

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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 [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [X] 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 ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN
1b Three-digit plan number (PN) 102
1c Effective date of plan 07/01/1999
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) ACCENTURE LLP 500 W MADISON ST CHICAGO, IL 60661-4544
2b Employer Identification Number (EIN) 72-0542904
2c Plan Sponsor's telephone number 312-693-5009
2d Business code (see instructions) 541600

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	115910
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	66965
	<b>6a(2)</b>	67240
	<b>6b</b>	1050
	<b>6c</b>	43879
	<b>6d</b>	112169
	<b>6e</b>	245
	<b>6f</b>	112414
	<b>6g(1)</b>	110376
<b>6g(2)</b>	108703	
<b>6h</b>	116	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2D 2E 2F 2G 2J 2K 2R 2S 3H

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

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

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

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>102</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ACCENTURE LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>72-0542904</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

**VANGUARD GROUP**

**23-1945930**

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

**PACIFIC INVESTMENT MGMT**

**33-0629048**

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

**CAPITAL RESEARCH MGMT CO**

**95-1411037**

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

**FIDELITY MGMT AND RESEARCH**

**04-2033129**

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

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

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

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

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

ALIGHT FINANCIAL ADVISORS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	PPT INVESTMENT ADVISORY	7277390	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERRILL LYNCH,PIERCE,FENNER&SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 63 71 72	RECORDKEEPER	472176	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 33 61 63	BROKER	166479	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8549	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	24945	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	24332	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERRILL LYNCH,PIERCE,FENNER&SMITH

13-5674085

(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?
33	RECORDKEEPER	6248	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PERSHING LLC

13-2741729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59 61	BROKERAGE WINDOW CLEARING	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	33731	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	61	2131
(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.	
PERSHING LLC  13-2741729	FINDER'S FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	63	6418
(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.	
MULTIPLE MUTUAL FUND COMPANIES  82-1061233	AGGREGATED INVESTMENT MANAGER FUND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	59	3021
(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.	
MULTIPLE MUTUAL FUND COMPANIES  13-2741729	SHAREHOLDER SERVICING FEES	

**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
PERSHING LLC	61	30710

(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.
MULTIPLE MUTUAL FUND COMPANIES  13-2741729	FINDER'S FEES

(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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>102</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ACCENTURE LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>72-0542904</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ACCENTURE US PS AND 401(K) TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ACCENTURE LLP</u>		
<b>c</b> EIN-PN <u>36-7274695-001</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>21302343331</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>102</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ACCENTURE LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>72-0542904</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		1500712
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	2334994
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		96308769
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		272742188
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	106459303	113730163
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	15242553023
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	17488088812	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0	5256965565
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	316507862

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		0
(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	17594548115	21302643276
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		299945
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	299945
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	17594548115	21302343331

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	425972928	
(B) Participants.....	2a(1)(B)	823360241	
(C) Others (including rollovers).....	2a(1)(C)	101489878	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1350823047
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	3211731	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		3211731
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	483703102	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	2574592137
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	0
<b>c</b> Other income .....	2c	0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	4412330017

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1674150901
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	1674150901
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	0
<b>h</b> Interest expense.....	2h	0
<b>i</b> 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)	
(5) Investment advisory and investment management fees .....	2i(5)	8438870
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	24332
(11) Other expenses.....	2i(11)	497121
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	8960323
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	1683111224

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	2729218793
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	978576423
(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: **DUGAN & LOPATKA**

(2) EIN: **36-2886485**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

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

<b>A</b> Name of plan <u>ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>102</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ACCENTURE LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>72-0542904</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 36-7274695 94-1687665

**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	
---	--

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

**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>102</b></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>ACCENTURE LLP</b></p>	<p><b>D</b> Administrator's EIN <b>72-0542904</b></p>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d  other multiple-employer pension plan (Describe) **AFFILIATE IS LESS THAN 80% CONTROL** (Complete Part II)

**Part II Participating Employer Information.**

**2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer <b>ACCENTURE LLP</b>	<b>2b</b> EIN <b>72-0542904</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>74.36</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>17497048726</b>
<b>2a</b> Name of Participating Employer <b>ACCENTURE NATIONAL SECURITY SERVICES</b>	<b>2b</b> EIN <b>41-2048319</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>17.93</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>263716574658</b>

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCENTURE INSURANCE SERVICES	01-0885440	0.18	7885408
RADIANT SERVICES LLC	27-4410025	0.00	142470
AVANADE	91-2032865	5.05	587112301
ACCENTURE STATE HEALTHCARE SERVICES LLC	46-5536511	0.37	53371805
ZENTA MORTGAGE SERVICES LLC	27-0319865	0.14	38870578
MORTGAGE CADENCE LLC	47-5664008	0.36	61539619
ACCENTURE FLEX	81-4996118	0.73	47807572
DROGA5 LLC	46-3228245	0.44	35205625
ACCENTURE SONG PRODUCTION STUDIOS US LLC	30-0856034	0.19	20786406

