

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 06/02/2024 and ending 05/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan DELOITTE PENSION PLAN FOR INDEPENDENCE	1b	Three-digit plan number (PN) ▶ 003
		1c	Effective date of plan 03/01/2006
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) DELOITTE LLP 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	2b	Employer Identification Number (EIN) 13-5133500
		2c	Plan Sponsor's telephone number 212-489-1600
		2d	Business code (see instructions) 541211

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/15/2026	JAMIE GROSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/15/2026	JOANNA MARINO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor RETIREMENT COMMITTEE C/O JAMIE GROSS DELOITTE LLP 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	3b Administrator's EIN 13-2857038 3c Administrator's telephone number 212-489-1600																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 14839																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td>6a(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">743</td></tr> <tr><td>6c</td><td style="text-align: right;">15535</td></tr> <tr><td>6d</td><td style="text-align: right;">16278</td></tr> <tr><td>6e</td><td style="text-align: right;">84</td></tr> <tr><td>6f</td><td style="text-align: right;">16362</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>			6a(1)	0	6a(2)	0	6b	743	6c	15535	6d	16278	6e	84	6f	16362	6g(1)		6g(2)		6h	0
6a(1)	0																						
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6d	16278																						
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6f	16362																						
6g(1)																							
6g(2)																							
6h	0																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3B 3H 3J																							

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/02/2024 and ending 05/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan DELOITTE PENSION PLAN FOR INDEPENDENCE	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DELOITTE LLP	D Employer Identification Number (EIN) 13-5133500
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 06 Day 02 Year 2024			
2	Assets:			
a	Market value	2a	672506180	
b	Actuarial value	2b	672506180	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	779	97797580	97797580
b	For terminated vested participants	14070	553517437	553517437
c	For active participants	0	0	0
d	Total	14849	651315017	651315017
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.35 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	4721754	
b	Expected plan-related expenses	6b	1535902	
c	Target normal cost	6c	6257656	

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

SIGN HERE	Signature of actuary TIMOTHY J. GEDDES Type or print name of actuary DELOITTE CONSULTING LLP Firm name 1001 WOODWARD, SUITE 700 DETROIT, MI 48226-1904 Address of the firm	02/23/2026 Date 23-06181 Most recent enrollment number 313-396-3954 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	18901719	62282116
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3587970	0
9 Amount remaining (line 7 minus line 8)	15313749	62282116
10 Interest on line 9 using prior year's actual return of <u>1.73</u> %	264928	1077481
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15578677	63359597

Part III Funding Percentages

14 Funding target attainment percentage	14	91.13 %
15 Adjusted funding target attainment percentage	15	103.25 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.04 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.05 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	6257656	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	6257656	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	6257656	0	6257656
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 06/02/2024 and ending 05/31/2025					
A Name of plan DELOITTE PENSION PLAN FOR INDEPENDENCE				B Three-digit plan number (PN) ▶ 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DELOITTE LLP				D Employer Identification Number (EIN) 13-5133500	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: DELOITTE LLP MASTER PENSION TRUST					
b Name of sponsor of entity listed in (a): DELOITTE LLP					
c EIN-PN 27-6445994-005		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 700100018		
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:					
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 06/02/2024 and ending 05/31/2025		
A Name of plan DELOITTE PENSION PLAN FOR INDEPENDENCE		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 DELOITTE LLP		D Employer Identification Number (EIN) 13-5133500

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	661078687	700100018
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	661078687	700100018
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	214396	284258
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	214396	284258
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	660864291	699815760

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(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)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		9647288
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9647288

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60521979	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		60521979
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		60521979

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-50874691
l Transfers of assets:			
(1) To this plan	2l(1)		89826160
(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: **LPMC, PC**

(2) EIN: **62-1199757**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568209.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 06/02/2024 and ending 05/31/2025		
A Name of plan DELOITTE PENSION PLAN FOR INDEPENDENCE		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 DELOITTE LLP		D Employer Identification Number (EIN) 13-5133500
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 27-6445994		
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		3 808
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 10.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 83.00 %

High-Yield Debt: 2.00 % Real Assets: 1.00 % Cash or Cash Equivalents: 2.00 % Other: 2.00 %

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_____.

Deloitte Pension Plan for Independence

Employer ID No: 13-5133500
Plan Number: 003

Financial Statements as of and for the Years Ended
May 31, 2025 and June 1, 2024,
and Independent Auditors' Report

The logo for LBMC, consisting of the letters "LBMC" in white, sans-serif font, centered within a solid blue rectangular background.

DELOITTE PENSION PLAN FOR INDEPENDENCE

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITORS' REPORT

To the Administrator and Retirement Committee of the
Deloitte Pension Plan for Independence:

Opinion

We have audited the financial statements of the Deloitte Pension Plan for Independence (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for pension benefits as of May 31, 2025 and June 1, 2024, the related statements of changes in net assets available for pension 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 pension benefits of the Plan as of May 31, 2025 and June 1, 2024, and the changes in its net assets available for pension 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

LBM, PC

Brentwood, Tennessee
March 16, 2026

DELOITTE PENSION PLAN FOR INDEPENDENCE

**STATEMENTS OF NET ASSETS AVAILABLE FOR PENSION BENEFITS
AS OF MAY 31, 2025 AND JUNE 1, 2024**

	<u>May 31, 2025</u>	<u>June 1, 2024</u>
Assets - Investments, at fair value - Interest in Deloitte LLP Master Pension Trust	\$ 700,100,018	\$ 661,078,687
Liabilities – Accrued expenses	284,258	214,396
Net assets available for pension benefits	<u>\$ 699,815,760</u>	<u>\$ 660,864,291</u>

See accompanying notes to the financial statements.

