,211	65,312,222 62,623,211	- -

There were no Category (ii) or (iv) reportable transactions during the year.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan GRANT THORNTON LLP EMPLOYEES' RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	004
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<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GRANT THORNTON LLP	<b>D</b> Employer Identification Number (EIN) 36-6055558
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<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500
---	---

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2023

<b>2</b> Assets:		
<b>a</b> Market value.....	<b>2a</b>	407,681,323
<b>b</b> Actuarial value.....	<b>2b</b>	448,449,455

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	106	4,369,254	4,369,254
<b>b</b> For terminated vested participants.....	10,494	229,652,919	232,827,822
<b>c</b> For active participants.....	7,075	99,157,890	108,224,869
<b>d</b> Total.....	17,675	333,180,063	345,421,945

<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	

**5** Effective interest rate..... **5** 5.43%

<b>6</b> Target normal cost		
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	20,911,124
<b>b</b> Expected plan-related expenses.....	<b>6b</b>	0
<b>c</b> Target normal cost.....	<b>6c</b>	20,911,124

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

<b>SIGN HERE</b>	Thomas Miano <i>TMM</i>	<i>9/14/2024</i>
	Signature of actuary	Date

Thomas Miano 2304601  
 Type or print name of actuary Most recent enrollment number

October Three Consulting LLC 312-878-2440  
 Firm name Telephone number (including area code)

6191 N. State Highway 161  
 Suite 470  
 Irving TX 75038  
 Address of the firm

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



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

**21** Discount rate:

**a** Segment rates: 

1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
------------------------	------------------------	------------------------

 N/A, full yield curve used

**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

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

**a** Target normal cost (line 6c) ..... **31a** 20,911,124

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 20,911,124

	Outstanding Balance	Installment
<b>32</b> Amortization installments:		
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			16,577,205

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 16,577,205

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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



Grant Thornton LLP Employees' Retirement Plan

EIN / PN 36-0655558 / 004

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

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For each active participant, an expected retirement age was calculated weighted in proportion to the probability (as shown in the attachment to Schedule SB Part V – Statement of Actuarial Assumptions/Methods) that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average of 62 is the arithmetic average of the expected retirement ages of all participants on January 1, 2023.

## Grant Thornton LLP Employees' Retirement Plan

EIN / PN 36-0655558 / 004

## Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

PLAN YEAR	ACTIVE PARTICIPANTS	RETIRED PARTICIPANTS AND BENEFICIARIES		TOTAL
		TERMINATED VESTED PARTICIPANTS	RECEIVING PAYMENTS	
2023	\$5,342,223	\$7,777,282	\$399,576	\$13,519,080
2024	\$5,243,071	\$7,917,106	\$394,366	\$13,554,543
2025	\$4,971,600	\$8,899,707	\$388,433	\$14,259,740
2026	\$5,100,803	\$9,298,273	\$381,720	\$14,780,796
2027	\$5,160,866	\$9,790,196	\$374,178	\$15,325,240
2028	\$4,861,248	\$10,373,032	\$365,760	\$15,600,039
2029	\$4,849,987	\$11,380,247	\$356,426	\$16,586,661
2030	\$4,733,876	\$12,194,446	\$346,150	\$17,274,472
2031	\$4,624,735	\$12,987,735	\$334,908	\$17,947,378
2032	\$4,499,912	\$13,134,013	\$322,691	\$17,956,616
2033	\$4,564,748	\$14,191,931	\$309,499	\$19,066,178
2034	\$4,583,785	\$15,118,414	\$295,349	\$19,997,548
2035	\$4,696,844	\$16,085,708	\$280,279	\$21,062,831
2036	\$4,896,516	\$16,599,499	\$264,352	\$21,760,367
2037	\$5,039,206	\$17,235,296	\$247,665	\$22,522,167
2038	\$5,336,868	\$18,163,289	\$230,349	\$23,730,506
2039	\$5,698,775	\$19,438,115	\$212,572	\$25,349,462
2040	\$5,994,663	\$19,694,821	\$194,537	\$25,884,021
2041	\$6,693,870	\$20,234,040	\$176,474	\$27,104,384
2042	\$7,264,218	\$20,495,512	\$158,633	\$27,918,363
2043	\$7,809,942	\$20,348,324	\$141,264	\$28,299,530
2044	\$8,268,784	\$20,362,880	\$124,600	\$28,756,264
2045	\$8,948,331	\$20,930,348	\$108,847	\$29,987,526
2046	\$9,688,787	\$20,612,661	\$94,175	\$30,395,624
2047	\$10,102,728	\$20,312,234	\$80,716	\$30,495,678
2048	\$10,535,474	\$19,985,735	\$68,559	\$30,589,768
2049	\$10,958,831	\$19,798,077	\$57,744	\$30,814,652
2050	\$11,269,366	\$19,578,195	\$48,267	\$30,895,828
2051	\$11,785,976	\$18,373,242	\$40,084	\$30,199,301
2052	\$12,001,554	\$17,552,529	\$33,116	\$29,587,199
2053	\$11,822,320	\$15,981,220	\$27,261	\$27,830,801
2054	\$11,540,537	\$14,674,546	\$22,400	\$26,237,482
2055	\$11,013,292	\$13,320,165	\$18,408	\$24,351,865
2056	\$10,423,481	\$11,870,466	\$15,163	\$22,309,109
2057	\$9,797,545	\$10,632,938	\$12,545	\$20,443,029
2058	\$9,076,366	\$9,439,750	\$10,444	\$18,526,559
2059	\$8,448,441	\$8,057,493	\$8,758	\$16,514,693
2060	\$7,689,139	\$7,444,067	\$7,402	\$15,140,609

