

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan KPMG PARTNER PENSION PLAN
1b	Three-digit plan number (PN) ▶ 018
1c	Effective date of plan 05/01/2002
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KPMG LLP C/O TOTAL REWARDS DEPT 75 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645-1842
2b	Employer Identification Number (EIN) 13-5565207
2c	Plan Sponsor's telephone number 800-576-4435
2d	Business code (see instructions) 541211

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	JENNIFER L. LEWIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor KPMG PENSION STRATEGY & INVESTMENT COMMITTEE C/O TOTAL REWARDS DEPT 75 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645-1842		3b Administrator's EIN 38-4333697
		3c Administrator's telephone number 800-576-4435
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 3407
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) 2423 6a(2) 2262 6b 131 6c 865 6d 3258 6e 9 6f 3267 6g(1) 6g(2) 6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3B 3F 3H 3J		
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 _____
- (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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan KPMG PARTNER PENSION PLAN	B Three-digit plan number (PN) ▶ 018
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KPMG LLP	D Employer Identification Number (EIN) 13-5565207
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	1778036828	
b	Actuarial value	2b	1819639817	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	114	60181959	60181959
b	For terminated vested participants	916	371256764	371256764
c	For active participants	2423	1153711530	1154884551
d	Total	3453	1585150253	1586323274
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	4.88 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	115542659	
b	Expected plan-related expenses	6b	1300000	
c	Target normal cost	6c	116842659	

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

SIGN HERE	Signature of actuary FRANK B. GALLAGHER Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 150 JOHN F. KENNEDY PARKWAY 5TH FLOOR SHORT HILLS, NJ 07078 Address of the firm	09/26/2025 Date 23-06786 Most recent enrollment number 973-290-2779 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	18770853	136957384
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	18770853	136957384
10 Interest on line 9 using prior year's actual return of <u>10.55</u> %	1980325	14449004
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		114039660
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.98</u> %		5679175
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		119718835
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	20751178	151406388

Part III Funding Percentages

14 Funding target attainment percentage	14	103.85 %
15 Adjusted funding target attainment percentage	15	114.70 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.58 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/25/2024	11089846		07/29/2024	10993986	
02/23/2024	11087610		08/23/2024	11013493	
03/26/2024	11033667		09/24/2024	10965244	
04/26/2024	10931935		10/23/2024	10416735	
05/22/2024	10945921		11/22/2024	10237636	
06/26/2024	11018988		12/20/2024	10320394	
Totals ▶			18(b)	130055455	18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	126907746

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 58
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	116842659	
b Excess assets, if applicable, but not greater than line 31a	31b	61158977	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	55683682	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	55683682	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	126907746	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	71224064	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KPMG PARTNER PENSION PLAN	B Three-digit plan number (PN) ▶	018
C Plan sponsor's name as shown on line 2a of Form 5500 KPMG LLP	D Employer Identification Number (EIN) 13-5565207	

Part I	Service Provider Information (see instructions)
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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
BLACKROCK FUND ADVISORS
94-2948313

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAUSEWAY CAPITAL MANAGEMENT LLC
95-4861680

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COHEN & STEERS CAPITAL MGMT, INC.
13-3353336

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DOUBLELINE CAPITAL LP
30-0596331

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

MFS HERITAGE TRUST COMPANY

02-0507414

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

LORD, ABBETT & CO. LLC

30 HUDSON STREET
JERSEY CITY, NJ 07302

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

ARISTOTLE PACIFIC CAPITAL, LLC

840 NEWPORT CENTER DRIVE,
SUITE 700
NEWPORT BEACH, CA 92660

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

PRINCIPAL GLOBAL INVESTORS

PRINCIPAL FUNDS COMPLIANCE
801 GRAND AVENUE
DES MOINES, IA 50392-2080

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

TRANSAMERICA ASSET MANAGEMENT

59-3403585

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

BLACKROCK ADVISORS, LLC

23-2784752

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

MARATHON ASSET MANAGEMENT L.P.

82-2118667

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

THE VANGUARD GROUP, INC.

23-1945930

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

OAKTREE CAPITAL MANAGEMENT, L.P.

333 SOUTH GRAND AVENUE, 28TH FLOOR
LOS ANGELES, CA 90071

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

PGIM INVESTMENTS

22-3468527

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

PIMCO

33-0629048

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

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

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

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

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

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

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

GOLDMAN SACHS ASSET MANAGEMENT

13-3575636

(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?
28 51 56	NONE	668256	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
21 28 51	NONE	88318	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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?
21 24 28 50 51	NONE	171916	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

WILLIS TOWERS WATSON

27-0676603

(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?
11 15 38 50	NONE	536911	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(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	94640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLKIE FARR & GALLAGHER

13-5536844

(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	20558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WILLIAM BLAIR FUNDS

150 NORTH RIVERSIDE PLAZA
CHICAGO, IL 60606

(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?
28 51	NONE	81760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLOBAL TRUST COMPANY

26-3761443

(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?
21 50	NONE	40873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INSTITUTIONAL ASSET MGMT

20-4659714

(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?
28 51	NONE	39025	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

STATE STREET BANK AND TRUST COMPANY

04-1867445

(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?
21 50	NONE	281934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE VANGUARD GROUP, INC.

23-1945930

(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?
56	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	834	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan KPMG PARTNER PENSION PLAN				B Three-digit plan number (PN)	018
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KPMG LLP				D Employer Identification Number (EIN) 13-5565207	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: EAFE EQUITY INDEX FUND					
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.					
c EIN-PN 94-6596958-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62969927		
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FUND					
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.					
c EIN-PN 94-6052285-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126033530		
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 ALPHA TILTS FUND					
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.					
c EIN-PN 94-3123057-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31807707		
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY SERIES					
b Name of sponsor of entity listed in (a): RBC GLOBAL ASSET MANAGEMENT (U.S.) INC.					
c EIN-PN 47-4883422-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21133357		
a Name of MTIA, CCT, PSA, or 103-12 IE: SS 1-3 YR U.S. CREDIT INDEX NL CTF					
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY					
c EIN-PN 54-6536000-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82370204		
a Name of MTIA, CCT, PSA, or 103-12 IE: SS DAILY MSCI EMG MKTS INDX NL FUND					
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY					
c EIN-PN 04-0025081-192		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16103553		
a Name of MTIA, CCT, PSA, or 103-12 IE: SS 1-3 YR U.S. TREASURY IDX NL CTF					
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY					
c EIN-PN 03-0511251-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 353004052		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.					
Schedule D (Form 5500) 2024 v. 240311					

a Name of MTIA, CCT, PSA, or 103-12 IE: **WILLIAM BLAIR INTL LEADERS COLL INV**

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

c EIN-PN 27-6331814-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14954659
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIAM GROUP TRUST FOR EBP SISC POOL**

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

c EIN-PN 20-4659714-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5333997
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS INTERNATIONAL EQUITY FUND**

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

c EIN-PN 57-1187281-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22299106
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK MSCI EAFE SM CAP EQUITY**

b Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

c EIN-PN 26-0719768-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15679031
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PACIFIC ASSET MANAGEMENT BANK LOAN**

b Name of sponsor of entity listed in (a): **PAM BANK LOANGP LLC**

c EIN-PN 46-5076716-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32136605
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan KPMG PARTNER PENSION PLAN	B Three-digit plan number (PN) ▶ 018
C Plan sponsor's name as shown on line 2a of Form 5500 KPMG LLP	D Employer Identification Number (EIN) 13-5565207

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	42015155	25298410
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	4751168	3644164
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)		21935551
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	734460594	751689123
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	29272605	32136605
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	954055022	1029258307
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	16104533	2972346

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	1780659077	1866934506
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	2622249	3348565
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2622249	3348565
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1778036828	1863585941

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)		
(B) Participants	2a(1)(B)	130055455	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		130055455
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	186868	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		186868
(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)	49665476	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		49665476
(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)	-26161803	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-26161803

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		122714264
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		5936606
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-19088232
c Other income	2c		-369727
d Total income. Add all income amounts in column (b) and enter total	2d		262938907

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	175434738	
(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)		175434738
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	94640	
(5) Investment advisory and investment management fees	2i(5)	998659	
(6) Bank or trust company trustee/custodial fees	2i(6)	49786	
(7) Actuarial fees	2i(7)	451026	
(8) Legal fees	2i(8)	20461	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	340484	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1955056
j Total expenses. Add all expense amounts in column (b) and enter total	2j		177389794

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		85549113
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: **GRANT THORNTON LLP**

(2) EIN: **36-6055558**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 555115.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan KPMG PARTNER PENSION PLAN				B Three-digit plan number (PN) ▶	018
C Plan sponsor's name as shown on line 2a of Form 5500 KPMG LLP				D Employer Identification Number (EIN) 13-5565207	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
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	176
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	0
b Enter the amount contributed by the employer to the plan for this plan year				6b	0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 33.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 55.0 %

High-Yield Debt: 5.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.0 % Other: 4.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	KPMG PARTNER PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-5565207	PN	018

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	KPMG PARTNER PENSION PLAN					
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-5565207	PN 018

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	KPMG PARTNER PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-5565207	PN	018

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

KPMG PARTNER PENSION PLAN

Financial Statements

December 31, 2024 and 2023

(With Report of Independent Certified Public Accountants Thereon)

KPMG PARTNER PENSION PLAN

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- * All other schedules are omitted as they are not applicable or are not required based on the disclosure requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and applicable regulations issued by the U.S. Department of Labor.

GRANT THORNTON LLP

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
KPMG Partner Pension Plan

Opinion

We have audited the financial statements of KPMG Partner Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audits of the financial statements 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

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.

Supplemental schedules required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Grant Thornton LLP

Philadelphia, Pennsylvania
October 9, 2025

KPMG PARTNER PENSION PLAN

Statements of Net Assets Available for Plan Benefits

As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value:		
Money market	\$ 63,180,912	\$ 42,911,605
Mutual funds	876,598,035	836,012,218
Collective trusts	751,689,123	734,460,594
Exchange traded funds	89,479,360	75,131,199
Limited partnerships	54,072,156	40,621,173
Derivative - assets	<u>2,972,346</u>	<u>4,755,965</u>
Total investments, at fair value	1,837,991,932	1,733,892,754
Cash	25,298,410	42,015,155
Receivables:		
Due from broker	572,389	2,229,303
Dividends and rebates	<u>3,071,775</u>	<u>2,521,865</u>
Total assets	<u>1,866,934,506</u>	<u>1,780,659,077</u>
Liabilities		
Due to broker	(1,007,130)	(888,347)
Derivative liabilities	(2,031,157)	(1,014,005)
Accrued expenses	<u>(310,278)</u>	<u>(719,897)</u>
Total liabilities	<u>(3,348,565)</u>	<u>(2,622,249)</u>
Net assets available for plan benefits	<u>\$ 1,863,585,941</u>	<u>\$ 1,778,036,828</u>

The accompanying notes are an integral part of these statements.