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
N3 LLC	20-1324579	0.15	6224929
ACCENTURE MARKETING SERVICES LLC	86-3358783	0.04	2716487
ACCENTURE PUERTO RICO LLC	66-0686987	0.06	2256090
ACCENTURE TECHNOLOGY SOLUTIONS - US LLC	41-2048318	0.00	23447996
NAVITAIRE CORP.	41-1985560	0.00	35810232
ACCENTURE HR SERVICES	06-1606783	0.00	11655982
HYTRACC CONSULTING USA LLC	90-0600413	0.00	179413
ACCENTURE SUB LLC	52-2330729	0.00	531416
ZENTA RECOVERIES	26-3674793	0.00	840

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPITAL CONSULTING SERVICES INC.	52-2203055	0.00	857025
FJORD LLC	98-0619425	0.00	53711
DUCK CREEK TECHNOLOGY	47-5654931	0.00	231021
KURT SALMON US CORP.	26-1115590	0.00	17316
MACKEVISION	26-2273983	0.00	534654
ADAPTLY	27-2393054	0.00	2025021
CONCENTRIC PARTNERS LLC	45-2573202	0.00	7058107

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID \_\_\_\_\_

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**ACCENTURE  
UNITED STATES 401(k) MATCH  
AND SAVINGS PLAN**

**FINANCIAL STATEMENTS  
AS OF DECEMBER 31, 2024 AND 2023**

**TOGETHER WITH AUDITORS' REPORT**

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

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## INDEPENDENT AUDITOR'S REPORT

To the Administration Committee of the  
Accenture United States 401(k) Match and Savings Plan:

***Opinion***

We have audited the financial statements of Accenture United States 401(k) Match and Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the 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 benefits of Accenture United States 401(k) Match and Savings Plan as of December 31, 2024 and 2023, and the changes in its net assets available for 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 in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Accenture United States 401(k) Match and Savings 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, which raise substantial doubt about Accenture United States 401(k) Match and Savings 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 generally accepted auditing standards 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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Accenture United States 401(k) Match and Savings 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, which raise substantial doubt about Accenture United States 401(k) Match and Savings 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.

Independent Auditor's Report  
To the Administration Committee of the  
Accenture United States 401(k) Match and Savings Plan

***Other Matter Supplemental Schedules Required by ERISA***

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for the year ended December 31, 2024 is 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 information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



DUGAN & LOPATKA

Warrenville, Illinois  
October 14, 2025

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2024 AND 2023

(Thousands of Dollars)

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments, at fair value:		
Mutual funds	\$ 5,105,531	\$ -
Institutional-only funds	15,235,341	-
Cash and cash equivalents	27,844	-
Self-directed brokerage accounts	<u>502,188</u>	<u>-</u>
Total investments at fair value	20,870,904	-
Investment in Master Trust	-	17,488,089
Investments at contract value	<u>316,508</u>	<u>-</u>
Total Investments	<u>21,187,412</u>	<u>17,488,089</u>
Receivables:		
Notes receivable from participants	113,730	106,459
Dividends and interest	<u>1,501</u>	<u>-</u>
Total Receivables	<u>115,231</u>	<u>106,459</u>
Total Assets	<u>21,302,643</u>	<u>17,594,548</u>
LIABILITIES:		
Payables:		
Other	<u>300</u>	<u>-</u>
Total Liabilities	<u>300</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 21,302,343</u>	<u>\$ 17,594,548</u>

See accompanying notes to financial statements.

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023  
(Thousands of Dollars)

	<u>2024</u>	<u>2023</u>
BALANCE, BEGINNING OF YEAR	<u>\$ 17,594,548</u>	<u>\$ 14,283,955</u>
ADDITIONS IN NET ASSETS ATTRIBUTABLE TO:		
Investment income from Master Trust (2023)	-	2,971,702
Investment income from Master Trust (through 08/30/24)	2,574,592	-
Interest Income from 09/01/24 - 12/31/24	3,211	-
Net Realized/Unrealized Income 2024	<u>483,704</u>	<u>-</u>
Total Investment Income	<u>3,061,507</u>	<u>2,971,702</u>
Contributions -		
By Members -		
401(k)	613,279	625,995
Roth 401(k)	175,354	174,212
Voluntary After-Tax	34,727	28,408
Roth in-plan conversions	25,338	14,370
Transfers and rollovers from other plans	101,490	70,062
Transfer from Discretionary Profit Sharing Plan	978,576	-
By Employers -		
QNEC	2,188	2,962
401(k) Match	<u>426,776</u>	<u>443,744</u>
Total Contributions	<u>2,357,728</u>	<u>1,359,753</u>
Total Additions	<u>5,419,235</u>	<u>4,331,455</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
401(k) Match forfeitures	(2,990)	(2,116)
Administrative expenses	(1,658)	(1,255)
Managed account fees	(7,277)	(9,083)
QDRO fees	(25)	(44)
Roth in-plan conversions	(25,339)	(14,370)
Benefits paid to participants	<u>(1,674,151)</u>	<u>(993,994)</u>
Total Deductions	<u>1,711,440</u>	<u>1,020,862</u>
Net Increase	<u>3,707,795</u>	<u>3,310,593</u>
BALANCE, END OF YEAR	<u>\$ 21,302,343</u>	<u>\$ 17,594,548</u>

See accompanying notes to financial statements.

## ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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#### 1. DESCRIPTION OF THE PLAN

The following brief description of the Accenture United States 401(k) Match and Savings Plan (the "Plan") is provided for general information purposes only. The Plan document should be referred to for a complete description of the Plan's provisions.

The financial statements were available to be issued on October 14, 2025, with subsequent events being evaluated through this date.

General - The Plan was formed on July 1, 1999 and is a defined contribution profit-sharing and 401(k) plan to cover eligible employees of Accenture LLP ("Accenture"), an Illinois limited liability partnership, and certain of its affiliates that have adopted the Plan (collectively the "Employers"). The Plan provides deferred compensation benefits and is subject to the Employee Retirement Income Security Act of 1974 ("ERISA").

Prior to the inception of this Plan, Accenture was a participating employer in the Andersen Worldwide Societe Cooperative United States Employees' Profit Sharing and 401(k) Plan ("Former Plan"). Effective July 16, 1999, the assets and liabilities equal to the account balances of the Former Plan members employed (or formerly employed) by the Employers were transferred to the Plan, and eligible employees and 401(k) members of the Former Plan became eligible employees and members of the Plan. In addition, (i) effective June 30, 2001, the Accenture United States Partners' Profit Sharing and 401(k) Plan was merged into the Plan, and (ii) effective June 1, 2018 the Accenture United States Defined Contribution Plan (the "Transfer Plan") was merged into the Plan. The Asysco Employee Retirement Plan was merged into the Plan effective November 30, 2023. The Accenture United States Discretionary Profit Sharing Plan was merged into the Plan effective August 30, 2024.

Effective January 1, 2004, Accenture amended and restated the Accenture United States Profit Sharing and 401(k) Plan and renamed the Plan as the Accenture United States 401(k) Match and Savings Plan. On and after January 1, 2004, eligible employees may make 401(k) contributions and receive employer matching contributions under the Accenture United States 401(k) Match and Savings Plan.

The Plan is administered by Accenture. For reporting purposes, the Plan is considered a Multiple Employer Plan because it includes a non-controlled group participating employer, Avanade, Inc. Each participating employer is responsible for its own contributions and plan assets are commingled for investment purposes. The Plan assets are used to pay a portion of third-party expenses for Plan administration.

Eligibility and Vesting - An eligible employee, which includes a U.S. citizen employed by an Employer in a U.S. or Puerto Rico office, a citizen of another country employed by an Employer in a U.S. or Puerto Rico office on other than a temporary basis, or a U.S. citizen working outside the U.S. or Puerto Rico meeting certain requirements, is eligible to make 401(k) contributions immediately upon date of hire.

## ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

#### 1. DESCRIPTION OF THE PLAN (Continued)

Effective January 1, 2004, an eligible employee became eligible to receive employer matching contributions beginning on the January 1 or July 1 after attaining age 21 and completing one year of service. Effective December 21, 2012, employees classified by Accenture as Accenture Leadership are not eligible to receive employer matching contributions. Effective August 7, 2018, employees of Accenture Flex LLC are not eligible to receive employer matching contributions.

A member is fully vested in his or her account balance at all times, with the exception of the employer-matching contribution subaccount. A member is fully vested in his or her employer-matching contribution subaccount after completing two years of service. In addition, a member is fully vested in his or her employer-matching contribution subaccount if his or her employment terminates due to retirement, disability, or death. Special vesting rules apply for members who were profit-sharing members of the Accenture United States Profit Sharing and 401(k) Plan as of December 31, 2003, and members who had attained age 21 and completed at least one year of service as of January 1, 2004.

Participant Subaccounts - The Plan maintains the following subaccounts on behalf of each member (to the extent applicable): (1) 401(k) contribution subaccount; (2) Roth 401(k) contribution subaccount; (3) employer matching contribution subaccount; (4) pre-2004 profit-sharing subaccount; (5) after-tax (voluntary) contribution subaccount; (6) rollover contribution subaccount; (7) Roth rollover contribution subaccount; (8) Roth conversion subaccount, (9) IRA contribution subaccount, and (10) SCA H&W benefit contribution subaccount. The subaccounts of each member are credited with the applicable member and employer contributions and earnings (losses) from investment in the Accenture United States Profit Sharing and 401(k) Trust (the "Trust"). Member subaccounts are adjusted each business day for earnings (losses).

