

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: THOMSON REUTERS 401(K) SAVINGS PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): THOMSON REUTERS HOLDINGS INC.
2b Employer Identification Number (EIN): 06-1497995
2c Plan Sponsor's telephone number: 651-687-7000
2d Business code (see instructions): 519100

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5			21385
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....				
	6a(1)			8868
	6a(2)			8130
	6b			76
	6c			11887
	6d			20093
	6e			197
	6f			20290
	6g(1)			21009
	6g(2)			19924
	6h			391

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7			
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THOMSON REUTERS 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THOMSON REUTERS HOLDINGS INC.	D Employer Identification Number (EIN) 06-1497995	

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

ALLSPRING FUNDS MANAGEMENT LLC

94-3382001

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

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

CAPITAL BANK AND TRUST COMPANY

95-4797716

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

DODGE & COX

94-1441976

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

VANGUARD

23-1945930

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

VOYA INSTITUTIONAL PLAN SERVICES

04-3516284

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

VOYA RETIREMENT ADVISORS, LLC

02-0488491

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

WELLINGTON TRUST COMPANY

04-2755549

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

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

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

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

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

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

VOYA RETIREMENT ADVISORS, LLC

22-1862786

(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?
26 50	INVESTMENT ADVISOR	1483922	Yes <input type="checkbox"/> No <input checked="" 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)

VOYA INSTITUTIONAL PLAN SERVICES

04-3516284

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 34 37 38 49 50 60 62 64 65 99	RECORDKEEPER /TRUSTEE	611520	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FIDUCIANT

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	142500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PRICEWATERHOUSECOOPERS LLC

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	116465	Yes <input type="checkbox"/> No <input checked="" 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)

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(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?
29 50	NONE	106397	Yes <input type="checkbox"/> No <input checked="" 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)

WILLIS TOWERS WATSON US LLC

53-0181291

(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?
16 50 70	NONE	37500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

QDRO CONSULTANTS

34-1820650

(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?
49	NONE	5100	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THOMSON REUTERS 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THOMSON REUTERS HOLDINGS INC.</u>	D Employer Identification Number (EIN) <u>06-1497995</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>THOMSON REUTERS MASTER INVEST.TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>THOMSON REUTERS HOLDINGS INC.</u>		
c EIN-PN <u>06-1497995-012</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>648726818</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>WTC CIF II SMID CAP RES EQ III</u>		
b Name of sponsor of entity listed in (a):	<u>WELLINGTON TRUST COMPANY, N.A</u>		
c EIN-PN <u>04-6913417-129</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>40740899</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET REAL ASSET NL FD CL A</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>90-0337987-374</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>13552512</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INSTITUTIONAL EX MKT INDX TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>81-6324211-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>291912392</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INSTITUTIONAL INDEX TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>81-6327546-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>696026606</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INSTITUTIONAL TOT INTL STK MKT IND</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>81-6317280-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>279841468</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INSTITUTIONAL BOND MKT INDX TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>81-6321044-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>218425572</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP EUPAC TRUST (US)		
b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
c EIN-PN 95-6597294-661	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59857722
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2025 NL FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-4453340-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2030 NL FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-4462201-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2035 NL FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-4480429-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2040 NL FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-4496468-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2045 NL FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-4514357-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2050 NL FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-4532215-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2055 NL FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-4552063-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2060 NL FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-4575448-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2065 NL FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 84-1944762-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX RET NL FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-4590893-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2030 NL FUND H		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 85-3840961-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 480838503
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2035 NL FUND H		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 85-3856926-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188932685
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2040 NL FUND H		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 83-3857000-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 363917560
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2045 NL FUND H		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 85-3864341-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 165729460
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2050 NL FUND H		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 85-3864657-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158065090
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2055 NL FUND H		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 85-3892990-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94996658
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2060 NL FUND H		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 85-3893052-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38792290
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2065 NL FUND H		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 85-3898297-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11643632
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX RET NL FUND H		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 85-3898456-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 435037693

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THOMSON REUTERS 401(K) SAVINGS PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 THOMSON REUTERS HOLDINGS INC.	D Employer Identification Number (EIN) 06-1497995