KPMG PARTNER PENSION PLAN

Statements of Changes in Net Assets Available for Plan Benefits

For the years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 81,436,385	\$ 134,010,977
Dividends and interest	<u>49,852,344</u>	<u>38,787,093</u>
Net investment income	<u>131,288,729</u>	<u>172,798,070</u>
Partner contributions	130,055,455	152,085,020
Other income	<u>1,594,723</u>	<u>273,377</u>
Total additions	<u>262,938,907</u>	<u>325,156,467</u>
Deductions from net assets attributed to:		
Benefits paid to participants	(175,434,738)	(204,912,938)
Administrative expenses	<u>(1,955,056)</u>	<u>(2,437,482)</u>
Total deductions	<u>(177,389,794)</u>	<u>(207,350,420)</u>
Increase in net assets available for plan benefits	<u>85,549,113</u>	<u>117,806,047</u>
Net assets available for plan benefits		
Beginning of year	<u>1,778,036,828</u>	<u>1,660,230,781</u>
End of year	\$ <u><u>1,863,585,941</u></u>	\$ <u><u>1,778,036,828</u></u>

The accompanying notes are an integral part of these statements.

KPMG PARTNER PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following brief description of the KPMG Partner Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the provisions of the Plan.

The Plan, a defined benefit plan, effective May 1, 2002, provides benefits under a “cash balance” formula and includes substantially all partners and principals of KPMG LLP (the Firm).

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(a) Participation

Partners and principals (collectively referred to as Partners) who have attained age 21 and completed one year of service are eligible to participate in the Plan. Certain Partners were excluded from participation including those who terminated service prior to April 9, 2003.

(b) Retirement Age

Normal retirement as defined by the Plan is at age 62. A participant may elect early retirement after separation, at the earlier of (i) the date the participant reaches age 55 and completes at least three years of vesting service, or (ii) the date the sum of the age of the participant and the participant's vesting service totals at least 73 years.

(c) Vesting

Participants in the Plan become fully vested in the benefit under the Plan upon the earlier of completion of three years of vesting service or attaining age 62 while performing service for the Firm.

(d) Payment of Benefits

A participant's accrued benefit is an annual life annuity beginning on the first day of the month coinciding with or following their 62nd birthday which is equal to the actuarial equivalent annuity value of the participant's cash balance account or minimum cash balance account plus interest credits from the date of determination until the date of commencement. If a participant continues employment beyond their 62nd birthday, the accrued benefit is adjusted to reflect the later termination date if it would result in a larger balance.

Benefits are normally paid in the form of a life annuity (for unmarried participants) or in the form of a 50% joint and survivor annuity or a 100% joint and survivor annuity (for married participants). An unmarried participant may also receive a distribution in the form of a life and five-year certain annuity, and subject to spousal consent, a married Plan participant may also receive a distribution in the form of a life annuity or a life and five-year certain annuity, in each case, the amount of which is the actuarial equivalent of the participant's accrued benefit. A participant may also elect to receive a lump-sum distribution equal to the participant's cash balance account, which is subject to spousal consent.

KPMG PARTNER PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(e) Death Benefits

Participants who die and are vested while performing service for the Firm or after terminating service with the Firm with a deferred vested benefit are entitled to death benefits, which are payable to a surviving eligible spouse or designated beneficiaries. For participants who die without a surviving spouse or designated beneficiary on or after January 1, 2022, death benefits are paid to the participant's estate (and for participants who die without a surviving spouse or designated beneficiary prior to January 1, 2022, death benefits are paid in accordance with the Plan's hierarchy). For participants who die after commencing Plan benefits, death benefits are only paid to the extent the payment form elected provides for a death benefit.

(f) Service Credits and Interest Credits

Under the Plan, all eligible participants are credited with service credits and interest credits at the end of each plan year.

Service credits are determined in accordance with a schedule that is based on a Partner's age as of the end of the plan year and targeted compensation, as defined in the Firm's partnership agreement. For plan years beginning on and after May 1, 2013, targeted compensation is capped at \$1,200,000, except that targeted compensation is capped at \$999,999 for Partners who enter the Plan with less than five years of service. Effective January 1, 2022, the Plan was amended and restated to change the service credit schedule. The schedule will continue to be based on age and targeted compensation, with a maximum targeted compensation of \$1,200,000. The maximum service credit will generally be limited to an amount based on 25% of the IRS compensation limit. Effective January 1, 2024, the Plan was amended to limit the service credit to a maximum of 20% of the IRS compensation limit. The Plan limits annual service credits with respect to certain Partners whose retirement benefits are or may be affected by the maximum benefit limitations of Section 415 of the Internal Revenue Code (IRC).

Partners who are not active participants for the entire year will only receive a prorated service credit based on actual months of Plan participation, provided that such Partner has completed at least 1,000 hours during the plan year or has terminated their service at age 55 or later or as a result of death.

Interest credits are equal to interest at the greater of 4% or the annual rate of interest on 10-year Treasury Constant Maturities as published by the Federal Reserve for the month of March of the immediately preceding plan year (but not in excess of the rate used for interest credits under the KPMG Pension Plan for the Pension Plan year that coincides with such Partner Pension Plan year-end) multiplied by the balance of such participant's cash balance account as of the first day of the current plan year.

Trust Account

State Street Bank (SSB) is trustee of the KPMG Partner Pension Plan Trust (the Trust).

Administration

The Trust generally pays the administrative expenses of the Plan, including legal, accounting, actuary and investment manager fees. The Firm may also pay expenses for the Plan.

KPMG PARTNER PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Partners, principals and employees of the Firm provide services to the Plan, which are paid by the Firm. Goldman Sachs provides investment advisory services to the Plan.

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

The financial statements to the Plan have been prepared using the accrual method of accounting.

(b) *Use of Estimates*

The preparation of financial statements in accordance with U.S. generally accepted accounting principles (U.S. GAAP) requires management of the Plan to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(c) *Investment Valuation and Income Recognition*

Investments are reported at fair value. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The net appreciation or depreciation in the fair value of Plan investments presented in the Statements of Net Assets Available for Plan Benefits consists of realized gains or losses and unrealized appreciation or depreciation on those investments.

(d) *Cash*

Cash, including cash denominated in foreign currencies, represents cash on hand and demand deposits held at major financial institutions and is subject to credit risk to the extent those balances exceed applicable Federal Deposit Insurance Corporation (FDIC) or Securities Investor Protection Corporation (SIPC) limitations.

(e) *Due From/To Brokers*

At December 31, 2024 and 2023, the amounts due from broker represents trades pending settlement, margin variation, and cash pledged as collateral for derivative contracts and may be restricted. The Plan's restricted cash at December 31, 2024 and 2023 consists of cash pledged as collateral for derivative contracts of \$250,000.

At December 31, 2024 and 2023, the amount due to broker represent trades pending settlement.

(f) *Payment of Benefits*

Benefits are recorded when paid.

(g) *Foreign Currency Translation*

Assets and liabilities denominated in foreign currencies are translated into U.S. dollar amounts at the reporting date. Transactions denominated in foreign currencies, including purchases and sales of

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investments, and income and expenses, are translated into U.S. dollar amounts on the date of those transactions. Adjustments arising from foreign currency transactions are reflected in the Statements of Net Assets available for Plan Benefits and those fluctuations are included with net appreciation (depreciation) on investments in the Statements of Changes in Net Assets Available for Plan Benefits.

(h) Offsetting of Assets and Liabilities

The Plan presents OTC derivatives that are executed with the same counterparty under the same master netting agreement on a net basis when the criteria for the right of setoff are met.

The Plan has elected not to offset fair value amounts recognized for cash collateral receivables and payables and fair value amounts recognized for derivative positions executed with the same counterparty under the same master netting arrangement.

(3) Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on both the priority of those benefits and the sufficiency of the Plan's net assets at that time to provide for accumulated benefit obligations and may also depend on the financial condition of the Firm and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC).

(4) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits under the plan provisions are those future periodic payments including lump sum distributions that are attributable to the service Partners have rendered. Accumulated plan benefits include the benefits expected to be paid to: (a) retired or terminated Partners or their beneficiaries; (b) beneficiaries of Partners who have died; and (c) present Partners or their beneficiaries.

The accumulated plan benefits are based on the cash balance accounts of such Partners as of the valuation date. Benefits payable under all circumstances (retirement, death, and vested termination of employment) are included to the extent they are deemed attributable to partner service rendered to the valuation date. The traditional unit credit actuarial cost method is currently being used by the Plan.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

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The following were significant assumptions used in the valuations as of December 31, 2023:

Discount rate	5.40% per annum
Interest credit rate	4.17% per annum, increasing to 4.25% in 2025 and 4.5% for 2030 and beyond
Mortality table	PRI-2012 Mortality Tables projected generationally using Scale MP-2021 for males and females

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits, as of December 31, 2023, is summarized as follows:

Vested accumulated plan benefits:	
Active participants	\$ 1,112,993,307
Participants with deferred benefits	363,099,450
Participants receiving payments	<u>58,718,733</u>
Total vested benefits	1,534,811,490
Nonvested accumulated plan benefits	<u>1,102,437</u>
Total actuarial present value of accumulated plan benefits	\$ <u>1,535,913,927</u>

The change in accumulated plan benefits for the year ended December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	\$ 1,450,049,115
Increase (decrease) during the year attributable to:	
Benefits accumulated	117,725,137
Actuarial (gains) losses	(3,642,622)
Decrease in the discount period	93,780,338
Benefits paid	(204,912,938)
Changes in actuarial assumptions*	<u>82,914,897</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	\$ <u>1,535,913,927</u>

* Changes in actuarial assumptions includes a decrease in the discount rate from 6.4% to 5.4%.

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Notes to Financial Statements

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(5) Funding Policy

The Firm has voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets necessary to pay pension benefits to Plan participants. Although it has not expressed any intent to do so, the Firm has the right to discontinue contributions under the Plan at any time and to terminate the Plan. The Firm contributions have met the minimum funding requirements of ERISA.

(6) Fair Value Measurements

Fair value is defined by U.S. GAAP as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The determination of fair value is based on the principal or most advantageous market in which the Plan could commence transactions and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions and risk of nonperformance. Also, determination of fair value under U.S. GAAP assumes that market participants will consider the highest and best use of the asset.

U.S. GAAP establishes a fair value hierarchy whereby the inputs contained in valuation techniques used to measure fair value are categorized into three broad levels as follows:

- Level 1 – quoted prices in active markets that the reporting entity has the ability to access at the date of the fair value measurement;
- Level 2 – inputs other than quoted prices described in Level 1 that are observable for the asset or liability, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities;
- Level 3 – unobservable inputs that are supported by little or no market activity and that are significant to the fair value measurement of the assets or liabilities.

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

The following provides a summary of the recognized assets that are measured at fair value on a recurring basis and the valuation methodologies:

Money market mutual funds, mutual funds, exchange traded funds and collective trusts: The fair value of money market mutual funds, mutual funds, exchange traded funds and collective trust funds is based on the Net Asset Value (NAV) of the funds and trusts, calculated daily, and is based on the fair value of the underlying investments. The Plan's investments in mutual funds, exchange traded funds, and daily valued collective trusts are reported as level 1. Collective trusts that are not daily valued are reported as level 2.

Limited partnerships: Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held

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by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Derivatives

Futures and options: Futures and options are trades on national exchanges and are valued based on the last reported price and are therefore reported as level 1.