DELOITTE PENSION PLAN FOR INDEPENDENCE

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PENSION BENEFITS FOR THE YEARS ENDED MAY 31, 2025 AND JUNE 1, 2024

	May 31, 2025	June 1, 2024
Additions:		
Change in plan interest in Deloitte LLP Master Pension Trust	\$ 12,528,033	\$ 11,849,395
Total additions	12,528,033	11,849,395
Deductions:		
Benefits paid to participants	60,521,979	36,977,040
Administrative expenses	2,880,745	2,360,250
Total deductions	63,402,724	39,337,290
Net decrease in net assets available for benefits	(50,874,691)	(27,487,895)
Transfers into the plan, net	89,826,160	70,039,085
Net assets available for pension benefits at the beginning of year	660,864,291	618,313,101
Net assets available for pension benefits at the end of year	\$ 699,815,760	\$ 660,864,291

See accompanying notes to the financial statements.

NOTES TO THE FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED MAY 31, 2025 AND JUNE 1, 2024

(1) Description of plan

The following description of the Deloitte Pension Plan for Independence (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more information.

(a) General

The Plan is sponsored by Deloitte LLP ("Deloitte") and its subsidiaries (collectively the "U.S. Firms"). The Plan was created effective March 1, 2006.

The Plan is a cash balance defined benefit pension plan, which reports accrued benefits to participants in the form of hypothetical account balances. Account balances are increased each year by an interest crediting rate equal to the greater of 3.80% and the 30-year U.S. Treasury Securities as published by the Internal Revenue Service in September of the preceding calendar year plus a service credit at the end of the year based on a predetermined table set forth in the plan document. Prior to January 1, 1997, benefits were calculated under the Career Average Formula. Certain participants that performed Service prior to 1997 are grandfathered under the Career Average Formula. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Deloitte LLP Master Pension Trust ("Master Trust") holds the investments of assets for the Plan, and its affiliated plans, the Deloitte Pension Plan for Partners, Principals and Managing Directors ("PPMD Plan"), the Deloitte Pension Plan ("Deloitte Plan") and the Deloitte Defined Benefit Savings Plan for Partners and Principals ("Partner Cash Balance Plan").

During the years ended May 31, 2025 and June 1, 2024, the Plan received asset transfers of \$31,141,571 and \$17,238,178 from the PPMD Plan, \$57,069,694 and \$47,585,428 from the Deloitte Plan, \$1,557,134 and \$1,101,571 from the Partner Cash Balance Plan, and \$57,761 and \$4,113,908 from the DTTS Pension Plan, an affiliated plan.

(b) Participation

The purpose of the Plan is to provide retirement benefits for certain eligible employees, eligible managing directors, and eligible partners and principals (collectively "Partners") of Deloitte and its affiliates that have adopted the Plan, as well as to accept the transfer of assets and liabilities attributable to the accrued benefits of former participants in the Deloitte Plan, the PPMD Plan, the Partner Cash Balance Plan, and the DTTS Pension Plan who are subject to certain independence requirements both before and after March 1, 2006. The Plan is intended to be identical in all material respects to the Deloitte Plan, except for different eligibility requirements.

Each person who was subject to certain independence requirements on March 1, 2006 and who was a participant in the Deloitte Plan immediately prior to that date became a participant of the Plan on that date. After March 1, 2006, any person who was a participant in the Deloitte Plan, the PPMD Plan, the Partner Cash Balance Plan, or the DTTS Pension Plan becomes a participant of the Plan as of the day such person becomes subject to certain independence requirements.

(c) Vesting and pension benefits

Participants are vested after three years of service or upon reaching retirement age of 62 while actively employed by the U.S. Firms. After becoming fully vested, participants have the right to their benefit even if they leave the U.S. Firms. Upon termination of employment and satisfaction of the vesting requirements, participants have various options in which to receive their retirement benefit. Each participant may have the option to elect to receive their benefit as a lump-sum payment or in the form of an automatic or optional form of annuity payment for their lifetime, the lifetime of a surviving spouse or the lifetime of a named beneficiary, as described under the Plan document.

(d) Plan funding

Deloitte makes contributions to the Plan, as necessary, as determined by the actuary for the Plan using the unit credit funding method in compliance with the Pension Protection Act of 2006. Deloitte's intention is to make annual contributions in amounts at least sufficient to meet the minimum funding requirements of ERISA.

(e) Fiscal year

The Plan's fiscal year ends on the Saturday nearest May 31.

(f) Plan termination

Although it has not expressed any intention to do so, Deloitte has the right to terminate the Plan subject to the provisions set forth in ERISA.

Should the Plan terminate at some future time, its net assets generally may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided by the Plan's then existing assets and the PBGC guaranty, while other benefits may not be provided at all. The priority order of participants' claims to the assets of the Plan upon termination complies with applicable sections of benefits guaranteed by the PBGC as detailed in the Plan document.