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2593493	2772136
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	19244791	18735452
(9) Value of interest in common/collective trusts	1c(9)	3267723440	3538310742
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	534948818	648726818
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	323454785	265658997
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	4147965327	4474204145
Liabilities			
g Benefit claims payable.....	1g	533850	1007773
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	279755	300685
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	813605	1308458
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4147151722	4472895687

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	48410183	
(B) Participants.....	2a(1)(B)	107998008	
(C) Others (including rollovers).....	2a(1)(C)	9241244	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		165649435
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1359120	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1359120
(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)	13481605	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13481605
(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	2b(6)		409422142
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		158694111
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1505612
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		747100801

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	418889124	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		418889124
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		-35692
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	611520	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	116465	
(5) Investment advisory and investment management fees	2i(5)	1626422	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	106397	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	42600	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2503404
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		421356836

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		325743965
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) 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: PRICEWATERHOUSECOOPERS LLC

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THOMSON REUTERS 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THOMSON REUTERS HOLDINGS INC.</u>	D Employer Identification Number (EIN) <u>06-1497995</u>	

Part I	Distributions
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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.....

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-3581074

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

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

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Thomson Reuters 401(k)

Savings Plan

**Financial Statements and Supplemental Schedule
December 31, 2024 and 2023**

Thomson Reuters 401(k) Savings Plan

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December 31, 2024 and 2023

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* Other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”) have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of Thomson Reuters 401(k) Savings Plan

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

We have performed an audit of the accompanying financial statements of Thomson Reuters 401(k) Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, including the related notes (collectively referred to as 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- 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.
- 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 (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an 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 accounting principles generally accepted in the United States of America.

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.

Other Matter – Supplemental Schedule Required by ERISA

Schedule I – Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the 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 US GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule 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).

Pricewaterhouse Coopers LLP
New York, New York
October 3, 2025

**Thomson Reuters 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	December 31,	
	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value (Notes 2, 3 and 5)	\$ 3,803,969,739	\$ 3,591,178,225
Interest in Thomson Reuters Master Investment Trust (Notes 2, 4 and 5)	<u>648,726,818</u>	<u>534,948,818</u>
Total investments	4,452,696,557	4,126,127,043
Receivables		
Employer contributions	2,772,136	2,593,493
Notes receivable from participants	<u>18,735,452</u>	<u>19,244,791</u>
Total receivables	<u>21,507,588</u>	<u>21,838,284</u>
Total assets	<u>4,474,204,145</u>	<u>4,147,965,327</u>
Liabilities		
Accrued expenses	<u>300,685</u>	<u>279,755</u>
Total liabilities	<u>300,685</u>	<u>279,755</u>
Net assets available for benefits	<u>\$ 4,473,903,460</u>	<u>\$ 4,147,685,572</u>

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

Thomson Reuters 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

	<u>Year ended</u> <u>December 31, 2024</u>
Additions to net assets	
Net investment income	
Net appreciation in fair value of investments (Note 5)	\$ 407,916,530
Net investment income in Thomson Reuters Master Investment Trust (Notes 4 and 5)	158,694,111
Interest and dividends	<u>13,481,605</u>
Total net investment income	580,092,246
Interest on notes receivable from participants	1,359,120
Contributions	
Employee	107,998,008
Employer	48,410,183
Rollovers	<u>9,241,244</u>
Total contributions	<u>165,649,435</u>
Total additions to net assets	<u>747,100,801</u>
Deductions from net assets	
Benefits paid to participants	418,379,509
Forfeitures utilized for plan administrative expenses (Note 1)	403,877
Fees charged to participants for plan administrative expenses (Note 1)	<u>2,099,527</u>
Total deductions from net assets	<u>420,882,913</u>
Net increase in net assets available for benefits	326,217,888
Net assets available for benefits:	
Beginning of the year	<u>4,147,685,572</u>
End of year	<u>\$ 4,473,903,460</u>

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

Thomson Reuters 401(k) Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

The following description of Thomson Reuters 401(k) Savings Plan (the “Plan”) provides only general plan information. Participants should refer to the Summary Plan Description as defined by the Employee Retirement Income Security Act of 1974 (“ERISA”), which describes the most important features of the Plan, as well as the Plan document for a complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering substantially all of the U.S. employees of Thomson Reuters Holdings Inc. and certain affiliates (collectively, the “Company”). The Plan is subject to the provisions of ERISA.