Contributions to the Plan - The Plan provides for employer-matching contributions. Effective September 21, 2007, the matching contribution was raised to 100% of a participant's 401(k)/Roth 401(k) contributions (not exceeding 6% of compensation) for certain workforces within Accenture. Effective September 1, 2015, Accenture reorganized to align employees to designated Career Tracks instead of Workforces. Depending on a participant's career track, the matching percentages were 100%, 83%, 66%, or 50%. Effective May 5, 2017, the Plan was amended to reflect that employees classified as being in Client Delivery & Operations aligned with Agility Services are not eligible for matching contributions. Effective September 1, 2017, the Plan was amended to provide for qualified non-elective contributions to be made to the Plan on behalf of employees whose terms of employment are covered by the McNamara-O'Hara Service Contract Act of 1965, as amended (the "SCA") in satisfaction of the Employer's minimum health and welfare requirements under applicable wage determinations in accordance with the SCA. Effective January 1, 2019, the Plan was amended to reflect grandfathering rules for the matching contributions credited to certain positions. Effective January 1, 2020, the Plan was amended to provide that all match-eligible employees (other than those who participate in the Accenture US New Pension Plan) will receive a matching contribution of 100% of their 401(k)/Roth 401(k) contributions (not exceeding 6% of compensation). Match-eligible participants who participate in the Accenture US New Pension Plan were not affected by the amendment and continue to receive a matching contribution of 50% or 66% depending on their Career Level and service alignment on February 28, 2020 (not exceeding 6% of compensation).

## ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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#### 1. DESCRIPTION OF THE PLAN (Continued)

The Plan permits tax-deferred 401(k) contributions by a member subject to certain restrictions. As of January 1, 2006, the Plan permits after-tax Roth 401(k) contributions. During 2008, the Plan added an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated fund until changed by the participant.

The Former Plan permitted after-tax voluntary contributions by a member subject to certain restrictions through March 31, 1994. These contributions were not deductible by the member for Federal income tax purposes. Effective January 1, 2019, the Plan was amended to provide for voluntary after-tax contributions to be made to the Plan, subject to the Plan's limit (\$25,000 for 2024 and \$20,000 for 2023).

Contributions by, or on behalf of, a member for a plan year may not exceed certain limits which are imposed by the Internal Revenue Code (IRC) and which are set forth in the Plan. All participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the close of the plan year were eligible for catch-up contributions of up to \$7,500 during 2024 and 2023.

The Plan permits the direct transfer or rollover of an account balance from another qualified plan subject to certain restrictions.

A member is not subject to income tax on employer-matching, profit-sharing, 401(k) and IRA contributions, or on investment earnings related to these contributions and to voluntary contributions, until a distribution is received by the member. Special tax rules apply to Roth 401(k) and Roth rollover contributions and the earnings thereon.

Effective August 7, 2018, the Plan was amended to provide for discretionary non-elective employer contributions for certain eligible employees affected by V&A transactions.

Forfeited Accounts - Forfeited balances of terminated participants' nonvested accounts are used to reduce employer contributions and/or administrative expenses. At December 31, 2024 and 2023, the remaining forfeited nonvested accounts totaled approximately \$2,972,000 and \$94,000, respectively. In 2024, employer contributions and expenses were reduced by approximately \$2,600,000 from forfeited nonvested accounts.

Distribution of Benefits - Upon reaching a termination date, as defined in the Plan, a member, or the member's beneficiary in the case of death, is entitled to receive 100 percent of the member's vested account balance, less any prior withdrawals. Distribution may be made by one or more of the following methods: (1) full or partial payment in a lump sum (if a member's account balances do not exceed \$1,000, the member will automatically receive a lump sum distribution of the account balances upon termination), (2) payment of a fixed amount in monthly, quarterly, semi-annual or annual installments, (3) purchase of a non-transferable annuity from a life insurance company, (4) direct transfer to another qualified plan, and (5) direct rollover to another qualified plan, IRA, Roth IRA, or other eligible retirement plan.

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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1. DESCRIPTION OF THE PLAN (Continued)

Loans - A member may borrow from his or her 401(k), Roth 401(k), rollover, Roth rollover and/or Roth conversion subaccounts subject to certain restrictions. Loans are generally not subject to taxes or penalties. A member may not borrow from matching, profit-sharing, voluntary or IRA accounts.

Participants may borrow a minimum of \$1,000, and a participant's loan, when added to the outstanding balance of any other loans the participant has taken from the Plan (plus any loan application fees) may not exceed the least of (1) \$50,000, reduced by the excess, if any, of (a) the highest outstanding balance of all the participant's loans under the Plan during the past 12 months minus (b) the balance of all the participant's outstanding loans under the Plan, (2) 50% of the participant's vested account balances under the Plan and the Accenture United States Discretionary Profit-sharing Plan (excluding their IRA contribution subaccount balance), or (3) 100% of their 401(k), Roth 401(k), rollover, Roth rollover and Roth conversion subaccount balances minus the unpaid balances of any other outstanding loans under the Plan. The loans are secured by the vested balance in the participants' accounts and bear interest rates that range from 3.25 percent to 9.5 percent (depending on the date the loan was originated), which are commensurate with prevailing rates as determined by the Plan Administrator no less frequently than quarterly. Principal and interest is paid ratably through semi-monthly payroll deductions. Effective December 22, 2017, the Plan was amended to permit employees to prepay all or a portion of the outstanding loan balance (including interest) after the first three months of the loan period. Effective August 30, 2024, the Plan was amended to permit employees to prepay all or a portion of the outstanding loan balance (including interest) at any time.