(2) Summary of significant accounting policies

(a) Basis of accounting

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

(b) Investment valuation and income recognition

The investments of the Plan reside in the Master Trust and are stated at fair value based on the quoted market prices of the underlying securities within each fund on the last day of the Plan year. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

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

(c) Use of estimates

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

(d) Administrative expenses

Administrative expenses of the Plan are paid by the Plan to the extent such expenses are not paid by Deloitte.

(e) Payment of benefits

Benefit payments to participants are recorded upon distribution.

(f) Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to service rendered by the employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for active, retired or terminated employees or their beneficiaries are based on a career average formula or a hypothetical cash balance at the valuation date. Benefits payable under all circumstances – retirement, death, and termination of employment – are included to the extent the benefits are deemed attributable to employee service rendered as of the valuation date.

(g) Subsequent events

Management of the U.S. Firms has evaluated events and transactions that occurred between May 31, 2025 and March 16, 2026, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

(3) Actuarial present value of accumulated plan benefits

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

Actuarial present values of accumulated plan benefits at the beginning of the Plan years ended May 31, 2025 and June 1, 2024 are summarized as follows:

	<u>2025</u>	<u>2024</u>
Vested benefits:		
Participants currently receiving payments	\$ 94,587,788	\$ 87,334,520
Other participants	507,312,674	452,509,209
Total	\$ 601,900,462	\$ 539,843,729

Significant assumptions and methods underlying the actuarial computations are as follows:

Actuarial Cost Method	- Unit Credit
Discount rate	- 6.00% for both 2025 and 2024
Early Retirement Date	- Age 50 with 10 years of service or age 55 with 5 years of service
Normal Retirement Date	- Age 62
Mortality Basis	- Pri-2012 white collar mortality tables projected using Scale MP-2021 for 2025 RP-2006 Employee and Healthy Annuitant mortality tables for males and females with white collar adjustments and generational mortality improvements using Scale MP-2018 for 2024

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

Changes in the actuarial present values of accumulated plan benefits at the beginning of the Plan years ended May 31, 2025 and June 1, 2024 are summarized as follows:

	<u>2025</u>	<u>2024</u>
Actuarial present value of accumulated plan benefits - beginning of prior year	\$ 539,843,729	\$ 503,496,644
Net additional benefits accumulated	5,138,484	2,608,054
Increase for interest due to decrease in discount period	31,384,813	29,388,952
Benefits paid	(33,527,017)	(27,361,567)
Changes in actuarial assumptions	(12,313,611)	483,714
Changes in plan provisions	—	55,818
Transfers into the plan	71,374,064	31,172,114
Actuarial present value of accumulated plan benefits - beginning of current year	\$ 601,900,462	\$ 539,843,729

Changes in actuarial assumptions

- The mortality assumption was updated from the RP-2006 white collar combined healthy mortality tables projected using scale MP-2018 to the Pri-2012 white collar mortality tables projected using Scale MP-2021.
- For the full list of assumption changes, please refer the 2024 Actuarial Valuation Report for the Plan.

(4) Federal income tax status

The Internal Revenue Service has determined and informed Deloitte by a letter dated May 24, 2021, that the Plan was designed to be in accordance with the applicable regulations of the IRC. The Plan has been amended since receiving the determination letter. However, Deloitte and Plan management believe that the Plan, as amended, is currently designed and operating in compliance with the applicable requirements of the IRC and the Plan continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's 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 Plan 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 May 31, 2025 and June 1, 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.

(5) Exempt parties-in-interest transactions

During the years ended May 31, 2025 and June 1, 2024, transactions with parties-in-interest included purchases and sales of assets through JPMorgan Chase, the trustee. The Plan paid expenses to various service providers which also qualify as party-in-interest transactions.

(6) Interest in Master Trust

The Master Trust is comprised of various investment funds, some of which are specific to the participating plans. 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 credited to each plan according to its specific interest in the investments in the Master Trust.

The Plan's interest in the net assets of the Master Trust totaled \$700,100,018 at May 31, 2025 and \$661,078,687 at June 1, 2024, which approximated 8% of the Master Trust's assets for each year.

The net assets and investments of the Master Trust are summarized as follows as of May 31, 2025:

	<u>Master Trust</u>	<u>Plan's Interest</u>
Investments, at fair value:		
Fixed income funds	\$ 5,165,292,169	\$ 596,541,881
Equity funds	2,409,528,543	68,407,716
Real asset funds	177,250,681	4,874,531
Alternative risk premia	27,360,195	2,416,169
Hedge funds	821,747,908	14,640,893
Total investments, at fair value	8,601,179,496	686,881,190
Cash and accrued items	84,169,932	13,218,828
Total net assets	\$ 8,685,349,428	\$ 700,100,018

The net assets and investments of the Master Trust are summarized as follows as of June 1, 2024:

	<u>Master Trust</u>	<u>Plan's Interest</u>
Investments, at fair value:		
Fixed income funds	\$ 4,766,611,130	\$ 561,846,521
Equity funds	2,234,001,746	55,936,994
Real asset funds	121,937,230	4,242,907
Alternative risk premia	172,186,351	4,930,486
Hedge funds	744,693,713	21,030,927
Total investments, at fair value	8,039,430,170	647,987,835
Cash and accrued items	240,417,421	13,090,852
Total net assets	\$ 8,279,847,591	\$ 661,078,687

The following are the changes in net assets for the Master Trust for the years ended May 31, 2025 and June 1, 2024:

	<u>2025</u>	<u>2024</u>
Net appreciation in fair value of investments	\$ 255,829,714	\$ 148,171,868
Interest and dividend income	165,874,054	149,347,933
Total investment income	421,703,768	297,519,801
Net transfers	(16,201,931)	237,299,569
Increase in net assets	405,501,837	534,819,370
Net assets available at beginning of year	8,279,847,591	7,745,028,221
Net assets available at end of year	\$ 8,685,349,428	\$ 8,279,847,591

(7) Fair value measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, provides the 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 under FASB ASC 820 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and June 1, 2024.