Participation

All U.S. employees of the Company scheduled to work 20 or more hours a week are eligible to participate in the Plan as soon as employment commences. U.S. employees scheduled to work less than 20 hours a week and all temporary employees are eligible to participate upon completion of one year of employment. All eligible new hires that do not affirmatively elect a deferral contribution in the Plan or do not opt out of the Plan are automatically enrolled in the Plan on or following the 30th day after satisfying the applicable service requirements.

Participant accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, the Company’s discretionary contributions, if any, and Plan earnings. Each participant is charged with the Plan’s recordkeeping fees at a fixed amount. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions

In accordance with the provisions of the Plan, all employees can contribute 1% to 50% of their eligible compensation on a before-tax basis, a traditional after-tax basis, a Roth 401(k) after-tax basis or a combination of all three. Before-tax and Roth 401(k) after-tax contributions are subject to the salary deferral limitation provisions of the Internal Revenue Code (“IRC”), which was \$23,000 in 2024. Total contributions, including Company contributions, are limited to \$69,000 annually. Participants who were age 50 or older during 2024 could also make catch-up contributions on a before-tax and/or Roth 401(k) after-tax basis of up to \$7,500, which increases the 2024 maximum annual before-tax and/or Roth 401(k) contribution amount to \$30,500 for 2024.

The Plan provides for all eligible new hires and existing employees to receive a Company matching contribution of 100% of the first 5% of eligible compensation contributed by a participant each payroll period. These contributions are invested in the BlackRock LifePath Index Fund that most closely matches the participant’s target retirement year, based on the Plan’s normal retirement age of 65, unless the participant changes the way that such amounts are invested. Additionally, for any Plan year, the Company may make discretionary contributions to the Plan.

Vesting of benefits

Participants are fully vested in their contributions and the earnings thereon at all times. Unless expressed otherwise in the Plan document as amended, all participants vest in Company contributions and the related earnings credited to their account based upon their years of service with the Company, as shown below:

Thomson Reuters 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

<u>Years of service</u>	<u>Vested Percentage</u>
1	25%
2	50%
3	75%
4	100%

Employees who reach the Plan's normal retirement age of 65, or become totally and permanently disabled or die while still employed by the Company are immediately vested in the value of the Company contributions and the related earnings credited to their accounts.

Notes receivable from participants

Participants may borrow from their accounts for any purpose. Generally, the minimum loan amount is \$500, and the maximum is 50% of the participant's vested account balance up to the Internal Revenue Service ("IRS") limit of \$50,000. Participants may have up to two outstanding loans at a time, but only one may qualify as a primary residence loan. Additionally, loans must be repaid by payroll deductions over a period not to exceed five years, except for a primary residence loan, in which case the repayment period may not exceed 10 years. Some loans transferred into the Plan as a result of Plan mergers have repayment periods up to 30 years. The loans are collateralized by the balance in the participant's account. Interest rates on loans granted in 2024 were based on the prime interest rate plus 1% on the first business day of the month in which the loan was made, and rates remain fixed for the duration of the loan. Outstanding loans as of December 31, 2024 have interest rates that range from 4.25% to 9.50%.

Distributions

Distributions are made only in the event that a person ceases to be a participant, subject to in-service loans and withdrawals. Upon termination of employment, including retirement, total disability and death, participants have several options available with respect to the distribution of their Plan account balance, as described in the Plan provisions.

Withdrawals

Participants may make withdrawals against their contributions in accordance with the provisions outlined in the Plan. The amounts allocated to accounts of participants who have elected to withdraw from the Plan, but to whom disbursements had not been made as of December 31, 2024 and 2023 were \$1,007,773 and \$533,850, respectively.

Thomson Reuters 401(k) Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

Forfeited accounts

The portion of a terminated participant's account balance which has not yet vested will generally be forfeited upon the earlier of (i) date participant receives a distribution from the Plan of their vested account balance or (ii) date participant incurs five consecutive one-year breaks in service. As of December 31, 2024 and 2023, forfeited nonvested amounts which remained as assets in the Plan totaled \$692,882 and \$1,934,249, respectively. Amounts forfeited by participants who have terminated employment may be applied against future Company matching contributions, Company discretionary contributions or may be used to pay Plan administrative expenses. During 2024, a total of \$3,512,462 was forfeited.