In-Service Withdrawals - A member may not make withdrawals of matching contributions, or profit-sharing contributions, or related investment earnings (unless the member has attained age 70-1/2).

After age 59-1/2, a member may make withdrawals of 401(k), Roth 401(k), rollover and Roth rollover subaccounts and related investment earnings. The 401(k) and rollover portions of this distribution are subject to income tax to the member at ordinary rates. Special tax rules apply to distributions from the Roth 401(k) and Roth rollover subaccounts.

Prior to age 59-1/2, only hardship withdrawals of 401(k) contributions, Roth 401(k) contributions, pre-1989 earnings from the Former Plan, rollover contributions and Roth rollover contributions are permitted, which are subject to a 10 percent penalty tax to the member. Withdrawals from non-Roth subaccounts are also subject to income tax to the member at ordinary rates. Special tax rules apply to withdrawals from the Roth 401(k) and Roth rollover subaccounts.

A member may make withdrawals of post-1986 voluntary contributions to the Former Plan and related investment earnings. Withdrawals of post-1986 investment earnings are subject to income tax to the member at ordinary rates. Prior to age 59-1/2, withdrawals of post-1986 investment earnings are subject to an additional 10 percent penalty tax to the member.

A member may make withdrawals of IRA contributions to the Former Plan and related investment earnings, which are subject to income tax to the member at ordinary rates. Prior to age 59-1/2, withdrawals of IRA contributions and related investment earnings are subject to an additional 10 percent penalty tax to the member.

## ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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#### 1. DESCRIPTION OF THE PLAN (Continued)

Effective August 30, 2024, the Plan was amended to permit members to take qualified birth and adoption distributions and personal emergency expense withdrawals, and repay those amounts to the plan, subject to applicable law and the rules and procedures established by the plan administrator.

With respect to Roth conversion subaccounts, members retain all in-service withdrawal rights that they had prior to the in-plan Roth conversions.

Special in-service withdrawal rules apply to former participants in the EPS Plan, the NaviSys Plan, the Navitaire Plan, the George Group Plan, the Pecaso Americas Plan, the Maxim Systems Plan, the portion of the TriNet Select 401(k) Plan attributable to current and former employees of TargetST8 Consulting, LLC., the Avanade 401(k) Retirement Plan, the portion of the TriNet 401(k) Plan attributable to current and former employees of Zag USA, Inc., the Hilco Trading, LLC 401(k) Profit Sharing Plan & Trust, the N(3) 401(k) Savings Plan, the Creative Drive Retirement Plan, the Asysco Employee Retirement Plan, and the Accenture U.S. Discretionary Profit Sharing Plan.

A member may make withdrawals of after-tax contributions to the Plan at any time.

Special distribution rights, required by law to be preserved, will continue to apply to Transfer Plan account balances as of the date of the plan merger.

In-Plan Roth Conversions - Effective December 17, 2010, the Plan began offering participants the option to convert certain non-Roth balances to the Roth conversion subaccount within the Plan. Also, on that date the U.S. Discretionary Profit-Sharing Plan began offering participants the option to transfer certain non-Roth balances to the Plan and convert these transferred balances to the Roth conversion subaccount under the Plan. Effective August 30, 2024, the Plan was amended to provide that all vested subaccounts are eligible for in-plan Roth conversions.

Investment in Accenture United States Profit Sharing and 401(k) Trust (through 8/30/2024) - Participants direct the investment of their account balances in selected mutual funds or institutional-only funds or through a self-directed brokerage account through the Accenture United States Profit-sharing and 401(k) Trust (the "Master Trust" or "Trust"). The assets of the Master Trust are held by The Northern Trust Company, Chicago, Illinois (the "Trustee").

Substantially all of the investments in the Master Trust are valued at market value at the end of each business day. The net investment gain (loss) of the Master Trust is allocated to each participating plan based on the relationship of the interest in each plan to the total of the interests of all participating plans.

All purchases and sales of investments are recorded on a trade date basis.

## ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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#### 2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Valuation of Investments - Substantially all investments held in the Trust are stated at market value through pricing sources as determined by the Trustee. The mutual funds are valued daily at the published net asset value (NAV).

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

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Administrative Expenses - The Plan's expenses are paid by either the Trust or Accenture, as provided by the plan documents. Certain expenses incurred in connection with the general administration of the plan, which are paid by the Plan, are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### 3. PLAN TERMINATION

While it has not expressed any intention to do so, Accenture has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

#### 4. INTEREST IN MASTER TRUST (through 8/30/2024)

The Plan's investments are in the Master Trust which was established for the investment assets of the Plan and the Accenture United States Discretionary Profit Sharing Plan (the "DSP"). Each plan has a divided interest in the net assets of the Master Trust as allocated in accordance with the plans' provisions. Assets are allocated among the plans by assigning to each plan those transactions (primarily contributions, benefit payments, and administrative expenses) which can be specifically identified. Investment income (loss) is allocated to the plans based upon their pro rata share in the allocated net assets of the Master Trust. The DSP was merged with and into the Plan, effective August 30, 2024. As a result, the Master Trust ceased being a master trust effective on the plan merger.