## Grant Thornton LLP Employees' Retirement Plan

EIN / PN 36-0655558 / 004

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

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PLAN YEAR	ACTIVE PARTICIPANTS	TERMINATED VESTED PARTICIPANTS	RETIRED PARTICIPANTS AND BENEFICIARIES	
			RECEIVING PAYMENTS	TOTAL
2061	\$7,203,607	\$6,371,498	\$6,301	\$13,581,406
2062	\$6,530,865	\$5,133,347	\$5,395	\$11,669,608
2063	\$5,730,174	\$3,906,711	\$4,636	\$9,641,521
2064	\$4,874,132	\$3,285,109	\$3,986	\$8,163,227
2065	\$4,030,857	\$2,668,432	\$3,419	\$6,702,709
2066	\$3,295,685	\$1,887,417	\$2,917	\$5,186,019
2067	\$2,676,191	\$1,214,621	\$2,467	\$3,893,279
2068	\$2,097,570	\$587,775	\$2,063	\$2,687,408
2069	\$1,566,841	\$196,143	\$1,703	\$1,764,686
2070	\$1,074,632	\$16,529	\$1,384	\$1,092,545
2071	\$675,825	\$2,865	\$1,106	\$679,796
2072	\$371,560	\$0	\$867	\$372,427

Grant Thornton LLP Employees' Retirement Plan  
EIN / PN 36-0655558 / 004  
Schedule SB, Part V - Summary of Plan Provisions

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**EFFECTIVE DATE**

January 1, 1997. Last amended effective August 13, 2021.

**PLAN YEAR**

The 12-month period ending on each December 31.

**CASH BALANCE ACCOUNT**

The sum of Service Credits and Interest Credits.

**SERVICE CREDITS**

As of the last day of each Plan Year, a Service Credit shall be credited to the Cash Balance Account of each employee who was an active participant at any time during the Plan Year in an amount equal to 4% of the active participant's Compensation paid in such Plan Year. Additionally, the Cash Balance Account of each employee who was an active participant at any time during the Plan Year and who was classified at any time during the Plan Year as an executive director, managing director or senior director, will be credited with a Service Credit of an additional 2% of such active participant's Compensation paid in such Plan Year.

**INTEREST CREDITS**

Interest Credits shall be credited to participants' Cash Balance Accounts based the annual interest rate on 30-year Treasury securities as reported in the Federal Reserve Bulletin for the month of November immediately preceding the first day of such Plan Year.

**NORMAL RETIREMENT AGE**

Age 65.

**VESTING**

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than 3 Years	0%
3 Years or more	100%

Notwithstanding the above, a participant shall become 100% vested upon attainment of Normal Retirement Age, death or disability while still employed, or death or disability while performing Qualified Military Service.

## Grant Thornton LLP Employees' Retirement Plan

### Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Line 4i  
 EIN 36-6055558, Plan No. 004  
 December 31, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Collective trust funds:		
GQG Partners	GQG Partners Emerging Markets Equity	\$ 14,500,000	\$ 17,486,512
*Northern Trust	Northern Trust Government Short-Term	2,770,653	2,770,653
	Mutual funds:		
Artisan Partners	Artisan Partners FD High Income Institutional	14,042,686	13,368,908
BlackRock	BlackRock FDS V Strategic Income	35,772,666	35,298,752
Brandywine Global	Brandywine Global Opportunities Bond Fund	12,011,103	12,875,247
Cohen & Steers	Cohen & Steers Institutional Rlty SHS Inc	19,542,274	18,625,783
Conestoga	Conestoga Small Cap Institutional	14,036,037	16,287,018
Deutsche Bank	Deutsche Market Trust DWS Rreef Real Asset	19,227,006	17,545,898
Dodge & Cox Inc	Dodge & Cox Inc FD	128,624,755	122,784,964
Harding Lovener	Harding Lovener FS Inc International Fund	34,586,704	30,952,617
Hartford Funds	Hartford Mutual Funds II Inc Schroders	32,082,551	30,604,202
Hotchkis & Wiley	Hotchkis & Wiley Small Cap Diversified Fund	15,205,138	16,656,166
PIMCO	PIMCO Rae Emerging Markets Fund	15,839,756	17,176,775
Vanguard Group	Vanguard Institutional Index Fund	87,462,617	96,159,929
Vanguard Group	Money market fund - Vanguard Federal Money Market Fund	8,639,740	8,639,740
	Total assets (held at end of year)	<b><u>\$ 454,343,686</u></b>	<b><u>\$ 457,233,164</u></b>

\*Party in interest

Grant Thornton LLP Employees' Retirement Plan  
EIN / PN 36-6055558 / 004  
Schedule SB, Line 24 - Change in Actuarial Assumptions

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**INTEREST CREDITING RATE**

The interest crediting rate was changed from 1.94% for 2022 and 1.90% thereafter as of January 1, 2022 to 3.99% for 2023 and 3.97% thereafter as of January 1, 2023, based on the current 30-year Treasury rate and to better reflect future experience of the 30-year Treasury rate.