The Plan utilized \$4,349,952 of forfeited amounts to reduce Company contributions and \$403,877 to pay 2024 Plan administrative expenses.

Plan administration

A Plan administrator, appointed by the board of directors of the Company, administers the Plan in accordance with the terms and provisions of the Plan document. The Plan administrator has appointed Voya Institutional Trust Company ("Voya Trust") as the trustee ("Trustee") and Voya Institutional Plan Services, LLC ("Voya") as the third-party administrator to manage the assets and day-to-day operations of the Plan.

Termination

The Company expects the Plan to continue indefinitely but reserves the right to amend or discontinue the Plan at any time subject to the provisions of ERISA. Upon termination of the Plan, the balances in the accounts of each participant would fully vest and be distributed to each participant accordingly.

Administrative expenses

Fees for plan administration, recordkeeping, personalized professional management services and investment advisory through managed accounts are paid directly by Plan participants. All other administrative expenses of the Plan, including but not limited to legal, audit, investment consulting and investment advice fees are either paid directly by the Company or are funded utilizing Plan forfeitures. Loan origination fees are paid by the participant through deductions from their respective accounts and are recorded upon issuance of the loan. Administrative expenses paid by participants or out of the forfeitures account have been reflected in the accompanying financial statements. Administrative expenses charged to participants were \$2,099,527 for the year ended December 31, 2024. Administrative expenses paid by the Company are not reflected in the accompanying financial statements.

2. Summary of Significant Accounting Policies

Basis of accounting

The financial statements are prepared on the accrual basis of accounting with the exception of distributions to participants which are recorded when paid.

Thomson Reuters 401(k) Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

Investment valuation and income recognition

Investments are stated at fair value. Investments in registered investment company funds are valued at the last quoted market price on the last business day of the Plan year. Common/collective trusts are valued at the net asset value as reported by the fund, which approximates current values of the underlying assets. In accordance with FASB ASC 946-10, *Financial Services – Investment Companies (Topic 946) Amendments to the Scope, Measurement, and Disclosure Requirements*, the Plan is permitted, as a practical expedient to estimate the fair value of an investment in a common/collective trust using the net asset value per share of the investment without further adjustment, if the net asset value per share of the investment is determined in accordance with FASB ASC 946-10 as of the Plan’s measurement date.

Separate accounts in the Thomson Reuters Master Investment Trust (the “Master Trust”) are exclusively managed for Plan participants and attempt to mirror the investment portfolio of certain registered investment company funds. However, separate accounts are not in and of themselves registered investment companies. The Master Trust directly owns each security in a separate account rather than having an interest in a pool of securities. See Note 4 for additional details.

Purchases and sales of shares in the investment funds are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan presents, in the Statement of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments which consists of both the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Income taxes

Accounting Standards Codification 740, *Income Taxes* ("ASC 740"), provides guidance for how an uncertain tax position should be recognized, measured, presented and disclosed in the financial statements. ASC 740 requires evaluation of tax positions taken or expected to be taken in the course of preparing the Plan’s tax returns to determine whether the tax positions are "more likely than not" to be sustained by the applicable tax authority. ASC 740 does not have a material effect on the Plan’s financial statements.

The Plan is subject to routine audits by applicable taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that it is no longer subject to income tax examinations for years prior to 2021.

Contributions

Employee contributions are recorded in the period in which they are withheld by the Company. Employer contributions owed to the Plan by the Company are accrued at the end of the year based upon amounts to be funded in accordance with the Plan provisions outlined in Note 1.

Notes receivable from participants

Participant loans are valued at cost plus accrued interest less principal repayments.

Use of estimates

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

Thomson Reuters 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

Risks and uncertainties

The Plan allows participants to invest in funds that provide various combinations of stocks, bonds, money markets and other investment securities. These investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk and uncertainty associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits, and the Statement of Changes in Net Assets Available for Benefits.

3. Fair Value

The fair value framework requires the categorization of assets and liabilities into three levels based upon the assumptions (inputs) used to value the assets or liabilities. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant management judgment. The three levels are defined as follows:

Level 1 - quoted prices (unadjusted) in active markets for identical assets or liabilities;

Level 2 - inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly (that is, as prices) or indirectly (that is, derived from prices); and

Level 3 - inputs for the asset or liability that are not based on observable market data (that is, unobservable inputs).