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

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

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Money market	\$ 63,180,912	\$ —	\$ —	\$ 63,180,912
Mutual funds	876,598,035	—	—	876,598,035
Collective trusts	719,881,416	31,807,707	—	751,689,123
Exchange traded funds	89,479,360	—	—	89,479,360
Derivatives assets gross	4,231,827	—	—	4,231,827
Less: Effect of netting provisions	(1,259,481)	—	—	(1,259,481)
Total derivatives assets, net	2,972,346	—	—	2,972,346
Investments at NAV	—	—	—	54,072,156
Total investments at fair value	\$ 1,752,112,069	\$ 31,807,707	\$ —	\$ 1,837,991,932
Derivative liabilities	\$ (3,290,638)	\$ —	\$ —	\$ (3,290,638)
Less: Effect of netting provisions	1,259,481	—	—	1,259,481
Total derivatives liabilities, net	\$ (2,031,157)	\$ —	\$ —	\$ (2,031,157)

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Notes to Financial Statements

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Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Money market	\$ 42,911,605	\$ —	\$ —	\$ 42,911,605
Mutual funds	836,012,218	—	—	836,012,218
Collective trusts	706,018,796	28,441,798	—	734,460,594
Exchange traded funds	75,131,199	—	—	75,131,199
Derivatives assets gross	5,159,087	—	—	5,159,087
Less: Effect of netting provisions	(403,122)	—	—	(403,122)
Total derivatives assets, net	4,755,965	—	—	4,755,965
Investments at NAV	—	—	—	40,621,173
Total investments at fair value	\$ 1,664,829,783	\$ 28,441,798	\$ —	\$ 1,733,892,754
Derivative liabilities	\$ (1,417,127)	\$ —	\$ —	\$ (1,417,127)
Less: Effect of netting provisions	403,122	—	—	403,122
Total derivatives liabilities, net	\$ (1,014,005)	\$ —	\$ —	\$ (1,014,005)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2024 and 2023, respectively.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Marathon Emerging Markets Bond Fund (a)	\$ 12,154,553	None	Monthly	10 days
Oaktree Emerging Markets Equity Fund (c)	9,780,998	None	Monthly	30 days
Aristotle Pacific Capital Bank Loan Fund (b)	32,136,605	None	Monthly	By the 10 th day of the prior month
December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Marathon Emerging Markets Bond Fund (a)	\$ 11,348,568	None	Monthly	10 days
Aristotle Pacific Capital Bank Loan Fund (b)	29,272,605	None	Monthly	By the 10 th day of the prior month

- (a) Marathon Emerging Markets Bond Fund's objective is to generate alpha above and beyond index returns by deploying capital predominately across the wide range of investment opportunities found in the emerging markets credit space. The fund invests in sovereign debt, quasi-sovereign debt,

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corporate debt, municipal or provincial/state debt, loans, investment and non-investment grade credit primarily in emerging markets and other financial instruments.

- (b) Aristotle Pacific Capital Bank Loan Fund's (f/n/a Pacific Asset Management Bank Loan Fund) objective is to outperform the Credit Suisse Leveraged Loan Index (the "Benchmark") by investing primarily in bank debt instruments of non-investment grade companies. The fund invests in 80-150 larger rated bank loan issuers.
- (c) Oaktree Emerging Markets Equity Fund's objective is long-term growth of capital through investment in equity securities of emerging market companies.

(7) Derivatives

Derivatives are financial instruments whose cash flows are based on a notional amount or an underlying instrument, where there is little or no initial investment and whose terms require or permit net settlement. Derivative instruments include options, forwards and futures.

These instruments are acquired and held to add incremental value and to reduce investment risk.

Although the contract or notional amount of these instruments is not recorded on the financial statements, these instruments are recognized as either an investment asset or a liability, depending on the rights or obligations of the contract measured at fair value.

These instruments may involve, to varying degrees, elements of credit and market risk in excess of amounts recognized in the financial statements. The Plan minimizes the credit (or repayment) risk in these instruments by entering into transactions with high-quality counterparties.

The Plan has pledged certain cash as collateral for derivatives activity.

Futures and Options

In order to gain exposure to, or protect against, declines in security values, the investment managers of the Plan may buy and sell futures contracts. Futures contracts generally are sold to mitigate declines in the value of portfolio securities. The Plan may also purchase futures contracts to gain exposure to market changes as it may be more efficient or cost-effective than actually buying securities. Variation margin payments are equal to the daily changes in contract value and are recorded as realized gains and losses, which are included on the statements of changes in net assets available for plan benefits as net appreciation (depreciation) in fair value of investments.

In order to mitigate certain risks, such as interest rate risk, or to speculate on changes in the expected direction of underlying prices, investment managers of the Plan may buy or sell exchange traded options. An option is a derivative instrument that specifies a contract between two parties for a future transaction on an asset at a reference price. The buyer of the option gains the right, but not the obligation, to engage in the transaction, while the seller incurs the corresponding obligation to fulfill the transaction.

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Notes to Financial Statements

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Volume of Derivative Activities

The Plan considers the notional amounts at December 31, 2024 and 2023, categorized by primary underlying risk, to be representative of the volume of its derivative activities during the year-ended December 31, 2024 and 2023.

Primary underlying risk	December 31, 2024		December 31, 2023	
	Long exposure notional amounts	Short exposure notional amounts	Long exposure notional amounts	Short exposure notional amounts
Interest rate				
Options	\$ 25,600	\$ 13,300	\$ 868,073,750	\$ —
Index price				
Options	7,440,000	—	(77,479,000)	2,584,500
Futures	769,324,248	5,588,594	99,337,914	—
Total	<u>\$ 776,789,848</u>	<u>\$ 5,601,894</u>	<u>\$ 889,932,664</u>	<u>\$ 2,584,500</u>

Effect of Derivatives on the Statements of Net Assets Available for Plan Benefits and Statement of Changes in Net Assets Available for Plan Benefits

The following table identifies the fair value amounts of derivative contracts included in the Statements of Net Assets Available for Plan Benefits, categorized by type of contract, at December 31, 2024 and 2023. Balances are presented on a gross basis, before application of the effect of counterparty and collateral netting. The following table also identifies the realized and unrealized gain and loss amounts included in the Statements of Changes in Net Assets Available for Plan Benefits, categorized by type of contract.

For the year ended December 31, 2024

Primary underlying risk	Derivative assets	Derivative liabilities	Realized gains (losses)	Change unrealized appreciation (depreciation)
Interest rates				
Options	\$ 1,351,806	\$ (73,001)	\$ (1,996,850)	\$ (183,958)
Index price				
Options	2,506,458	(812,917)	(7,835,226)	(1,637,672)
Futures	373,563	(2,404,720)	—	10,363,977
Total gross	4,231,827	(3,290,638)	(9,832,076)	8,542,346
Less: Effect of netting provisions	(1,259,481)	1,259,481	—	—
Total net	<u>\$ 2,972,346</u>	<u>\$ (2,031,157)</u>	<u>\$ (9,832,076)</u>	<u>\$ 8,542,346</u>

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For the year ended December 31, 2023

<u>Primary underlying risk</u>	<u>Derivative assets</u>	<u>Derivative liabilities</u>	<u>Realized gains (losses)</u>	<u>Change unrealized appreciation (depreciation)</u>
Interest rates				
Options	\$ 2,355,163	\$ —	\$ (1,170,200)	\$ (1,799,916)
Foreign currency rates				
Options	—	—	(3,501,992)	—
Index price				
Options	394,108	(1,408,113)	(7,591,688)	(1,290,795)
Futures	2,409,816	(9,014)	—	2,401,656
Total gross	5,159,087	(1,417,127)	(12,263,880)	(689,055)
Less: Effect of netting provisions	(403,122)	403,122	—	—
Total net	<u>\$ 4,755,965</u>	<u>\$ (1,014,005)</u>	<u>\$ (12,263,880)</u>	<u>\$ (689,055)</u>

(8) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan, by letter dated April 23, 2014, that the Plan and related trust were designed in accordance with the applicable sections of the IRC. However, the Plan has been amended since receiving this determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan continues to be designed and operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administration has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(9) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate fluctuations, market conditions, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is possible that changes in the values of investment securities in the near term could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits and the Statements of Changes in Net Assets Available for Plan Benefits.

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

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(10) Subsequent Events

The Plan has evaluated subsequent events through October 9, 2025 the date the financial statements were available to be issued.

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Form 5500, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)

As of December 31, 2024 and 2023

	(b)	(c)		(e)
(a)	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	Current Value
*	State Street Institutional US Government MM	Money Market Mutual Fund	\$ 63,180,912	\$ 63,180,912
	BlackRock High Yield Bond Portfolio K	Mutual Fund	\$ 38,634,899	\$ 38,247,699
	Causeway International Value Fund	Mutual Fund	17,664,802	21,809,142
	Cohen + Steers Global Infrastructure	Mutual Fund	16,048,878	17,539,347
	DoubleLine Low Duration Bond	Mutual Fund	179,597,227	174,314,344
*	Goldman Sachs Global Equity Volatity Fund	Mutual Fund	14,060,359	23,369,460
*	Goldman Sachs Global Managed Beta Fund	Mutual Fund	82,565,756	88,048,008
*	Goldman Sachs Tactical Exposure Fund	Mutual Fund	65,525,126	66,724,501
	PGIM High Yield Fund R6	Mutual Fund	10,564,651	10,671,239
	PIMCO Investment Grade Credit Bond	Mutual Fund	296,511,767	242,199,589
	Principal Global Real Estate Securities Fund	Mutual Fund	19,588,024	19,602,118
	Transamerica Short Term Bond Fund	Mutual Fund	172,351,690	167,485,988
	Vanguard Emerging Markets Bond	Mutual Fund	6,437,096	6,586,600
		Total Mutual Funds	\$ 919,550,274	\$ 876,598,035
	BlackRock EAFE Equity Index Fund	Collective Trust	\$ 50,533,685	\$ 62,969,927
	BlackRock EAFE SC Index Fund	Collective Trust	12,994,600	15,679,031
	BlackRock Equity Index Fund A	Collective Trust	72,725,187	126,033,530
	FIAM Select International Small Cap Pool	Collective Trust	5,994,906	5,333,997
	RBC Emerging Markets Commingled Fund	Collective Trust	15,848,858	21,133,357
	BlackRock Russell 2000 Alpha Tilts Fund	Collective Trust	21,117,709	31,807,707
	MFS International Equity Fund	Collective Trust	18,741,615	22,299,106
*	SSGA 1-3 Year US Treasury Index CTF	Collective Trust	70,824,614	82,370,204
*	SSGA MSCI Emerging Markets	Collective Trust	14,180,829	16,103,553
*	13 Year US Treasury Indx NL CTF CM2QNON	Collective Trust	329,882,514	353,004,052
	William Blair Collective Mutual Fund	Collective Trust	16,130,340	14,954,659
		Total Collective Trusts	\$ 628,974,859	\$ 751,689,123
	iShares Core S+P ETF	Exchange Traded Fund	\$ 65,615,353	\$ 89,479,360
	Marathon Emerging Markets Bond Fund	Limited Partnership	14,100,000	12,154,553
	Oaktree Emerging Markets Equity Fund	Limited Partnership	9,800,000	9,780,998
	Pacific Asset Management Bank Loan Fund	Limited Partnership	26,200,000	32,136,605
		Total Limited Partnerships	\$ 50,100,000	\$ 54,072,156