- (i) *Fixed income funds, equity funds, real asset funds, and alternative risk premia:* Level 1 fixed income funds, equity funds, and real asset funds are mutual funds which are valued at the closing price on the major market on which the investments are traded. Fixed income funds, equity funds, real asset funds, and alternative risk premia not actively traded are classified as level 2. The valuations of level 2 fixed income bond funds are sourced from independent pricing services and are primarily based upon a market approach, using matrix pricing and considering a security's relationship to other securities for which quoted prices in an active market may be available. Level 2 equity funds, real asset funds, and alternative risk premia are commingled funds which are valued at their net asset value (NAV) as calculated by the investment manager or sponsor of the fund and have daily, weekly, bimonthly, or monthly liquidity with a redemption notice period from 0 to 30 days. Funds meeting the practical expedient are included in the NAV column in the following tables. Level 2 equity funds in 2024 and fixed income funds in 2025 also include credit derivatives which are over-the-counter credit default swap index investments and are valued by the investment managers using available market data.
- (ii) *Hedge funds and other investments measured at NAV:* Hedge funds and other investments measured at NAV are open ended funds, limited partnerships or commingled funds and are valued based on the NAV provided or calculated by the fund administrator or investment manager. These investments are valued using the practical expedient and are included in the investments measured at NAV column in the fair value hierarchy tables. Hedge funds are redeemable monthly, quarterly, semi-annually, or annually and have a redemption notice period from 30 to 120 days. The other investments measured at NAV have daily, bi-monthly or monthly liquidity with a redemption notice period ranging from 0 to 30 days. There are no unfunded commitments related to these investments.

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

The following tables set forth, by level within the fair value hierarchy, a summary of the Master Trust's assets measured at fair value on a recurring basis at May 31, 2025 and June 1, 2024. Investments valued using the NAV as a practical expedient are not leveled in the tables in accordance with Accounting Standards Update (ASU) 2015-07, but are included in the total column to allow for a reconciliation to the fair value of plan assets.

**Fair Value Measurements as of
May 31, 2025**

	Level 1	Level 2	Level 3	NAV	Total
Equity	\$ 422,546,287	\$ —	\$ —	\$1,986,982,256	\$2,409,528,543
Non-investment grade fixed income	57,475,591			459,392,697	516,868,288
Investment grade fixed income	105,522,257	2,415,688,283	—	2,127,213,341	4,648,423,881
Real assets	37,182,763	—	—	140,067,918	177,250,681
Alternative risk premia		13,747,833		13,612,362	27,360,195
Hedge funds	—	—	—	821,747,908	821,747,908
		-	-	-	-
Total	\$ 622,726,898	\$2,429,436,116	\$ —	\$5,549,016,482	\$8,601,179,496
Cash and accrued items					84,169,932
Total					\$8,685,349,428

**Fair Value Measurements as of
June 1, 2024**

	Level 1	Level 2	Level 3	NAV	Total
Equity	\$ 691,843,802	\$ 55,437,837	\$ —	\$1,486,720,107	\$2,234,001,746
Non-investment grade fixed income	80,231,473	—	—	—	80,231,473
Investment grade fixed income	96,923,023	2,250,332,134	—	2,339,124,500	4,686,379,657
Real assets	22,395,419	99,541,811	—	—	121,937,230
Alternative risk premia	—	18,851,688	—	153,334,663	172,186,351
Hedge funds	—	231,055,912	—	513,637,801	744,693,713
Total	\$ 891,393,717	\$2,655,219,382	\$ —	\$4,492,817,071	\$8,039,430,170
Cash and accrued items					240,417,421
Total					\$8,279,847,591

The hedge funds and other investments measured at NAV are not direct filing entities. The investment strategy of these funds are described below.

- Fixed income funds - to seek maximum return consistent with prudent investment management by investing at least 80% in fixed income instruments and to provide income and generate capital gains over the long-term, primarily through investment in a diversified portfolio of debt securities.
- Equity funds - to achieve long-term capital appreciation by investing in a concentrated portfolio of common stocks of publicly traded companies selling at a value less than the intrinsic values of the companies.
- Alternative risk premia - to achieve long-term capital appreciation through professionally managed trading in various financial markets using derivative contracts and other financial instruments.
- Hedge funds - a mix of generating consistent long-term growth through active trading or long and short-term investments in both U.S. and non-U.S. securities (with a focus on undervalued securities) and closely approximate various indices.