Investments at fair value

December 31, 2024	Level 1	Level 2	Level 3	Total
Total registered investment companies in the fair value hierarchy	\$ 265,658,997	-	-	\$ 265,658,997
Investments in common/collective trusts measured at net asset value ⁽¹⁾				3,538,310,742
Total investments at fair value				\$3,803,969,739
December 31, 2023	Level 1	Level 2	Level 3	Total
Total registered investment companies in the fair value hierarchy	\$ 323,454,785	-	-	\$ 323,454,785
Investments in common/collective trusts measured at net asset value ⁽¹⁾				3,267,723,440
Total investments at fair value				\$3,591,178,225

(1) These investments are measured at fair value using the net asset value per share without adjustment as a practical expedient and, in accordance with ASU 2015-07, *Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* are not classified in the fair value hierarchy. The amounts presented are intended to provide a reconciliation to investments reported in the Statement of Net Assets Available for Benefits.

Investments valued using Level 1 inputs represent registered investment companies, which were valued using the last quoted market price on the last business day of the Plan year.

Thomson Reuters 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

The net asset value per share of the investments in common/collective trusts were determined by its trustee. Typically, the common/collective trusts under ordinary market conditions, provide for daily redemptions by Plan participants at net asset value per share.

4. Master Trust

The Company established the Master Trust for the purpose of permitting commingled investment of the assets of the T. Rowe Price Blue Chip Growth Separate Account and the MFS Large Cap Value Separate Account held within this Plan and within the Reuters Guild 401(k) / Pension Plan, another defined contribution plan sponsored by Reuters America LLC. Voya Trust serves as the Trustee of the Master Trust.

The Master Trust is valued based on the beginning of year value plus actual contributions, net investment income, less distributions and allocated expenses. Each participating plan shares in the assets and earnings of the Master Trust based on its respective interest in each applicable fund.

Assets and liabilities of the Master Trust and the interest held by the Plan as of December 31, 2024 and 2023 were as follows:

	December 31, 2024		December 31, 2023	
	Master Trust	Plan's Interest in Master Trust	Master Trust	Plan's Interest in Master Trust
Investments				
Corporate common stocks	\$ 691,148,830	\$ 644,766,742	\$ 571,767,308	\$ 532,903,297
Corporate preferred stocks	156,438	145,940	156,438	145,805
Corporate debt - all other	913,604	852,293	624,350	581,912
U.S. government securities	3,590,511	3,349,557	1,679,956	1,565,766
Total investments	695,809,383	649,114,532	574,228,052	535,196,780
Receivables	343,183	320,152	335,419	312,620
Payables	(164,558)	(153,515)	(110,204)	(102,713)
Accrued expenses	(594,229)	(554,351)	(491,261)	(457,869)
Net assets	\$ 695,393,779	\$ 648,726,818	\$ 573,962,006	\$ 534,948,818

As of December 31, 2024 and 2023, substantially all of the Master Trust assets are based on quoted prices in active markets and are categorized as level 1 within the fair value framework.

During 2024, the Master Trust's net appreciation in fair value of investments includes both gains and losses on investments bought and sold, as well as appreciation and depreciation of investments held during the year. The components of net investment income of the Master Trust were as follows:

	Year ended December 31, 2024
Net appreciation in fair value of investments	\$ 163,219,242
Dividends	6,365,168
Total net investment income	\$ 169,584,410

Thomson Reuters 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

5. Information Certified by the Trustee

As permitted by 29 CFR 2520.103-5 of the Department of Labor’s (“DOL’s”) rules and regulations under ERISA, the investment balances as well as any information related to investments and investment activity and notes receivable from participants in the accompanying financial statements, were derived from information certified as complete and accurate by Voya Trust, the Plan trustee.

The following information included in the accompanying financial statements was derived from data that has been prepared and certified as complete and accurate by the Trustee. Reported values were determined as described in Note 2.