The Plan's interest in the net assets of the Master Trust totaled \$17,488,089 at December 31, 2023, which was approximately 95% of the Master Trust net assets.

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

4. INTEREST IN MASTER TRUST (Continued)

The following tables present the net assets available for benefits for the year ended December 31, 2023 and the net investment income (loss) of the Master Trust as of and for the period ended August 30, 2024 and the year ended December 31, 2023 (in thousands of dollars):

	<u>Period from January 1, 2024 to August 30, 2024</u>	
	<u>Master Trust Income</u>	<u>Plan's Income from Master Trust</u>
Net appreciation in fair value of investments	\$ 2,600,128	\$ 2,518,484
Interest income	<u>57,927</u>	<u>56,108</u>
Net investment income	<u>\$ 2,658,055</u>	<u>\$ 2,574,592</u>

	<u>December 31, 2023</u>	
	<u>Master Trust Balances</u>	<u>Plan's Interest in Master Trust Balances</u>
Mutual funds	\$ 4,585,347	\$ 4,353,908
Institutional only funds	13,051,751	12,392,979
Cash and cash equivalents	20,447	19,415
Self-directed brokerage accounts	<u>388,363</u>	<u>368,761</u>
Total investments at fair value	<u>18,045,908</u>	<u>17,135,063</u>
Investments at contract value	<u>370,714</u>	<u>352,003</u>
Receivables:		
Notes receivable from participants	106,459	106,459
Dividends and interest	<u>2,342</u>	<u>2,224</u>
Total receivables	<u>108,801</u>	<u>108,683</u>
Total assets	<u>18,525,423</u>	<u>17,595,749</u>
Liabilities:		
Payables - other	<u>1,265</u>	<u>1,201</u>
Net assets available for benefits	<u>\$ 18,524,158</u>	<u>\$ 17,594,548</u>

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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4. INTEREST IN MASTER TRUST (Continued)

	<u>Year ended December 31, 2023</u>	
	<u>Master Trust</u>	<u>Plan's Income</u>
	<u>Income</u>	<u>from Master</u>
		<u>Trust</u>
Net appreciation in fair value of investments	\$ 3,020,562	\$ 2,865,725
Interest income	<u>111,369</u>	<u>105,977</u>
Net investment income	<u>\$ 3,131,931</u>	<u>\$ 2,971,702</u>

5. FAIR VALUE MEASUREMENTS

The Accounting Standards Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1:

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

Level 2:

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3:

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

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.

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

5. FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the trust at year end.

Collective Trusts: Valued at the price of units held by the Trust at year end as provided by the investment manager.

Self-Directed Brokerage Accounts: Valued at the market value of the stock holdings, mutual funds, and bond holdings as provided by Bank of America and its affiliates.

Short-Term Securities: Valued at the price of units held by the Trust at year end as provided by the investment manager.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Trust 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 (in thousands of dollars):

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 5,255,347	\$ -	\$ -	\$ 5,255,347
Stocks	272,742	-	-	272,742
Corporate/Mutual/Foreign Bonds	-	1,618	-	1,618
Cash and Cash Equivalents	96,309	-	-	96,309
Certificates of Deposit	2,335	-	-	2,335
Institutional-Only Funds:				
Collective Trusts	-	15,242,553	-	15,242,553
Total assets at fair value	<u>\$ 5,626,733</u>	<u>\$ 15,244,171</u>	<u>\$ -</u>	<u>\$ 20,870,904</u>

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

5. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Trust's assets at fair value as of December 31, 2023 (in thousands of dollars):

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 4,585,347	\$ -	\$ -	\$ 4,585,347
Stocks	197,888	-	-	197,888
Corporate/Mutual/Foreign Bonds	-	2,948	-	2,948
Cash and Cash Equivalents	77,103	-	-	77,103
Certificates of Deposit	3,462	-	-	3,462
Institutional-Only Funds:				
Collective Trusts	-	13,179,160	-	13,179,160
Total assets at fair value	<u>\$ 4,863,800</u>	<u>\$ 13,182,108</u>	<u>\$ -</u>	<u>\$ 18,045,908</u>

6. GUARANTEED INVESTMENT CONTRACTS

The Plan offers an investment in the PIMCO Stable Value Fund (the "Stable Value Fund") totaling \$316,508 and \$370,714 at December 31, 2024 and 2023, respectively. The Stable Value Fund invests in synthetic GICs. Synthetic GICs include security-backed contracts which are comprised of two components, an underlying fixed income portfolio that invests primarily in fixed income securities (bonds) and a wrap contract issued by a financial institution to provide stability of principal and interest. These contracts meet the fully benefit-responsive criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions (for example, withdrawals) under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The synthetic investment contracts held by the Plan include wrapper contracts that provide a guarantee that the credit rate will not fall below zero percent. Cash flow volatility (for example, timing of withdrawals) as well as asset underperformance can be passed through to the Plan through adjustment to future contract crediting rates. Formulas are provided in each contract that adjust renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed periodically for resetting.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) premature termination of the contracts by the Plan, (2) layoffs, (3) Plan termination, (4) bankruptcy, (5) mergers, and (6) early retirement incentives. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

## ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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#### 7. TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 4, 2016, indicating that the Plan, as then designed, was qualified under the applicable sections of the IRC. Accordingly, no provision for Federal income tax has been made in the financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

#### 8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Participants covered under the Plan are considered to be parties-in-interest. Participant loans in the amounts of \$113,730 and \$106,459 at December 31, 2024 and 2023, respectively, are considered to be party-in-interest investments; however, they are exempt from the prohibited transaction rules under ERISA.

The Plan invests in certain funds offered by Northern Trust. As Northern Trust is the Trustee of the Plan, these investments qualify as party-in-interest investments; however, they are exempt from the prohibited transaction rules under ERISA.

The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA; however, they are exempt from the prohibited transaction rules under ERISA.

#### 9. RISKS AND UNCERTAINTIES

The Plan uses various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Information Provided Pursuant to Form 5500  
Schedule H, Part IV, Line 4i, Schedule of Assets Held for Investment at End of Year  
As of December 31, 2024

(a) ISSUER AND DESCRIPTION	(b)	
	TOTAL COST	MARKET VALUE
<u>MUTUAL FUNDS</u>		
Vanguard Growth Index	-	\$ 1,274,454,133
Vanguard Admiral - U.S. Treasury Money Market Portfolio	-	39,471,091
Vanguard Mid-Cap Fund	-	1,079,013,966
Vanguard Small-Cap Fund	-	1,174,585,326
Vanguard REIT Index Fund	-	186,366,229
Vanguard Emerging Markets Fund	-	262,318,263
Vanguard Inflation-Protected Securities	-	134,041,027
Vanguard Value Fund	-	639,347,215
Vanguard Federal Money Market Fund+C60	-	315,933,863
<b>TOTAL MUTUAL FUNDS</b>	<b>-</b>	<b>5,105,531,114</b>
<u>SELF DIRECTED BROKERAGE ACCOUNTS</u>		
Self Directed Brokerage Accounts	-	502,187,909
<b>TOTAL SELF DIRECTED BROKERAGE ACCOUNTS</b>	<b>-</b>	<b>502,187,909</b>
<u>INSTITUTIONAL-ONLY FUNDS</u>		
American Funds New Perspective Fund®	-	863,761,777
Fidelity Contrafund	-	1,507,337,618
Fidelity Diversified International Fund	-	202,444,457
Fidelity OTC Portfolio	-	946,622,250
Vanguard Bond Index Fund	-	826,019,243
Vanguard Instl Index Fund	-	3,943,366,252
Vanguard Total International Stock Index Fund	-	1,204,565,578
Vanguard Target 2020 Fund	-	146,269,319
Vanguard Target 2025 Fund	-	195,129,711
Vanguard Target 2030 Fund	-	596,589,888
Vanguard Target 2035 Fund	-	485,878,089
Vanguard Target 2040 Fund	-	951,412,885
Vanguard Target 2045 Fund	-	701,722,750
Vanguard Target 2050 Fund	-	940,288,818
Vanguard Target 2055 Fund	-	629,702,928
Vanguard Target 2060 Fund	-	429,902,309
Vanguard Target 2065 Fund	-	150,560,311
Vanguard Target 2070 Fund	-	21,291,878
Vanguard Target Date Income	-	153,018,096
Vanguard Target Retirement Income & Growth	-	26,223,817
PIMCO Total Return Fund	-	313,233,289
<b>TOTAL INSTITUTIONAL-ONLY FUNDS</b>	<b>-</b>	<b>15,235,341,266</b>
<u>GUARANTEED INVESTMENT CONTRACT</u>		
Pimco Stable Value Fund	-	316,507,862
<b>TOTAL GUARANTEED INVESTMENT CONTRACT</b>	<b>-</b>	<b>316,507,862</b>
<u>SHORT-TERM SECURITIES</u>		
Cash Clearing Funds:		
Temporary Investment Funds, variable rate, due on demand	-	12,165,366
PIMCO Stable Value Fund	-	15,678,884
<b>TOTAL SHORT-TERM SECURITIES</b>	<b>-</b>	<b>27,844,250</b>
<u>LOANS TO MEMBERS OF PARTICIPATING PLANS</u>		
401(K) Loan Fund:		
* Loans outstanding at December 31, 2024		
- maturities between the years 2024 and 2051	-	113,730,163
- interest rates ranging from 3.25% to 9.5%	-	113,730,163
<b>TOTAL LOANS TO MEMBERS</b>	<b>-</b>	<b>113,730,163</b>
<b>TOTAL INVESTMENTS</b>	<b>-</b>	<b>\$21,301,142,564</b>

Notes:

(a) \* Parties-in-interest

(b) Cost basis is not required to be reported for participant-directed accounts.