(9) Risks and uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rates		Pre-MAP-21 Segment Rates ¹	25-Year Average Segment Rates	Current	
				2024 Corridor (95%-105%)	Segment Rates ²
	Lookback Month	February 2024	N/A	N/A	N/A
	First Segment Rate	4.52%	5.00% ³	4.75% - 5.25%	4.75%
	Second Segment Rate	5.05%	5.13%	4.87% - 5.39%	5.05%
	Third Segment Rate	5.04%	5.88%	5.59% - 6.17%	5.59%
	Effective Rate	5.03%	N/A	N/A	5.35%
¹ Used for Maximum Deductible, PBGC Method for Variable-Rate Premium, ERISA §4010 reporting \$15M underfunded and 80% threshold, and excess assets for §420 transfers.					
² Used for minimum funding and benefit restrictions					
³ Actual rate of 3.33% was limited to a floor of 5.00% per the provisions of ARP.					
Cash Balance Interest Crediting Rate	4% per annum				
Mortality	As defined in Treasury Regulation §1.430(h)(3)-1(a)(1)(i). This table is based on the annuitant and non-annuitant mortality rates for males and females from IRS §1.430(h)(3)-1(d) with a base year of 2012 and generational projection of mortality improvements using the IRS 2024 Adjusted Scale MP-2021.				
Benefit Commencement Age for Deferred Commencements	Participants are assumed to commence deferred benefits based on the following schedules:				
	Age	Rate			
	≤ 61	0%			
	62	50			
	63-64	0			
	65+	100			
Social Security	For benefits accrued through August 31, 1989: Social Security law for 1989.				
	For benefits accrued after August 31, 1989: Social Security wage base used in the calculation of the Career Average Benefit increases at 4.75%.				
Expense Load on Normal Cost	Expenses and PBGC premiums paid from trust based on actual expenses paid during prior year.				
Marriage Assumption	80% of participants are assumed to be married. Male participants are assumed to be 2 years older than their spouses. Female participants are assumed to be the same age as their spouses. Actual spousal data is used for retirees.				

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Form of Distribution	Benefit distributions are assumed to follow the below schedule:		
	<u>Terminated Vested Participants</u>	<u>Deferred Lump Sum</u>	<u>Deferred Annuity</u>
	Employees:	70%	30%
	Managing Directors:	65%	35%
	Partners:	50%	50%
Lump Sum Basis	Interest Rate:	The ERISA Funding Interest Rates as prescribed by the IRS, same as underlying valuation rates.	
	Mortality:	2024 IRS 417(e) published table	
Annuity Form Election	Form of payment for participants assumed to elect annuities:		
	<u>Employees:</u>		
	Life Annuity	55%	
	65% Joint & Survivor Annuity	45%	
	<u>Managing Directors:</u>		
	Life Annuity	35%	
	75% Joint & Survivor Annuity	65%	
	<u>Partners:</u>		
	Life Annuity	20%	
	75% Joint & Survivor Annuity	80%	

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Methods for Funding

Liability Valuation Method

Funding Target and Target Normal Cost as Defined in PPA

The Funding Target is defined to be the present value of the benefits accrued or earned at the valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the Funding Target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the Target Normal Cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the Funding Target and Target Normal Cost of a Plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The Target Normal Cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from Actuarial Value of Assets for a plan year are not reflected in the determination of a plan's Funding Target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan's Target Normal Cost.

Generally if insurance contracts are held by the Plan, they are included in Actuarial Value of Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a Plan's Funding Target and Target Normal Cost for a plan year is based on Plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a Plan amendment is treated as having been adopted on the first day of the plan year (including a Plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the Funding Target for the plan year and the amount the Funding Target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of Plan amendments within the last two years are excluded from the calculation of the cushion amount.

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Methods for Funding

Asset Valuation Method

Actuarial Value of Assets are equal to the Market Value of Assets plus receivable contributions discounted at the appropriate interest rate to the valuation date.

Procedures

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the employer. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The employer provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

The normal cost associated with participants who have transferred to or from the Deloitte Pension Plan, the Deloitte Pension Plan for Partners, Principals, and Managing Directors, the DTTs Pension Plan, and the Deloitte Defined Benefit Savings Plan for Partners and Principals have been calculated as of the beginning of the year, and allocated based on the transfer date of the transferred participants. This is not inconsistent with the requirements of Code section 430.

Model Use

Actuarial Standard of Practice No. 56 – Modeling requires disclosure of certain information regarding the actuary's use of models when issuing actuarial reports for work performed on or after October 1, 2020. For this valuation, the liability calculations were determined using industry-leading defined benefit valuation software developed and maintained by a third-party vendor. The model was designed specifically for the measurement of defined benefit pension liabilities and the actuary has updated the applicable parameters for the specific plan provisions and assumptions selected for this valuation.

An Excel-based model that calculates a supportable long-term rate of return on assets with inputs of a target asset allocation and publicly available capital market assumptions by asset class was used to assess the reasonableness of the long-term rate of return assumption.

Method Changes Since Last Year

There were no method changes since the prior valuation.