Assets held by the Plan and certified by the Trustee as of December 31, 2024 and 2023 were as follows:

	December 31,	
	2024	2023
Assets		
Investments, at fair value	\$ 3,803,969,739	\$ 3,591,178,225
Interest in Master Trust	648,726,818	534,948,818
Notes receivable from participants	18,735,452	19,244,791
Total certified assets	\$ 4,471,432,009	\$ 4,145,371,834

Thomson Reuters 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

Investments held by the Plan and certified by the Trustee as of December 31, 2024 and 2023 were as follows:

	December 31,	
	2024	2023
Interest in common/collective trusts:		
BlackRock LifePath Index 2030 Non-Lendable Fund H	\$ 480,838,503	-
BlackRock LifePath Index 2035 Non-Lendable Fund H	188,932,685	-
BlackRock LifePath Index 2040 Non-Lendable Fund H	363,917,560	-
BlackRock LifePath Index 2045 Non-Lendable Fund H	165,729,460	-
BlackRock LifePath Index 2050 Non-Lendable Fund H	158,065,090	-
BlackRock LifePath Index 2055 Non-Lendable Fund H	94,996,658	-
BlackRock LifePath Index 2060 Non-Lendable Fund H	38,792,290	-
BlackRock LifePath Index 2065 Non-Lendable Fund H	11,643,632	-
BlackRock LifePath Index Retirement Non-Lendable Fund H	435,037,693	-
BlackRock LifePath Index 2025 Non-Lendable Fund J	-	\$ 109,511,853
BlackRock LifePath Index 2030 Non-Lendable Fund J	-	477,721,877
BlackRock LifePath Index 2035 Non-Lendable Fund J	-	179,028,002
BlackRock LifePath Index 2040 Non-Lendable Fund J	-	336,494,490
BlackRock LifePath Index 2045 Non-Lendable Fund J	-	148,686,489
BlackRock LifePath Index 2050 Non-Lendable Fund J	-	135,185,768
BlackRock LifePath Index 2055 Non-Lendable Fund J	-	78,047,497
BlackRock LifePath Index 2060 Non-Lendable Fund J	-	30,631,436
BlackRock LifePath Index 2065 Non-Lendable Fund J	-	7,814,054
BlackRock LifePath Index Retirement Non-Lendable Fund J	-	356,982,484
Capital Group EUPAC Trust (US)	59,857,722	-
State Street Real Asset NL Series Fund Class A	13,552,512	14,780,490
Vanguard Institutional Bond Market Index Trust	218,425,572	208,435,969
Vanguard Institutional Extended Market Index Trust	291,912,392	280,950,615
Vanguard Institutional Index Trust	696,026,606	584,836,296
Vanguard Institutional Total International Stock Market Index Trust	279,841,468	282,298,883
Wellington SMID Research Equity Fund	40,740,899	36,317,237
Total common/collective trusts	<u>3,538,310,742</u>	<u>3,267,723,440</u>
Interest in registered investment companies:		
Allspring Government Money Market Fund	-	144,771,772
American Funds EuroPacific Growth Fund R-6	-	63,152,539
Dodge & Cox Income X Fund	81,540,284	77,489,805
Vanguard Federal Money Market Fund	147,609,625	-
Vanguard Short-Term Bond Index Fund Institutional Shares	36,509,088	38,040,669
Total registered investment companies	<u>265,658,997</u>	<u>323,454,785</u>
Total investments at fair value	<u>\$ 3,803,969,739</u>	<u>\$ 3,591,178,225</u>
Interest in Master Trust:		
MFS Large Cap Value Separate Account	140,901,722	137,220,127
T. Rowe Price Blue Chip Growth Separate Account	507,825,096	397,728,691
Total interest in Master Trust	<u>\$ 648,726,818</u>	<u>\$ 534,948,818</u>
Total investments	<u>\$ 4,452,696,557</u>	<u>\$ 4,126,127,043</u>

Thomson Reuters 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

Net investment income and interest on notes receivable from participants of the Plan for the year ended December 31, 2024 were as follows:

	Year ended
	December 31, 2024
Net appreciation in fair value of investments	\$ 407,916,530
Net investment income in Master Trust	158,694,111
Interest and dividends	13,481,605
Total net investment income	<u>\$ 580,092,246</u>
Interest on notes receivable from participants	<u>\$ 1,359,120</u>

6. Income Tax Status

The IRS has ruled in a determination letter dated February 24, 2017, that the Plan and related trust are designed in accordance with the applicable sections of the IRC, and therefore, the Plan has been granted tax-exempt status.