* Party in interest

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Form 5500, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)

As of December 31, 2024 and 2023

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c)	(d) Cost	(e) Current Value
		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		
	S+P 500 INDEX JAN25 5880 PUT	Derivative Asset	\$ 288,690	\$ 116,840
	S+P 500 INDEX JAN25 5940 PUT	Derivative Asset	223,340	370,300
	S+P 500 INDEX JAN25 6025 PUT	Derivative Asset	214,580	650,916
	S+P 500 INDEX JAN25 6000 PUT	Derivative Asset	213,230	595,476
	S+P 500 INDEX JAN25 5770 PUT	Derivative Asset	287,640	218,400
	S+P 500 INDEX FEB25 5975 PUT	Derivative Asset	362,390	554,526
	3 MONTH SOFR OPT JUN25C 96.62 JUN25 96.625 CALL	Derivative Asset	125,784	11,406
	3 MONTH SOFR OPT MAR25C 97.25 MAR25 97.25 CALL	Derivative Asset	291,396	1,006
	3 MONTH SOFR OPT MAR25C 96.5 MAR25 96.5 CALL	Derivative Asset	121,919	2,250
	3 MONTH SOFR OPT SEP25C 96.62 SEP25 96.625 CALL	Derivative Asset	128,345	22,856
	3 MONTH SOFR OPT JUN25C 97.25 JUN25 97.25 CALL	Derivative Asset	342,284	20,775
	3 MONTH SOFR OPT MAR25C 97 MAR25 97 CALL	Derivative Asset	279,575	2,638
	3 MONTH SOFR OPT SEP25C 97.5 SEP25 97.5 CALL	Derivative Asset	356,625	43,588
	3 MONTH SOFR OPT DEC25C 97.5 DEC25 97.5 CALL	Derivative Asset	351,600	62,263
	3 MONTH SOFR OPT MAR25C 98 MAR25 98 CALL	Derivative Asset	13,125	263
	3 MONTH SOFR OPT MAR26C 96.75 MAR26 96.75 CALL	Derivative Asset	30,875	10,925
	3 MONTH SOFR OPT JUN25C 96.25 JUN25 96.25 CALL	Derivative Asset	87,363	18,425
	3 MONTH SOFR OPT DEC25C 96.5 DEC25 96.5 CALL	Derivative Asset	142,400	56,406
	3 MONTH SOFR OPT SEP25C 96.5 SEP25 96.5 CALL	Derivative Asset	139,238	41,175
	3 MONTH SOFR OPT JUN26C 96.75 JUN26 96.75 CALL	Derivative Asset	29,450	12,706
	3 MONTH SOFR OPT MAR26C 96.62 MAR26 96.625 CALL	Derivative Asset	117,513	51,350
	3 MONTH SOFR OPT JUN26C 96.62 JUN26 96.625 CALL	Derivative Asset	118,125	56,719
	3 MONTH SOFR OPT SEP26C 96.62 SEP26 96.625 CALL	Derivative Asset	119,700	59,400
	3 MONTH SOFR OPT MAR26C 96.25 MAR26 96.25 CALL	Derivative Asset	108,750	83,194
	3 MONTH SOFR OPT SEP26C 96.37 SEP26 96.375 CALL	Derivative Asset	113,563	82,950
	3 MONTH SOFR OPT JUN26C 96.25 JUN26 96.25 CALL	Derivative Asset	112,141	85,913

* Party in interest

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Form 5500, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)

As of December 31, 2024 and 2023

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including		(d) Cost	(e) Current Value
		Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			
	3 MONTH SOFR OPT DEC26C 96.37 DEC26 96.375 CALL	Derivative Asset	\$	116,250	\$ 83,906
	3 MONTH SOFR OPT DEC25C 96.12 DEC25 96.125 CALL	Derivative Asset		104,625	83,700
	3 MONTH SOFR OPT SEP25C 96 SEP25 96 CALL	Derivative Asset		56,550	43,863
	3 MONTH SOFR OPT SEP26C 96.5 SEP26 96.5 CALL	Derivative Asset		103,400	87,538
	3 MONTH SOFR OPT MAR27C 96.5 MAR27 96.5 CALL	Derivative Asset		116,813	95,118
	3 MONTH SOFR OPT DEC26C 96.5 DEC26 96.5 CALL	Derivative Asset		110,338	91,000
	3 MONTH SOFR OPT MAR26C 97 MAR26 97 CALL	Derivative Asset		23,748	21,300
	3 MONTH SOFR OPT JUN27C 96.5 JUN27 96.5 CALL	Derivative Asset		121,000	97,900
	TOPIX INDX FUTR MAR25 XOSE 20250313	Derivative Asset		—	79,131
	US ULTRA BOND CBT MAR25 XCBT 20250320	Derivative Asset		—	294,430
	3 MONTH SOFR OPT JUN26C 97.12 JUN26 97.125 CALL	Derivative Asset		23,575	21,275
		Total Derivatives Assets	\$	5,495,937	\$ 4,231,827

* Party in interest

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Form 5500, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)

As of December 31, 2024 and 2023

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	S+P 500 INDEX JAN25 6250 CALL	Derivative Liabilities	\$ 19,210	\$ 240
	S+P 500 INDEX JAN25 6275 CALL	Derivative Liabilities	15,870	400
	S+P 500 INDEX JAN25 6080 CALL	Derivative Liabilities	1,760	330
	S+P 500 INDEX JAN25 6200 CALL	Derivative Liabilities	17,143	2,304
	S+P 500 INDEX JAN25 6130 CALL	Derivative Liabilities	2,313	77
	S+P 500 INDEX JAN25 6125 CALL	Derivative Liabilities	9,900	9,900
	S+P 500 INDEX JAN25 6145 CALL	Derivative Liabilities	7,860	7,860
	S+P 500 INDEX JAN25 6140 CALL	Derivative Liabilities	17,840	17,840
	S+P 500 INDEX JAN25 6040 CALL	Derivative Liabilities	7,590	7,590
	S+P 500 INDEX JAN25 6130 CALL	Derivative Liabilities	9,360	9,360
	S+P 500 INDEX JAN25 6140 CALL	Derivative Liabilities	8,340	8,340
	S+P 500 INDEX JAN25 6135 CALL	Derivative Liabilities	8,760	8,760
	S+P 500 INDEX JAN25 5950 PUT	Derivative Liabilities	49,072	142,590
	S+P 500 INDEX JAN25 5860 PUT	Derivative Liabilities	53,740	111,200
	S+P 500 INDEX JAN25 5850 PUT	Derivative Liabilities	75,140	152,672
	S+P 500 INDEX JAN25 5740 PUT	Derivative Liabilities	74,632	95,520
	S+P 500 INDEX JAN25 5865 PUT	Derivative Liabilities	70,560	58,065
	S+P 500 INDEX JAN25 5775 PUT	Derivative Liabilities	22,100	22,100
	S+P 500 INDEX JAN25 5675 PUT	Derivative Liabilities	84,530	84,530
	S+P 500 INDEX JAN25 5605 PUT	Derivative Liabilities	28,600	28,600
	S+P 500 INDEX JAN25 5600 PUT	Derivative Liabilities	27,940	27,940
	S+P 500 INDEX JAN25 5610 PUT	Derivative Liabilities	29,250	29,250
	S+P 500 INDEX JAN25 5615 PUT	Derivative Liabilities	29,900	29,900
	S+P500 EMINI FUT MAR25 XCME 20250321	Derivative Liabilities	—	1,428,217
	LONG GILT FUTURE MAR25 IFLL 20250327	Derivative Liabilities	—	188,187
	S+P500 EMINI FUT MAR25 XCME 20250321	Derivative Liabilities	—	601,066
	US 5YR NOTE (CBT) MAR25 XCBT 20250331	Derivative Liabilities	—	187,250
	S+P 500 INDEX JAN25 5620 PUT	Derivative Liabilities	30,550	30,550
	Total Derivatives Liabilities		\$ 701,960	\$ 3,290,638

* Party in interest

KPMG PARTNER PENSION PLAN

Form 5500, Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions

For the year end December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (include Interest Rate and Maturity in Case of Loan)	(d) Purchase Price	(e) Selling Price	(f) Cost of Asset	(g) Current value of Asset on Transaction Date	(h) Net Gain (Loss)
Series of Transactions in Same Security Exceeding 5% of Value						
State Street	State Street Institutional US Govt MM	\$ 399,736,270	\$ 379,466,963	\$ 379,466,963	\$ 779,203,233	\$ —

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan KPMG PARTNER PENSION PLAN	B Three-digit plan number (PN) ▶ 018
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KPMG LLP	D Employer Identification Number (EIN) 13-5565207
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	1,778,036,828	
b	Actuarial value	2b	1,819,639,817	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	114	60,181,959	60,181,959
b	For terminated vested participants	916	371,256,764	371,256,764
c	For active participants	2,423	1,153,711,530	1,154,884,551
d	Total	3,453	1,585,150,253	1,586,323,274
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	4.88%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	115,542,659	
b	Expected plan-related expenses	6b	1,300,000	
c	Target normal cost	6c	116,842,659	

Statement by Enrolled Actuary

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

SIGN HERE	FBG Signature of actuary Frank B. Gallagher Type or print name of actuary Willis Towers Watson US LLC Firm name 150 John F. Kennedy Parkway 5th Floor Short Hills NJ 07078 Address of the firm	9/26/2025 Date 2306786 Most recent enrollment number 973-290-2779 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	18,770,853	136,957,384
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	18,770,853	136,957,384
10 Interest on line 9 using prior year's actual return of <u>10.55%</u>	1,980,325	14,449,004
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		114,039,660
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.98%</u>		5,679,175
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		119,718,835
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	20,751,178	151,406,388

Part III Funding Percentages

14 Funding target attainment percentage	14	103.85 %
15 Adjusted funding target attainment percentage	15	114.70 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.58 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/25/2024	11,089,846				
02/23/2024	11,087,610				
03/26/2024	11,033,667				
04/26/2024	10,931,935				
05/22/2024	10,945,921				
06/26/2024	11,018,988				
07/29/2024	10,993,986				
08/23/2024	11,013,493				
09/24/2024	10,965,244				
10/23/2024	10,416,735				
11/22/2024	10,237,636				
12/20/2024	10,320,394				
Totals ►			18(b)	130,055,455	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	126,907,746

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 4.87 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	58
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	116,842,659
b	Excess assets, if applicable, but not greater than line 31a	31b	61,158,977
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 55,683,682
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36 55,683,682
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 126,907,746
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 71,224,064
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

(A)	(B)	(C)	(D)	(E)
AGE	RATE	NUMBER OF ACTIVE LIVES	NUMBER RETIRING	NUMBER OF YEARS UNTIL RETIREMENT
			(B) X (C)	(D) X { (A) - 47 }
47	2%	100,000	2,000	0
48	2%	98,000	1,960	1,960
49	2%	96,040	1,921	3,842
50	2%	94,119	1,882	5,646
51	2%	92,237	1,845	7,380
52	2%	90,392	1,808	9,040
53	2%	88,584	1,772	10,632
54	2%	86,812	1,736	12,152
55	7%	85,076	5,955	47,640
56	7%	79,121	5,538	49,842
57	7%	73,583	5,151	51,510
58	15%	68,432	10,265	112,915
59	15%	58,167	8,725	104,700
60	60%	49,442	29,665	385,645
61	45%	19,777	8,900	124,600
62	45%	10,877	4,895	73,425
63	40%	5,982	2,393	38,288
64	60%	3,589	2,153	36,601
65	100%	1,436	1,436	25,848
TOTAL			100,000	1,101,666

COMPUTATION OF THE AVERAGE WEIGHTED RETIREMENT AGE (NEAREST WHOLE AGE):

= 47 + THE AVERAGE NUMBER OF YEARS UNTIL RETIREMENT (PAST AGE 47)

= 47 + $\frac{\text{THE TOTAL NUMBER OF YEARS UNTIL RETIREMENT}}{\text{THE TOTAL NUMBER RETIRING}}$

= 47 + (E TOTAL) / (D TOTAL)

= 47 + 1,101,666 / 100,000

= 58

Note: For ages under 55, a rate of 4% is used for direct entry partners (DEPs) which represent a small portion of the partner population. This has not been reflected in this calculation but it would not materially change the result.