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

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

Funding Cash Flow

Plan Year	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	17,596,045	9,146,381	26,742,426
2025	8,108,379	8,976,046	17,084,425
2026	11,354,341	8,791,158	20,145,499
2027	11,578,160	8,590,714	20,168,874
2028	13,994,608	8,373,931	22,368,539
2029	16,971,543	8,139,357	25,110,900
2030	18,306,156	7,887,613	26,193,769
2031	22,172,545	7,618,514	29,791,059
2032	26,083,043	7,335,258	33,418,301
2033	30,114,128	7,035,189	37,149,317
2034	32,868,054	6,723,383	39,591,437
2035	37,112,597	6,399,275	43,511,872
2036	40,360,844	6,063,682	46,424,526
2037	43,188,439	5,719,408	48,907,847
2038	48,817,940	5,369,348	54,187,288
2039	52,328,383	5,015,069	57,343,452
2040	54,883,852	4,659,007	59,542,859
2041	61,668,422	4,303,773	65,972,195
2042	60,201,560	3,952,044	64,153,604
2043	60,485,790	3,606,463	64,092,253
2044	63,340,445	3,269,598	66,610,043
2045	61,353,808	2,943,855	64,297,663
2046	59,626,778	2,631,462	62,258,240
2047	58,909,167	2,334,465	61,243,632
2048	57,785,598	2,054,689	59,840,287
2049	53,274,811	1,793,701	55,068,512
2050	49,963,598	1,552,758	51,516,356
2051	47,849,043	1,332,772	49,181,815
2052	42,369,179	1,134,254	43,503,433
2053	38,483,773	957,251	39,441,024
2054	35,952,882	801,319	36,754,201
2055	34,797,812	665,593	35,463,405
2056	31,579,283	548,849	32,128,132

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

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

Funding Cash Flow

Plan Year	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2057	28,034,939	449,606	28,484,545
2058	25,415,903	366,202	25,782,105
2059	22,870,069	296,876	23,166,945
2060	18,459,404	239,838	18,699,242
2061	13,731,023	193,353	13,924,376
2062	11,428,036	155,779	11,583,815
2063	7,766,686	125,598	7,892,284
2064	5,828,431	101,470	5,929,901
2065	4,506,173	82,233	4,588,406
2066	3,744,079	66,913	3,810,992
2067	3,130,267	54,697	3,184,964
2068	2,553,874	44,930	2,598,804
2069	2,060,935	37,089	2,098,024
2070	1,636,136	30,761	1,666,897
2071	1,276,974	25,632	1,302,606
2072	979,124	21,449	1,000,573
2073	737,005	18,021	755,026

Plan Name	Deloitte Pension Plan for Independence
Plan Sponsor EIN	13-5133500
ERISA Plan #	003
Plan Year Ending	May 31, 2025

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/02/2024 and ending 05/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan DELOITTE PENSION PLAN FOR INDEPENDENCE	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DELOITTE LLP	D Employer Identification Number (EIN) 13-5133500
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 6 Day 2 Year 2024			
2	Assets:			
a	Market value	2a	672,506,180	
b	Actuarial value	2b	672,506,180	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	779	97,797,580	97,797,580
b	For terminated vested participants	14,070	553,517,437	553,517,437
c	For active participants	0	0	0
d	Total	14,849	651,315,017	651,315,017
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.35 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	4,721,754	
b	Expected plan-related expenses	6b	1,535,902	
c	Target normal cost	6c	6,257,656	

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

SIGN HERE	 Signature of actuary	02/23/2026 Date
TIMOTHY J. GEDDES Type or print name of actuary		23-06181 Most recent enrollment number
DELOITTE CONSULTING LLP Firm name		(313) 396-3954 Telephone number (including area code)
1001 WOODWARD, SUITE 700 Address of the firm		
DETROIT MI 48226-1904 Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	18,901,719	62,282,116
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3,587,970	0
9 Amount remaining (line 7 minus line 8)	15,313,749	62,282,116
10 Interest on line 9 using prior year's actual return of <u>1.73</u> %	264,928	1,077,481
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15,578,677	63,359,597

Part III Funding Percentages

14 Funding target attainment percentage	14	91.13%
15 Adjusted funding target attainment percentage	15	103.25%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.04%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.05 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	6,257,656	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	6,257,656	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	6,257,656	0	6,257,656
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

Schedule SB, Line 24 – Change in Actuarial Assumptions

The following changes were made to the non-statutory assumptions used in the valuation. The impact of these changes on the funding shortfall was such that did not require specific Internal Revenue Service (IRS) approval, and such approval was not needed or requested. These changes were based on an assumption study conducted by Deloitte as of the fiscal year-end 2023.

- Benefit commencement age for deferred commencements
- Marriage – Spouse age difference
- Form of benefit distribution
- Annuity form election

Plan Name: Deloitte Pension Plan for Independence**EIN: 13-5133500****Plan Number: 003****Attachment to the 2024 Schedule SB (Form 5500)****Schedule SB, Part V – Summary of Plan Provisions****Plan Provisions Summary**