See accompanying independent auditors' report.

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Accenture United States 401k Match and Savings Plan**  
**Plan Sponsor's Name: Accenture LLP**

**EIN:72-0542904**  
**PN:102**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	0	0
	CAPITAL NEW PERSPECTIVE TRUST	COMMON / COLLECTIVE TRUSTS	837,204,091	864,012,234
	FIDELITY CONTRAFUND COM POOL	COMMON / COLLECTIVE TRUSTS	1,382,108,722	1,507,309,618
	FIDELITY DIV INTL COM POOL	COMMON / COLLECTIVE TRUSTS	206,731,517	202,423,665
	FIDELITY OTC COMMINGLED POOL	COMMON / COLLECTIVE TRUSTS	848,174,487	946,555,980
	PIMCO TOTAL RETURN CIT II	COMMON / COLLECTIVE TRUSTS	316,695,522	312,846,597
	VANGUARD INSTL 500 INDEX TRUST	COMMON / COLLECTIVE TRUSTS	3,651,699,692	3,945,632,239
	VANGUARD INSTL TL BOND INDEX	COMMON / COLLECTIVE TRUSTS	840,531,172	826,604,602
	VANGUARD TARGET RET 2020 TRUST	COMMON / COLLECTIVE TRUSTS	144,138,241	146,267,364
	VANGUARD TARGET RET 2025 TRUST	COMMON / COLLECTIVE TRUSTS	191,303,942	194,904,558
	VANGUARD TARGET RET 2030 TRUST	COMMON / COLLECTIVE TRUSTS	583,136,963	596,463,816
	VANGUARD TARGET RET 2035 TRUST	COMMON / COLLECTIVE TRUSTS	475,390,752	486,137,833
	VANGUARD TARGET RET 2040 TRUST	COMMON / COLLECTIVE TRUSTS	921,416,333	949,820,470
	VANGUARD TARGET RET 2045 TRUST	COMMON / COLLECTIVE TRUSTS	679,279,453	701,395,434
	VANGUARD TARGET RET 2050 TRUST	COMMON / COLLECTIVE TRUSTS	905,079,029	940,194,062
	VANGUARD TARGET RET 2055 TRUST	COMMON / COLLECTIVE TRUSTS	606,801,458	629,953,307
	VANGUARD TARGET RET 2060 TRUST	COMMON / COLLECTIVE TRUSTS	414,296,639	429,726,638
	VANGUARD TARGET RET 2065 TRUST	COMMON / COLLECTIVE TRUSTS	145,105,787	150,555,138
	VANGUARD TARGET RET 2070 TRUST	COMMON / COLLECTIVE TRUSTS	20,631,721	21,285,280

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Accenture United States 401k Match and Savings Plan**  
**Plan Sponsor's Name: Accenture LLP**

**EIN:72-0542904**  
**PN:102**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	VANGUARD TARGET RET INCOME TR	COMMON / COLLECTIVE TRUSTS	151,170,681	152,998,721
	VANGUARD TL INTL STK MKT INDEX	COMMON / COLLECTIVE TRUSTS	1,218,460,560	1,204,458,416
	VANGUARD TR INCOME & GROWTH TR	COMMON / COLLECTIVE TRUSTS	25,748,992	26,223,824
	LOAN FUND	LOANS	108,809,695	108,809,695
	VANGUARD FEDERAL MONEY MKT INV	MONEY MARKET	326,117,239	326,117,237
	PIMCO STABLE VALUE FUND	MUTUAL FUNDS	355,255,868	358,548,781
	VANGUARD EMRG MRKTS IDX INSTL	MUTUAL FUNDS	262,093,488	262,008,865
	VANGUARD GROWTH IND FD INSTL	MUTUAL FUNDS	1,136,263,345	1,274,475,292
	VANGUARD INFLATION-PROTECTED	MUTUAL FUNDS	139,449,364	134,053,509
	VANGUARD MIDCAP INDEX CL IP	MUTUAL FUNDS	1,010,212,782	1,078,592,308
	VANGUARD REIT INDEX FD CL INST	MUTUAL FUNDS	190,333,988	185,742,292
	VANGUARD SMALL-CAP INDEX INST	MUTUAL FUNDS	1,105,284,151	1,175,002,940
	VANGUARD US TREASURY MON	MUTUAL FUNDS	38,900,621	39,622,390
	VANGUARD VALUE INDEX FD INSTL	MUTUAL FUNDS	623,517,286	638,666,553
	SELF-DIRECT ACCT	OTHER ASSETS	235,627	235,627
	SELF-DIRECT ACCT	OTHER ASSETS	501,946,263	501,946,263
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	16,975	16,975
	UNINVESTED CASH	UNINVESTED CASH	0	0

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Accenture United States 401k Match and Savings Plan**  
**Plan Sponsor's Name: Accenture LLP**

**EIN:72-0542904**  
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