Plan Name: KPMG Partner Pension Plan
 EIN / PN: 13-5565207 / 018
 Plan Sponsor: KPMG LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The following non-prescribed assumptions were changed since the prior valuation:

- As a result of the experience study completed in 2024, assumed rates of retirement, rates of termination and form and timing of payment assumptions were changed to better reflect anticipated future experience.
- The cash balance interest crediting rate assumption was updated to an initial rate of 4.17% for the 2024 plan year to reflect the actual interest crediting rate for 2024.
- The amount of plan-related expenses included in the target normal cost was changed from \$2,000,000 for the plan year beginning January 1, 2023 to \$1,300,000 for the plan year beginning January 1, 2024. The plan-related expenses exclude investment-related expenses.

Plan Name: KPMG Partner Pension Plan
EIN / PN: 13-5565207 / 018
Plan Sponsor: KPMG LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service									
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 30										
30-34	1	1								
35-39	41	109	1							
	\$1,350	\$37,464								
40-44	47	370	114	3						
	\$1,195	\$67,768	\$204,614							
45-49	39	197	249	88	13					
	\$12,215	\$115,999	\$309,757	\$611,011						
50-54	25	127	166	120	190	23				
	\$16,496	\$176,446	\$456,705	\$780,071	\$1,042,158	\$1,308,104				
55-59	6	33	76	60	89	173				
		\$260,607	\$645,328	\$1,095,125	\$1,237,340	\$1,479,099				
60-64		3	9	12	5	21				
						\$1,746,051				
65 & over			2			2				

Compensation data is not shown because benefits are not based on compensation.

Plan Name: KPMG Partner Pension Plan
 EIN / PN: 13-5565207 / 018
 Plan Sponsor: KPMG LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments as of January 1, 2024

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	47,633,891	85,033,111	4,571,987	137,238,989
2025	54,469,228	55,563,284	4,548,330	114,580,842
2026	87,621,214	39,325,661	4,521,878	131,468,753
2027	101,045,156	23,588,202	4,492,374	129,125,732
2028	107,914,461	28,426,366	4,456,685	140,797,512
2029	129,177,222	23,286,649	4,415,885	156,879,756
2030	136,921,025	33,198,651	4,372,655	174,492,331
2031	124,567,805	26,785,383	4,323,952	155,677,140
2032	129,311,803	26,760,371	4,269,056	160,341,230
2033	125,653,115	26,259,123	4,207,208	156,119,446
2034	95,812,033	17,237,628	4,137,620	117,187,281
2035	85,492,756	18,401,455	4,059,492	107,953,703
2036	75,387,520	9,170,087	3,972,027	88,529,634
2037	67,078,724	11,560,974	3,874,476	82,514,174
2038	68,558,347	9,687,946	3,766,162	82,012,455
2039	52,742,638	12,711,382	3,646,533	69,100,553
2040	39,349,084	8,618,472	3,515,216	51,482,772
2041	43,265,575	6,100,482	3,372,091	52,738,148
2042	32,123,657	4,420,436	3,217,370	39,761,463
2043	31,187,707	3,818,828	3,051,649	38,058,184
2044	21,777,975	3,113,958	2,875,937	27,767,870
2045	18,457,520	3,305,135	2,691,645	24,454,300
2046	16,066,796	2,990,436	2,500,568	21,557,800
2047	12,540,960	2,598,853	2,304,830	17,444,643
2048	11,556,218	2,605,252	2,106,834	16,268,304
2049	10,405,978	2,388,922	1,909,181	14,704,081
2050	9,478,771	2,274,712	1,714,449	13,467,932
2051	9,099,720	2,224,842	1,525,122	12,849,684
2052	8,649,472	2,030,707	1,343,513	12,023,692

Plan Name: KPMG Partner Pension Plan
EIN / PN: 13-5565207 / 018
Plan Sponsor: KPMG LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	8,252,307	1,901,504	1,171,688	11,325,499
2054	7,841,777	1,769,047	1,011,424	10,622,248
2055	7,413,305	1,634,686	864,090	9,912,081
2056	6,969,413	1,499,907	730,584	9,199,904
2057	6,512,113	1,366,265	611,347	8,489,725
2058	6,044,959	1,235,275	506,391	7,786,625
2059	5,572,149	1,108,347	415,347	7,095,843
2060	5,098,408	986,730	337,494	6,422,632
2061	4,628,889	871,469	271,796	5,772,154
2062	4,168,876	763,405	217,040	5,149,321
2063	3,723,516	663,167	171,918	4,558,601
2064	3,297,497	571,181	135,129	4,003,807
2065	2,894,833	487,660	105,443	3,487,936
2066	2,518,784	412,604	81,701	3,013,089
2067	2,171,755	345,847	62,859	2,580,461
2068	1,855,256	287,089	48,015	2,190,360
2069	1,569,886	235,917	36,397	1,842,200
2070	1,315,474	191,832	27,367	1,534,673
2071	1,091,224	154,276	20,398	1,265,898
2072	895,829	122,655	15,053	1,033,537
2073	727,554	96,356	10,980	834,890

Plan Name: KPMG Partner Pension Plan
EIN / PN: 13-5565207 / 018
Plan Sponsor: KPMG LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	KPMG LLP
EIN/PN	13-5565207/018
Plan Name	KPMG Partner Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Frank B. Gallagher
Enrollment Number	23-6786

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

KPMG LLP

EIN/PN

13-5565207/018

Assumptions

Interest Rate Basis

- | | |
|-----------------------|--|
| ■ Applicable month | September |
| ■ Interest rate basis | Segment Rates from 4th Month
Preceding Valuation Date |

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Interest Rates	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	4.75%	3.62%
■ Second segment rate	4.87%	4.46%
■ Third segment rate	5.59%	4.52%
■ Effective interest rate	4.88%	4.35%

Interest Crediting Rate

The plan credits interest to cash balance accounts using the 10-year Treasury rate, but with a minimum interest credit rate of 4.00%. Our long-term estimate of the 10-year Treasury rate is greater than 4.00%, based on future economic expectations. After examining historical variability in this rate, an interest crediting rate assumption of 4.17% for the 2024 plan year and 4.25% for the 2025-2029 plan years and 4.50% beyond 2030 (long-term assumption), has been selected. The result of this process is reviewed each year for reasonableness given current and expected future conditions. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.

Plan Name:	KPMG Partner Pension Plan
EIN / PN:	13-5565207 / 018
Plan Sponsor:	KPMG LLC
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial Equivalence Basis for Lump Sum/Annuity Conversions

For target liability purposes, the basis for lump sum/annuity conversions is the valuation interest rate (as outlined above) and the PPA 2024 Optional Combined Unisex mortality table.

Assumed Cost of Living Adjustments

None.

Inclusion Date

The valuation date coincident with or next following the date on which the partner becomes a participant.

Mortality

For target liability purposes, separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Retirement Rates

The rates at which participants retire by age are shown below.

Age	Rate
<55	DEPs 4.0% / Promotes 2.0%
55	7%
56	7
57	7
58	15
59	15
60	60
61	45
62	45
63	40
64	60
65	100

Plan Name: KPMG Partner Pension Plan
EIN / PN: 13-5565207 / 018
Plan Sponsor: KPMG LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement rates were based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed retirement rates differ by age because of observed differences in retirement rates by age. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Representative Disability Rates

Representative rates at which participants become disabled by age and gender are shown below:

Age	Rate	
	Male	Female
25	.02%	.03%
30	.02	.03
35	.03	.04
40	.04	.05
45	.05	.08
50	.09	.13
55	.18	.25

Representative Termination Rates not Due to Disability, Retirement or Mortality

Rates at which DEP participants terminate by age and years of service are shown below:

Years of Service	Rate
0	2.0%
1	7.0
2	10.0
3	12.0
4+	4.0

Rates at which Non-DEP participants terminate by age and years of service are shown below:

Years of Service	Rate
All	2.0%

Plan Name: KPMG Partner Pension Plan
EIN / PN: 13-5565207 / 018
Plan Sponsor: KPMG LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination rates were based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed termination rates differ by service because of observed differences in termination rates by service. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Form and Timing of Payment

Form of payment: 90% of eligible participants elect a lump sum and 10% elect an annuity

Timing of Payment

- Retirement eligible active participants: 20% commence immediately upon retirement and 80% defer commencement to age 62 (immediate if past age 62)
- Current and future terminated vested participants: 100% defer commencement to age 62 (immediate if past age 62)

The form and timing of payment assumptions were based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Compensation Increases

None

Future Increases in Maximum Benefits Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. No provision is made for future increases in the maximum annual benefit.

Partners

It was assumed there will be no new or rehired partners.

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Plan-Related Expenses

The amount of plan-related expenses included in the target normal cost is \$1,300,000 for the plan year beginning January 1, 2024. The plan-related expenses exclude investment-related expenses. Plan-related expenses are estimated based on the actual expenses paid from the trust the preceding year, adjusted for the expected change in PBGC premiums during the year.

Methods

Valuation Date

First day of plan year.

Funding Target

Present value of accrued benefits as required by regulations under IRC §430.

Target Normal Cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement Timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Asset Method

The asset method is the average method. This method is described in IRS Notice 2009-22, which reflects changes made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA).

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the

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average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of 12 months prior to the valuation date and the adjusted market value of assets as of 24 months prior to the valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of that date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 5.74%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 6.40%, and the applicable limitation for the plan year, equal to 5.74%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 4.50%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 4.50%, and the applicable limitation for the plan year, equal to 5.92%. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

The expected rate of return on plan assets is the client's best estimate and we are unable to evaluate this assumption due to the sophistication of the plan sponsor's investment strategy for the plan's assets.

Participant Data

Partner data was supplied by the employer as of the valuation date.