Effective Date of the Plan	March 1, 2006
Plan Year	Plan years coincide with the firm's fiscal years (fiscal years begin on the Sunday following the Saturday closest to May 31).
Eligibility for Participation	The following are participants of the Deloitte Pension Plan for Independence: Former Employees, Partners, and Managing Directors who were participants in the Deloitte Pension Plan, the Deloitte Pension Plan for Partners, Principals and Managing Directors, Deloitte Defined Benefit Savings Plan for Partners and Principals, and/or the DTTS Pension Plan, and who have been identified by the Retirement Committee or its delegate as being subject to the Independence Requirements (e.g., former employees, partners / principals, or managing directors who are employed by an attest client or in a capacity to have other independence issues). Any participants that are rehired, as of June 3, 2018 or later, will have prior benefits that have not been distributed transferred to the plan they were rehired into.
Continuous Service	Elapsed time rule – subject to break-in-service rules.
Credited Service	The period of continuous service after first entering the Deloitte Pension Plan, the Deloitte Pension Plan for Partners, Principals and Managing Directors, Deloitte Defined Benefit Savings Plan for Partners and Principals, or the DTTS Pension Plan, except for former Deloitte Haskins & Sells Plan participants. For former Deloitte Haskins & Sells Plan participants after becoming a participant, service was granted retroactively to the first of the month following date of hire.
Compensation Considered	For benefits accruing after August 31, 1989 (or June 3, 1989, for Deloitte Haskins & Sells): Effective September 1, 1989 (or June 4, 1989, for Deloitte Haskins & Sells), compensation considered is W-2 earnings, including salary deferrals under the Deloitte Savings and Investment Plan and the Deloitte Flexible Spending Plan. Compensation is limited by IRS regulations. For the Plan Year commencing June 2, 2024 the Internal Revenue Code (IRC) Section 401(a)(17) compensation limit is \$345,000 per year.
Normal Retirement Date	Age 62 with payment commencing on the first day of the month coincident with or next following the participant's 62nd birthday.
Early Commencement Date (applicable for Participants who terminate on or after June 4, 2017)	Partners and Managing Directors are eligible to commence benefits upon completion of at least three years of service. For other employees, early commencement is available upon completion of at least three years of service only if the value of their accrued benefit is less than \$30,000 at termination. Effective January 1, 2023, all participants who terminate on January 1, 2023 or later are eligible to commence benefits upon completion of at least three years of service.
Early Retirement Date	The earlier of the participant's 50th birthday and completion of at least ten years of service and the participant's 55th birthday and completion of at least five years of service.

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

**Normal and Deferred
Retirement Benefit**

A. For Former Touche Ross employees and Partners, benefits accrued through August 31, 1989:

Monthly pension for life beginning at age 65 equal to 1/12 of 1.50% of final average pay (as of August 31, 1989) less 2.38% of Primary Social Security benefit based on 1989 Social Security law and 1989 earnings, assuming earnings remain unchanged to age 65, for each of the first 35 years of credited service.

The minimum benefit is \$10 per month for each of the first 30 years of service.

Benefits accrued after August 31, 1989:

Effective September 1, 1989, benefits are accrued on a calendar-year basis with a transition period of September 1, 1989 to December 31, 1989. The total accrued benefit in any year is that year's accrual, plus the total accrued benefit for prior years. For each year of credited service up to 35 years, the monthly accrual equals 1/12 of the sum of 2% of compensation up to Social Security Covered Compensation and 2.5% of the excess of compensation over Social Security Covered Compensation. For each year of credited service over 35 years, the accrual equals 2.5% of compensation. The monthly benefit is payable for life beginning at age 62.

B. For other Participants, benefits accrued through June 3, 1989:

Monthly pension for life beginning at age 62 equal to 1/12 of 1% of Base Compensation up to Social Security Base, plus 1.5% of Base Compensation above Social Security Base, times years and months of credited service, where base compensation is the average over the highest paid five consecutive years in the last 10 years before June 4, 1989.

Benefits accrued after June 3, 1989:

Effective June 4, 1989, benefits are accrued on a calendar-year basis with a transition period of June 4, 1989, to December 31, 1989. The total accrued benefit in any year is that year's accrual plus the total accrued benefit for prior years. For each year of credited service up to 35 years, the monthly accrual equals 1/12 of the sum of 2% of compensation up to Social Security Covered Compensation and 2.5% of the excess of compensation over Social Security Covered Compensation. For each year of credited service over 35 years, the accrual equals 2.5% of compensation. The monthly benefit is payable for life beginning at age 62.

C. For all Participants effective January 1, 1997:

Effective January 1, 1997, the Plan was amended to provide benefits under a cash balance formula. The principal features of the cash balance formula are as follows:

Opening Balance – the accrued benefit as of December 31, 1996 for each active participant was converted into its actuarial equivalent single sum amount. This single sum amount represents the opening cash balance account.

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

**Normal and Deferred
Retirement Benefit
(continued)**

Interest Credits – at the end of each calendar year, prior to crediting the service credit, each participant's cash balance account is credited with an interest credit equal to the beginning of the year account balance multiplied by the 30-Year U.S. Treasury Bond rate for November published in the month of December preceding the beginning of the calendar year. Effective January 1, 2012, the minimum interest crediting rate is 3.8%. In years following the application of the minimum, the Treasury rate will be adjusted down (not less than 3.8%), such that the aggregate interest crediting rate is the same as the unadjusted aggregate Treasury rates, over the same period of time.

Effective January 1, 2021, the interest credit will be based on the 30 -Year U.S. Treasury Bond rate for August published in the month of September preceding the beginning of the calendar year.