The Plan has been amended since that date. However, the Plan administrator and the Plan's legal counsel believe the Plan is designed and is currently being operated in compliance with applicable requirements of the IRS. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 4,473,903,460	\$ 4,147,685,572
Amounts allocated to withdrawing participants	<u>(1,007,773)</u>	<u>(533,850)</u>
Net assets available for benefits per the Form 5500, Schedule H, Part I (line 1(l))	<u>\$ 4,472,895,687</u>	<u>\$ 4,147,151,722</u>

Thomson Reuters 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

	Year ended December 31, 2024
Benefits paid to participants per the financial statements	\$ 418,379,509
Add: Amounts allocated to withdrawing participants at December 31, 2024	1,007,773
Less: Amounts allocated to withdrawing participants at December 31, 2023	<u>(533,850)</u>
Benefits paid to participants per the Form 5500, Schedule H, Part II (lines 2e(4), 2f and 2g)	<u>\$ 418,853,432</u>

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment through December 31, 2024, but were not yet paid as of that date.

8. Related Party Transactions

Plan administration and recordkeeping fees charged by Voya to participants of the Plan were \$611,520 for the year ended December 31, 2024. Amount payable to Voya was \$125,964 as of December 31, 2024. Professional management services fees charged by Voya Retirement Advisors, LLC to the participants of the Plan were \$1,483,922 for the year ended December 31, 2024. See Note 1 for additional details.

9. Subsequent events

The Plan administrator has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued, and determined that no events have occurred that require disclosure.

**Thomson Reuters 401(k) Savings Plan
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2024**

Supplemental Schedule I

Identity of issue or borrower	Description of investment including maturity date or rate of interest	Cost⁽¹⁾	Current value
BlackRock LifePath Index 2030 Non-Lendable Fund H	Common/collective trust		\$ 480,838,503
BlackRock LifePath Index 2035 Non-Lendable Fund H	Common/collective trust		188,932,685
BlackRock LifePath Index 2040 Non-Lendable Fund H	Common/collective trust		363,917,560
BlackRock LifePath Index 2045 Non-Lendable Fund H	Common/collective trust		165,729,460
BlackRock LifePath Index 2050 Non-Lendable Fund H	Common/collective trust		158,065,090
BlackRock LifePath Index 2055 Non-Lendable Fund H	Common/collective trust		94,996,658
BlackRock LifePath Index 2060 Non-Lendable Fund H	Common/collective trust		38,792,290
BlackRock LifePath Index 2065 Non-Lendable Fund H	Common/collective trust		11,643,632
BlackRock LifePath Index Retirement Non-Lendable Fund H	Common/collective trust		435,037,693
Capital Group EUPAC Trust (US)	Common/collective trust		59,857,722
Dodge & Cox Income X Fund	Registered investment company		81,540,284
State Street Real Asset NL Series Fund Class A	Common/collective trust		13,552,512
Thomson Reuters Master Investment Trust	Master Trust		648,726,818
Vanguard Federal Money Market Fund	Registered investment company		147,609,625
Vanguard Institutional Bond Market Index Trust	Common/collective trust		218,425,572
Vanguard Institutional Extended Market Index Trust	Common/collective trust		291,912,392
Vanguard Institutional Index Trust	Common/collective trust		696,026,606
Vanguard Institutional Total International Stock Market Index Trust	Common/collective trust		279,841,468
Vanguard Short-Term Bond Index Fund Institutional Shares	Registered investment company		36,509,088
Wellington SMID Research Equity Fund	Common/collective trust		40,740,899
Total investments			<u>4,452,696,557</u>
* Notes receivable from participants	Loans to participants (maturities range from 2025 to 2039; interest rates range from 4.25% to 9.50%)		18,735,452
Total assets held for investment purposes			<u>\$ 4,471,432,009</u>

(1) Cost information is not required for participant directed investments and notes receivable from participants and, therefore, is not included.

* Party-in-interest.

The information in this schedule has been certified as to its completeness and accuracy by the Plan's Trustee.

Plan Name	Thomson Reuters 401(K) Savings Plan
Plan Sponsor EIN	06-1497995
ERISA Plan #	002
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	