Benefits not Included in Valuation

None.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Adjusted Funding Target Attainment Percentage, are truncated to the nearest .01% to be consistent with the rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of

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the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. When applicable, based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Prescribed Methods

Funding Methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Changes in Assumptions Since Prior Valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated, as required by guidance issued under IRC §430.

As a result of the experience study completed in 2024, assumed rates of retirement, rates of termination and form and timing of payment assumptions were changed to better reflect anticipated future experience.

The cash balance interest crediting rate assumption was updated to an initial rate of 4.17% for the 2024 plan year to reflect the actual interest crediting rate for 2024.

The amount of plan-related expenses included in the target normal cost was changed from \$2,000,000 for the plan year beginning January 1, 2023 to \$1,300,000 for the plan year beginning January 1, 2024. The plan-related expenses exclude investment-related expenses.

Changes in Methods Since Prior Valuation

None.

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Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

KPMG LLP

Effective Date and Recent Amendments

The KPMG LLP Partner Pension Plan was effective May 1, 2002 and adopted April 9, 2003. The most recent plan amendment was adopted on December 22, 2023. The Plan was amended and restated effective January 1, 2024 to change the maximum service credit limit from 25% of the 401(a)17 compensation limit to 20% of the 401(a)17 compensation limit for the plan year.

Participation

Partners of KPMG LLP became participants on the later of May 1, 2002 and the first day of the calendar month following the attainment of age 21 and the completion of one year of service. Certain partners of KPMG LLP were excluded from participation in the Plan, including those partners who terminated service with KPMG LLP before April 9, 2003.

Plan Year

January 1 to December 31.

Opening Cash Balance Account

The Opening Cash Balance Account as of May 1, 2002 is zero.

Actuarial Equivalence

Actuarial Equivalence during the period May 1, 2022 through April 30, 2023 (during which the January 1, 2023 valuation occurs) is determined based on the minimum present value segment rates prescribed under Section 417(e)(3) of the Internal Revenue Code for the month of March immediately preceding the noted stability period and the PPA 2022 Optional Combined Unisex Mortality Table.

Service Credit

A participant's Cash Balance Account is credited with a Service Credit as of the last day of each Plan Year ending after the Effective Date during which the participant is an eligible partner and during which the participant completes at least 1,000 hours of service (667 for the short plan year from May 1, 2021 to December 31, 2021) or in which the participant's service terminates by reason of death or by retirement after attaining age 55.

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For Plan Years beginning on or after January 1, 2022, a participant's Service Credit is an amount determined from the PPP Service Credit Schedule based on the eligible partner's age (as of the last day of the Plan Year) and his targeted compensation for the Plan Year. The amount of the service credit in the Schedule is limited by 25% of the applicable 401(a)(17) compensation limit for the 2023 plan year and limited by 20% of the of the applicable 401(a)(17) compensation limit beginning January 1, 2024. For the 2023 plan year, the 401(a)(17) compensation limit is \$330,000, and thus the maximum service credit is \$82,500. For the 2024 plan year, the 401(a)(17) compensation limit is \$345,000, and thus the maximum service credit is \$69,000.

The PPP Service Credit Schedule amounts are multiplied by a fraction, the numerator of which is the number of calendar months during such Plan Year in which the eligible partner is an active participant and the denominator of which is twelve.

The Service Credit for a Plan Year for any participant cannot exceed the maximum amount for which a deduction is allowable to the participant for federal income tax purposes for the taxable year of the participant that begins with or within such Plan Year.

For Plan Years beginning on or after May 1, 2013, a maximum service credit applies to participants whose Total KPMG LLP Pension Benefits exceed certain thresholds ("Bend Point" and "End Point"). Once a maximum service credit applies to a participant, then the participant's service credits for all subsequent plan years will also be subject to a maximum, except as periodically "refreshed" by amendment to the plan, most recently effective January 1, 2022.

Total KPMG LLP Pension Benefits are determined based on benefits as of the first day of the Plan Year (adjusted to the participant's earliest eligible retirement date, if later), and equal the aggregate lump sum value of:

- KPMG LLP Partner Pension Plan cash balance account
- KPMG LLP Pension Plan cash balance account
- Supplemental accrued benefit (in the KPMG LLP Pension Plan), and
- Accrued benefit in the PMM & Co. Pension Plan for Partners and Employees.

A participant's Current Section 415 Limit for a Plan Year is the limit that would apply under Code Section 415 to a lump sum distribution payable on the first day of the applicable Plan Year, based on age at the participant's earliest eligible retirement date (but not earlier than the first day of the plan year).

Limit on Service Credit for Plan Years Beginning on and After May 1, 2014

A partner who was subject to a maximum service credit for the Plan Year beginning on May 1, 2013 will be subject to a maximum service credit for each plan year beginning on or after May 1, 2014 as described below.

If as of the beginning of any plan year (starting May 1, 2014), the value of a partner's Total KPMG LLP Pension Benefits is 95% or more of the Section 415 limit (or the Partner's maximum service credit for the plan year beginning on May 1, 2013 was \$0), that partner has reached the "2014 End Point" and the service credit for that partner for that plan year and all future plan years before January 1, 2022 will be \$0.

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If as of the beginning of each plan year (starting May 1, 2014), the value of a partner's Total KPMG LLP Pension Benefits is at least 85% but less than 95% of the Current Section 415 Limit (and the partner's service credit wasn't reduced to \$0 for a prior year), that partner has reached the "2014 Bend Point": and a new recalculated maximum service credit will apply. The new recalculated maximum service credit will be a level amount determined by amortizing (at 4% interest) the excess, if any, of (A) over (B), where:

- (A) is equal to 95% of the partner's projected Section 415 limit for a lump sum as of the partner's target retirement date, and
- (B) is equal to the projected lump sum value of the partner's Total Projected Benefits under the KPMG LLP Pension Plans at his or her target retirement date. Total Projected Benefits are determined without any future service credits to this plan but, at determination dates prior to the January 1, 2022 freeze of accruals, assuming continued service credits in the KPMG LLP Pension Plan.

The amortization period for this determination runs from the beginning of the plan year through the partner's target retirement date. A partner's target retirement date is (a) the September 30th following his or her 60th birthday, or (b) if later, September 30th of the applicable plan year.

Both (A) and (B) above will be calculated assuming future inflation is equal to the average inflation for the three years prior to the determination date less 50 basis points, but not less than 2%, and future interest rates are equal to the average applicable interest rates for the August immediately before each determination date and the two preceding determination dates, plus 100 basis points (for determination dates prior to January 1, 2022, a different lookback applied). For purposes of projecting the cash balance accounts under this plan and the KPMG LLP Pension Plan, future annual interest crediting rates will be assumed to equal the average of the actual interest crediting rates for the current and prior two plan years (for determination dates prior to January 1, 2022, the hypothetical interest crediting rate for the current year based on the January Treasury rates were used in lieu of current year rates, subject to the 4% minimum rate for this plan and 5% for the KPMG LLP Pension Plan).

This new maximum will not be more than 133% of the lowest maximum service credit amount for any prior year, with such amount increased by 4% per annum from that prior year to the current year.

For all determination dates on or after January 1, 2022, the rules of paragraphs (A) and (B) above shall apply except that determinations for any Plan Year beginning on or after January 1, 2022, a Participant will only be deemed to have reached his End Point or Bend Point as of a prior Plan Year if such prior Plan Year began on or after January 1, 2022.

Target Compensation

Targeted Compensation is the Partner's accrual basis allocation of earnings projected by the Firm's Management Committee to be allocated to the Partner for the Firm's fiscal year that ends in the Plan year. Targeted Compensation for any plan year is capped at \$699,999 for partners who enter the plan with less than five Years of Service, and \$999,999 for partners who enter the plan with five to nine Years of Service, and the sum of the Partner's age and Years of Service is less than 50. For the Plan Year beginning May 1, 2012, Target Compensation is also capped at \$699,999 for partners who entered the plan after May 1, 2009 and had accrued fewer than 36 months of service credits in the KPMG LLP Pension Plan prior to entering the plan. For the plan year beginning May 1, 2013, the \$699,999 cap was increased to \$999,999. For plan years beginning on or after January 1, 2022, Target Compensation is not capped for any partner.

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PPP Service Credit Schedule

The following schedule defines the annual Service Credit to a participant's Cash Balance Account for Plan Years beginning after January 1, 2022. The amount of the service credit in the Schedule is limited by 25% of the applicable 401(a)(17) compensation limit for the 2023 plan year and limited by 20% of the of the applicable 401(a)(17) compensation limit beginning January 1, 2024. For the 2023 plan year, the 401(a)(17) compensation limit is \$330,000, and thus the maximum service credit is \$82,500. For the 2024 plan year, the 401(a)(17) compensation limit is \$345,000, and thus the maximum service credit is \$69,000:

Age	<i>Targeted Compensation</i>					
	Under*	\$500,000 to	\$550,000 to	\$600,000 to	\$650,000 to	\$700,000 to
	\$500,000	\$549,999	\$599,999	\$649,999	\$699,999	\$749,999
Under 27	\$ 10,000	\$ 13,900	\$ 15,900	\$ 18,000	\$ 20,100	\$ 22,200
27	\$ 10,000	\$ 14,500	\$ 16,600	\$ 18,800	\$ 21,000	\$ 23,200
28	\$ 10,000	\$ 15,200	\$ 17,300	\$ 19,600	\$ 21,900	\$ 24,200
29	\$ 10,000	\$ 15,900	\$ 18,100	\$ 20,500	\$ 22,900	\$ 25,300
30	\$ 10,000	\$ 16,600	\$ 18,900	\$ 21,400	\$ 23,900	\$ 26,400
31	\$ 10,000	\$ 17,400	\$ 19,700	\$ 22,300	\$ 24,900	\$ 27,500
32	\$ 10,000	\$ 18,200	\$ 20,600	\$ 23,300	\$ 26,000	\$ 28,700
33	\$ 10,000	\$ 19,000	\$ 21,500	\$ 24,300	\$ 27,100	\$ 29,900
34	\$ 10,000	\$ 19,800	\$ 22,400	\$ 25,400	\$ 28,400	\$ 31,400
35	\$ 10,000	\$ 20,600	\$ 23,400	\$ 26,500	\$ 29,700	\$ 32,900
36	\$ 10,000	\$ 21,400	\$ 24,400	\$ 27,700	\$ 31,000	\$ 34,400
37	\$ 10,000	\$ 22,300	\$ 25,500	\$ 28,900	\$ 32,300	\$ 35,900
38	\$ 10,000	\$ 23,300	\$ 26,600	\$ 30,100	\$ 33,600	\$ 37,400
39	\$ 10,000	\$ 24,300	\$ 27,800	\$ 31,500	\$ 35,200	\$ 39,000
40	\$ 10,000	\$ 25,300	\$ 29,000	\$ 32,900	\$ 36,800	\$ 40,700
41	\$ 10,000	\$ 26,500	\$ 30,200	\$ 34,300	\$ 38,400	\$ 42,500
42	\$ 10,000	\$ 27,800	\$ 31,600	\$ 35,800	\$ 40,000	\$ 44,300
43	\$ 10,000	\$ 29,300	\$ 33,100	\$ 37,300	\$ 41,600	\$ 46,100
44	\$ 10,000	\$ 30,800	\$ 35,100	\$ 39,700	\$ 44,300	\$ 48,900
45	\$ 10,000	\$ 32,300	\$ 37,100	\$ 42,100	\$ 47,100	\$ 52,100
46	\$ 10,000	\$ 33,800	\$ 39,100	\$ 44,500	\$ 49,900	\$ 55,300
47	\$ 10,000	\$ 35,300	\$ 41,100	\$ 46,900	\$ 52,700	\$ 58,500
48	\$ 10,000	\$ 36,800	\$ 43,100	\$ 49,400	\$ 55,700	\$ 62,000
49	\$ 10,000	\$ 38,300	\$ 45,100	\$ 51,900	\$ 58,700	\$ 65,500
50	\$ 10,000	\$ 39,800	\$ 47,100	\$ 54,400	\$ 61,700	\$ 69,000
51	\$ 10,000	\$ 41,400	\$ 49,100	\$ 56,900	\$ 64,700	\$ 72,500
52	\$ 10,000	\$ 43,200	\$ 51,100	\$ 59,400	\$ 67,700	\$ 76,000
53	\$ 10,000	\$ 45,100	\$ 53,100	\$ 61,900	\$ 70,700	\$ 79,500
54	\$ 10,000	\$ 47,100	\$ 55,100	\$ 64,400	\$ 73,700	\$ 83,000
55	\$ 10,000	\$ 49,100	\$ 57,100	\$ 66,900	\$ 76,700	\$ 86,500
56	\$ 10,000	\$ 51,300	\$ 59,300	\$ 69,400	\$ 79,700	\$ 90,000
57	\$ 10,000	\$ 53,500	\$ 61,500	\$ 71,900	\$ 82,700	\$ 93,500
58	\$ 10,000	\$ 55,900	\$ 63,900	\$ 74,400	\$ 85,700	\$ 97,000
59	\$ 10,000	\$ 58,300	\$ 66,600	\$ 77,100	\$ 88,700	\$ 100,500
Over 59	\$ 10,000	\$ 60,900	\$ 69,500	\$ 80,000	\$ 91,700	\$ 104,000

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PPP Service Credit Schedule (cont.)

Age	<i>Targeted Compensation</i>				
	\$750,000 to	\$800,000 to	\$900,000 to	\$1,000,000 to	\$1,200,000
	\$799,999	\$899,999	\$999,999	\$1,199,999	or more
Under 27	\$ 24,300	\$ 27,800	\$ 31,900	\$ 37,200	\$ 40,700
27	\$ 25,400	\$ 29,000	\$ 33,300	\$ 38,900	\$ 42,900
28	\$ 26,500	\$ 30,300	\$ 34,700	\$ 40,600	\$ 45,100
29	\$ 27,700	\$ 31,600	\$ 36,200	\$ 42,300	\$ 47,500
30	\$ 28,900	\$ 33,000	\$ 37,800	\$ 44,000	\$ 50,000
31	\$ 30,100	\$ 34,500	\$ 39,500	\$ 46,100	\$ 52,600
32	\$ 31,400	\$ 36,000	\$ 41,200	\$ 48,200	\$ 55,300
33	\$ 32,700	\$ 37,600	\$ 43,000	\$ 50,400	\$ 58,000
34	\$ 34,400	\$ 39,300	\$ 44,900	\$ 52,700	\$ 60,700
35	\$ 36,100	\$ 41,000	\$ 46,900	\$ 55,100	\$ 63,500
36	\$ 37,800	\$ 42,700	\$ 49,000	\$ 57,700	\$ 66,500
37	\$ 39,500	\$ 44,600	\$ 51,100	\$ 60,300	\$ 69,600
38	\$ 41,200	\$ 46,600	\$ 53,400	\$ 63,100	\$ 72,900
39	\$ 42,900	\$ 48,600	\$ 55,700	\$ 66,700	\$ 76,300
40	\$ 44,600	\$ 50,800	\$ 58,100	\$ 70,300	\$ 79,900
41	\$ 46,600	\$ 53,000	\$ 60,700	\$ 73,900	\$ 83,600
42	\$ 48,600	\$ 55,300	\$ 63,400	\$ 77,500	\$ 87,500
43	\$ 50,600	\$ 57,700	\$ 66,100	\$ 81,100	\$ 91,700
44	\$ 53,500	\$ 60,600	\$ 69,000	\$ 84,700	\$ 96,000
45	\$ 57,100	\$ 64,200	\$ 72,600	\$ 88,300	\$ 100,500
46	\$ 60,700	\$ 67,800	\$ 76,200	\$ 93,100	\$ 105,200
47	\$ 64,300	\$ 71,400	\$ 79,800	\$ 97,900	\$ 109,800
48	\$ 68,300	\$ 75,400	\$ 84,271	\$ 102,700	\$ 114,200
49	\$ 72,300	\$ 79,400	\$ 88,741	\$ 107,600	\$ 118,700
50	\$ 76,300	\$ 83,684	\$ 93,529	\$ 112,600	\$ 123,500
51	\$ 80,300	\$ 88,100	\$ 98,465	\$ 117,700	\$ 129,600
52	\$ 84,300	\$ 92,600	\$ 103,494	\$ 123,100	\$ 136,100
53	\$ 88,300	\$ 97,100	\$ 108,524	\$ 128,800	\$ 142,900
54	\$ 92,300	\$ 101,600	\$ 113,553	\$ 134,700	\$ 150,100
55	\$ 96,300	\$ 106,100	\$ 118,582	\$ 140,900	\$ 157,600
56	\$ 100,300	\$ 110,600	\$ 123,612	\$ 147,400	\$ 165,500
57	\$ 104,300	\$ 115,100	\$ 128,641	\$ 154,200	\$ 173,700
58	\$ 108,300	\$ 119,600	\$ 133,671	\$ 161,300	\$ 182,400
59	\$ 112,300	\$ 124,100	\$ 138,700	\$ 168,700	\$ 191,100
Over 59	\$ 116,300	\$ 128,600	\$ 145,500	\$ 176,400	\$ 200,000

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Interest Credits

Interest (at specified rate) on the prior year's Cash Balance Account is also added as of the last day of the Plan Year. The Interest Credit percentage for a Plan Year is the annual rate of interest on 10-year Treasury securities for the month of August (for plan years prior to January 1, 2022, March) of the Plan Year immediately preceding the current Plan Year, subject to a minimum of 4%. If a participant's Benefit Commencement Date occurs during a Plan Year, he receives an Interest Credit for the months in the Plan Year before his Benefit Commencement Date.

Accrued Benefit

A participant's Accrued Benefit is an annual life annuity commencing on the first day of the month coinciding with or next following his 62nd birthday, which is equal to the Actuarial Equivalent annuity value of the participant's Cash Balance Account plus Interest Credits (at the rate in effect on the date of determination) from the date of determination until age 62.

Vesting

A participant will be 100% vested in his Cash Balance Account and Accrued Benefit upon the completion of 3 Years of Service or the attainment of age 62 for any participant with at least an hour of service on or after May 1, 2008. For any participant who does not complete at least an hour of service after May 1, 2008, 5 years of service was required instead of 3 years.

Years of Service

A partner's "Years of Service" under the KPMG LLP Pension Plan as of April 30, 2002, plus each Plan Year beginning on or after the Effective Date during which a partner completes at least 1,000 hours of service. For the short plan year from May 1, 2021 to December 31, 2021, a Year of Service was credited for the completion of either 667 hours during the plan year or 1,000 hours during the 12-month period beginning on May 1, 2021. A partner receives 190 hours of service per month for any month during which he performs any service as a partner.

Benefit Commencement Date

A terminated vested participant is entitled to receive a distribution of his benefits under the Plan as of the first day of any month coinciding with or next following:

- the participant's attainment of age 55, or
- when the total of the participant's age and Years of Service equals or exceeds 73 points, but not beyond his 62nd birthday.

If the lump sum value of a participant's benefits is less than or equal to \$5,000, such participant may elect a lump sum as soon as practicable following his termination of employment.

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Normal Form of Payment

The normal form of payment for an unmarried participant is a life annuity.

The normal form of payment for a married participant is a 100% joint and survivor annuity for benefit commencement dates on or after May 1, 2008 or 50% joint and survivor for benefit commencement dates before May 1, 2008.

Optional Forms of Payment

Subject to spousal consent, a participant may elect to receive a distribution of his benefits in one of the following optional forms of payment:

- Life annuity, the amount of which is the Actuarial Equivalent of the participant's Accrued Benefit;
- 50% or 100% joint and survivor annuity, the amount of which is the Actuarial Equivalent of the participant's Accrued Benefit;
- Life and five year certain annuity, the amount of which is the Actuarial Equivalent of the participant's Accrued Benefit; or
- Lump sum distribution, the amount of which is the participant's Cash Balance Account.

Pre-Retirement Death Benefits

If a vested participant dies prior to receiving any benefits from the Plan, his spouse or beneficiary will be entitled to receive an immediate lump sum payment equal to the participant's Cash Balance Account. In lieu of this lump sum payment, a surviving spouse or registered domestic partner may elect to receive the Actuarial Equivalent annuity value of the participant's Cash Balance Account, commencing on the first day of any month coincident with or next following the date of the participant's death.

Changes in Plan Provisions since Last Actuarial Valuation

The maximum service credit limits were reduced to 20% of the 401(a)(17) compensation limit instead of 25% effective with the January 1, 2024 plan year.

Additionally, there were the legislative changes to the limits and tables under IRC Sections 415(b) and 417(e).

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Plan Sponsor:	KPMG LLC
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KPMG PARTNER PENSION PLAN

Form 5500, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)

As of December 31, 2024 and 2023

	(b)	(c)		(e)
(a)	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	Current Value
*	State Street Institutional US Government MM	Money Market Mutual Fund	\$ 63,180,912	\$ 63,180,912
	BlackRock High Yield Bond Portfolio K	Mutual Fund	\$ 38,634,899	\$ 38,247,699
	Causeway International Value Fund	Mutual Fund	17,664,802	21,809,142
	Cohen + Steers Global Infrastructure	Mutual Fund	16,048,878	17,539,347
	DoubleLine Low Duration Bond	Mutual Fund	179,597,227	174,314,344
*	Goldman Sachs Global Equity Volatity Fund	Mutual Fund	14,060,359	23,369,460
*	Goldman Sachs Global Managed Beta Fund	Mutual Fund	82,565,756	88,048,008
*	Goldman Sachs Tactical Exposure Fund	Mutual Fund	65,525,126	66,724,501
	PGIM High Yield Fund R6	Mutual Fund	10,564,651	10,671,239
	PIMCO Investment Grade Credit Bond	Mutual Fund	296,511,767	242,199,589
	Principal Global Real Estate Securities Fund	Mutual Fund	19,588,024	19,602,118
	Transamerica Short Term Bond Fund	Mutual Fund	172,351,690	167,485,988
	Vanguard Emerging Markets Bond	Mutual Fund	6,437,096	6,586,600
		Total Mutual Funds	\$ 919,550,274	\$ 876,598,035
	BlackRock EAFE Equity Index Fund	Collective Trust	\$ 50,533,685	\$ 62,969,927
	BlackRock EAFE SC Index Fund	Collective Trust	12,994,600	15,679,031
	BlackRock Equity Index Fund A	Collective Trust	72,725,187	126,033,530
	FIAM Select International Small Cap Pool	Collective Trust	5,994,906	5,333,997
	RBC Emerging Markets Commingled Fund	Collective Trust	15,848,858	21,133,357
	BlackRock Russell 2000 Alpha Tilts Fund	Collective Trust	21,117,709	31,807,707
	MFS International Equity Fund	Collective Trust	18,741,615	22,299,106
*	SSGA 1-3 Year US Treasury Index CTF	Collective Trust	70,824,614	82,370,204
*	SSGA MSCI Emerging Markets	Collective Trust	14,180,829	16,103,553
*	13 Year US Treasury Indx NL CTF CM2QNON	Collective Trust	329,882,514	353,004,052
	William Blair Collective Mutual Fund	Collective Trust	16,130,340	14,954,659
		Total Collective Trusts	\$ 628,974,859	\$ 751,689,123
	iShares Core S+P ETF	Exchange Traded Fund	\$ 65,615,353	\$ 89,479,360
	Marathon Emerging Markets Bond Fund	Limited Partnership	14,100,000	12,154,553
	Oaktree Emerging Markets Equity Fund	Limited Partnership	9,800,000	9,780,998
	Pacific Asset Management Bank Loan Fund	Limited Partnership	26,200,000	32,136,605
		Total Limited Partnerships	\$ 50,100,000	\$ 54,072,156

* Party in interest

KPMG PARTNER PENSION PLAN

Form 5500, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)

As of December 31, 2024 and 2023

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c)	(d) Cost	(e) Current Value
		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		
	S+P 500 INDEX JAN25 5880 PUT	Derivative Asset	\$ 288,690	\$ 116,840
	S+P 500 INDEX JAN25 5940 PUT	Derivative Asset	223,340	370,300
	S+P 500 INDEX JAN25 6025 PUT	Derivative Asset	214,580	650,916
	S+P 500 INDEX JAN25 6000 PUT	Derivative Asset	213,230	595,476
	S+P 500 INDEX JAN25 5770 PUT	Derivative Asset	287,640	218,400
	S+P 500 INDEX FEB25 5975 PUT	Derivative Asset	362,390	554,526
	3 MONTH SOFR OPT JUN25C 96.62 JUN25 96.625 CALL	Derivative Asset	125,784	11,406
	3 MONTH SOFR OPT MAR25C 97.25 MAR25 97.25 CALL	Derivative Asset	291,396	1,006
	3 MONTH SOFR OPT MAR25C 96.5 MAR25 96.5 CALL	Derivative Asset	121,919	2,250
	3 MONTH SOFR OPT SEP25C 96.62 SEP25 96.625 CALL	Derivative Asset	128,345	22,856
	3 MONTH SOFR OPT JUN25C 97.25 JUN25 97.25 CALL	Derivative Asset	342,284	20,775
	3 MONTH SOFR OPT MAR25C 97 MAR25 97 CALL	Derivative Asset	279,575	2,638
	3 MONTH SOFR OPT SEP25C 97.5 SEP25 97.5 CALL	Derivative Asset	356,625	43,588
	3 MONTH SOFR OPT DEC25C 97.5 DEC25 97.5 CALL	Derivative Asset	351,600	62,263
	3 MONTH SOFR OPT MAR25C 98 MAR25 98 CALL	Derivative Asset	13,125	263
	3 MONTH SOFR OPT MAR26C 96.75 MAR26 96.75 CALL	Derivative Asset	30,875	10,925
	3 MONTH SOFR OPT JUN25C 96.25 JUN25 96.25 CALL	Derivative Asset	87,363	18,425
	3 MONTH SOFR OPT DEC25C 96.5 DEC25 96.5 CALL	Derivative Asset	142,400	56,406
	3 MONTH SOFR OPT SEP25C 96.5 SEP25 96.5 CALL	Derivative Asset	139,238	41,175
	3 MONTH SOFR OPT JUN26C 96.75 JUN26 96.75 CALL	Derivative Asset	29,450	12,706
	3 MONTH SOFR OPT MAR26C 96.62 MAR26 96.625 CALL	Derivative Asset	117,513	51,350
	3 MONTH SOFR OPT JUN26C 96.62 JUN26 96.625 CALL	Derivative Asset	118,125	56,719
	3 MONTH SOFR OPT SEP26C 96.62 SEP26 96.625 CALL	Derivative Asset	119,700	59,400
	3 MONTH SOFR OPT MAR26C 96.25 MAR26 96.25 CALL	Derivative Asset	108,750	83,194
	3 MONTH SOFR OPT SEP26C 96.37 SEP26 96.375 CALL	Derivative Asset	113,563	82,950
	3 MONTH SOFR OPT JUN26C 96.25 JUN26 96.25 CALL	Derivative Asset	112,141	85,913

* Party in interest

KPMG PARTNER PENSION PLAN

Form 5500, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)

As of December 31, 2024 and 2023

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including		(d) Cost	(e) Current Value
		Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			
	3 MONTH SOFR OPT DEC26C 96.37 DEC26 96.375 CALL	Derivative Asset	\$	116,250	\$ 83,906
	3 MONTH SOFR OPT DEC25C 96.12 DEC25 96.125 CALL	Derivative Asset		104,625	83,700
	3 MONTH SOFR OPT SEP25C 96 SEP25 96 CALL	Derivative Asset		56,550	43,863
	3 MONTH SOFR OPT SEP26C 96.5 SEP26 96.5 CALL	Derivative Asset		103,400	87,538
	3 MONTH SOFR OPT MAR27C 96.5 MAR27 96.5 CALL	Derivative Asset		116,813	95,118
	3 MONTH SOFR OPT DEC26C 96.5 DEC26 96.5 CALL	Derivative Asset		110,338	91,000
	3 MONTH SOFR OPT MAR26C 97 MAR26 97 CALL	Derivative Asset		23,748	21,300
	3 MONTH SOFR OPT JUN27C 96.5 JUN27 96.5 CALL	Derivative Asset		121,000	97,900
	TOPIX INDX FUTR MAR25 XOSE 20250313	Derivative Asset		—	79,131
	US ULTRA BOND CBT MAR25 XCBT 20250320	Derivative Asset		—	294,430
	3 MONTH SOFR OPT JUN26C 97.12 JUN26 97.125 CALL	Derivative Asset		23,575	21,275
		Total Derivatives Assets	\$	5,495,937	\$ 4,231,827

* Party in interest

KPMG PARTNER PENSION PLAN

Form 5500, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)

As of December 31, 2024 and 2023

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	S+P 500 INDEX JAN25 6250 CALL	Derivative Liabilities	\$ 19,210	\$ 240
	S+P 500 INDEX JAN25 6275 CALL	Derivative Liabilities	15,870	400
	S+P 500 INDEX JAN25 6080 CALL	Derivative Liabilities	1,760	330
	S+P 500 INDEX JAN25 6200 CALL	Derivative Liabilities	17,143	2,304
	S+P 500 INDEX JAN25 6130 CALL	Derivative Liabilities	2,313	77
	S+P 500 INDEX JAN25 6125 CALL	Derivative Liabilities	9,900	9,900
	S+P 500 INDEX JAN25 6145 CALL	Derivative Liabilities	7,860	7,860
	S+P 500 INDEX JAN25 6140 CALL	Derivative Liabilities	17,840	17,840
	S+P 500 INDEX JAN25 6040 CALL	Derivative Liabilities	7,590	7,590
	S+P 500 INDEX JAN25 6130 CALL	Derivative Liabilities	9,360	9,360
	S+P 500 INDEX JAN25 6140 CALL	Derivative Liabilities	8,340	8,340
	S+P 500 INDEX JAN25 6135 CALL	Derivative Liabilities	8,760	8,760
	S+P 500 INDEX JAN25 5950 PUT	Derivative Liabilities	49,072	142,590
	S+P 500 INDEX JAN25 5860 PUT	Derivative Liabilities	53,740	111,200
	S+P 500 INDEX JAN25 5850 PUT	Derivative Liabilities	75,140	152,672
	S+P 500 INDEX JAN25 5740 PUT	Derivative Liabilities	74,632	95,520
	S+P 500 INDEX JAN25 5865 PUT	Derivative Liabilities	70,560	58,065
	S+P 500 INDEX JAN25 5775 PUT	Derivative Liabilities	22,100	22,100
	S+P 500 INDEX JAN25 5675 PUT	Derivative Liabilities	84,530	84,530
	S+P 500 INDEX JAN25 5605 PUT	Derivative Liabilities	28,600	28,600
	S+P 500 INDEX JAN25 5600 PUT	Derivative Liabilities	27,940	27,940
	S+P 500 INDEX JAN25 5610 PUT	Derivative Liabilities	29,250	29,250
	S+P 500 INDEX JAN25 5615 PUT	Derivative Liabilities	29,900	29,900
	S+P500 EMINI FUT MAR25 XCME 20250321	Derivative Liabilities	—	1,428,217
	LONG GILT FUTURE MAR25 IFLL 20250327	Derivative Liabilities	—	188,187
	S+P500 EMINI FUT MAR25 XCME 20250321	Derivative Liabilities	—	601,066
	US 5YR NOTE (CBT) MAR25 XCBT 20250331	Derivative Liabilities	—	187,250
	S+P 500 INDEX JAN25 5620 PUT	Derivative Liabilities	30,550	30,550
		Total Derivatives Liabilities	\$ 701,960	\$ 3,290,638

* Party in interest

KPMG PARTNER PENSION PLAN

Form 5500, Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions

For the year end December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (include Interest Rate and Maturity in Case of Loan)	(d) Purchase Price	(e) Selling Price	(f) Cost of Asset	(g) Current value of Asset on Transaction Date	(h) Net Gain (Loss)
Series of Transactions in Same Security Exceeding 5% of Value						
State Street	State Street Institutional US Govt MM	\$ 399,736,270	\$ 379,466,963	\$ 379,466,963	\$ 779,203,233	\$ —

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☒ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan KPMG PARTNER PENSION PLAN	1b Three-digit plan number (PN) ▶ 018
	1c Effective date of plan 05/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KPMG LLP C/O TOTAL REWARDS DEPT 75 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645-1842	2b Employer Identification Number (EIN) 13-5565207
	2c Plan Sponsor's telephone number 800-576-4435
	2d Business code (see instructions) 541211

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		October 10, 2025	Jennifer L. Lewis
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor KPMG PENSION STRATEGY & INVESTMENT COMMITTEE C/O TOTAL REWARDS DEPT 75 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645-1842	3b Administrator's EIN 38-4333697 3c Administrator's telephone number 800-576-4435
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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 3407
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2423
a(2) Total number of active participants at the end of the plan year	6a(2) 2262
b Retired or separated participants receiving benefits	6b 131
c Other retired or separated participants entitled to future benefits.	6c 865
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 3258
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 9
f Total. Add lines 6d and 6e.	6f 3267
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3B 3F 3H 3J	

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **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 _____
(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 _____