Service Credits – at the end of each calendar year, each participant's cash balance account is credited with a percentage of the participant's pensionable pay during the year, with the percentage determined according to the following schedule:

<u>Participant's age plus credited service at the end of the year</u>	<u>Percentage of pay credit</u>
less than 30	2.5%
30-39	3.0%
40-49	4.0%
50-59	5.0%
60-69	6.0%
70-79	7.0%
80-89	8.0%
90+	9.0%

The following service credit schedule is in effect as of January 1, 2017 for managing directors:

<u>Participant's age plus credited service at the end of the year</u>	<u>Percentage of pay credit</u>
less than 30	4.0%
30-39	5.0%
40-49	6.0%
50-59	7.0%
60-69	8.0%
70-79	11.0%
80-89	13.0%
90+	16.0%

The following service credit schedule is in effect as of January 1, 2023 for eligible employees:

<u>Participant's age plus credited service at the end of the year</u>	<u>Percentage of pay credit</u>
less than 40	3.0%
40-49	4.0%
50-59	5.0%
60-69	6.0%
70-79	7.0%
80-89	8.0%
90+	9.0%

Plan Name: Deloitte Pension Plan for Independence**EIN: 13-5133500****Plan Number: 003****Attachment to the 2024 Schedule SB (Form 5500)****Schedule SB, Part V – Summary of Plan Provisions****Plan Provisions Summary**

Normal and Deferred Retirement Benefit (continued)	The following service credit schedule is in effect as of January 1, 2023 for managing directors: <table><thead><tr><th><u>Participant's age plus credited service at the end of the year</u></th><th><u>Percentage of pay credit</u></th></tr></thead><tbody><tr><td>less than 40</td><td>6.0%</td></tr><tr><td>40-49</td><td>7.0%</td></tr><tr><td>50-59</td><td>8.0%</td></tr><tr><td>60-69</td><td>9.0%</td></tr><tr><td>70-79</td><td>11.0%</td></tr><tr><td>80-89</td><td>13.0%</td></tr><tr><td>90+</td><td>16.0%</td></tr></tbody></table> In the first year of participation only, the minimum service credit is \$2,500. For employees and managing directors entering the Deloitte Pension Plan on or after June 4, 2017, the minimum service credit is \$5,000. <u>Minimum Benefit</u> – all Participants that performed an hour of service during 1997 ("grandfathered") are eligible to receive the greater of the benefit under the cash balance formula and the benefit that would have been earned as if the Plan in effect on December 31, 1996 had continued unchanged.	<u>Participant's age plus credited service at the end of the year</u>	<u>Percentage of pay credit</u>	less than 40	6.0%	40-49	7.0%	50-59	8.0%	60-69	9.0%	70-79	11.0%	80-89	13.0%	90+	16.0%
<u>Participant's age plus credited service at the end of the year</u>	<u>Percentage of pay credit</u>																
less than 40	6.0%																
40-49	7.0%																
50-59	8.0%																
60-69	9.0%																
70-79	11.0%																
80-89	13.0%																
90+	16.0%																
Early Commencement Benefit	The early commencement benefit is the benefit payable before the participant's Early Retirement Date, with further actuarial reduction to the participant's Early Commencement Date.																
Early Retirement Benefit	<u>Pre-1997 Plan</u> – A Participant retiring on or after his Early Retirement Date and before his Normal Retirement Date is eligible to receive a monthly benefit payable for life. For Touche Ross employees and Partners, the monthly benefit equals the normal retirement benefit accrued for service through August 31, 1989, reduced by 1/180th for each of the first 60 months or fraction thereof by which the date of commencement of benefits precedes age 65, and reduced actuarially for the next 60 months, and with the benefit accrued for service after August 31, 1989, reduced by 1/2 of 1% for each month or fraction thereof by which the date of commencement of benefits precedes age 62. For Deloitte Haskins & Sells employees, the monthly benefit equals the normal retirement benefit, reduced by 1/2 of 1% for each month by which the date of commencement precedes age 62. For certain Deloitte Haskins & Sells employees that attained age 50 and had at least 10 years of service as of June 1, 1991, the benefit accrued for service through June 3, 1989, is reduced 1/2 of 1% per month before age 60. For Deloitte employees, the monthly benefit equals the normal retirement benefit accrued for service as of the date of termination reduced by 1/2 of 1% for each calendar month or fraction thereof that the participant's benefit commencement date precedes age 62. <u>Cash Balance Formula</u> – The early retirement benefit is the monthly benefit which is the actuarial equivalent of the cash balance accumulated to the participant's Early Retirement Date. If a participant is grandfathered, the minimum early retirement benefit is calculated under the provisions of the pre-1997 Plan as described above.																

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

Disability Benefit	A participant that becomes totally disabled and qualifies for Social Security disability benefits will continue to accrue credited service towards a normal retirement benefit which commences on the first day of the month coincident with or next following attainment of age 62. If early retirement is elected, credited service accruals cease upon benefit commencement, and an early retirement reduction will apply if benefits start before age 62 (or age 65 for the pre September 1, 1989 portion for former Touche Ross Plan Participants).
Termination of Employment	Each participant will acquire a vested, nonforfeitable right to a deferred retirement benefit after completing three years of continuous service, in the form of a monthly benefit for life commencing at Normal Retirement Date (if elected) in an amount equal to 100% of his accrued benefit to the date of termination. Payment of benefits may commence prior to Normal Retirement Date, in which case the accrued benefit would be reduced as described under "Early Commencement Benefit" and "Early Retirement Benefit".
Pre-retirement Death	The pre-retirement death benefits are based on marital status, as follows: <u>Automatic Coverage - Single participant</u> If the participant is not married at the time of death, the Plan provides for payment of the vested benefit to the beneficiary in a single lump sum payment as soon as practicable following death (unless the beneficiary elects an optional preretirement death benefit in the form of an actuarial equivalent Life Only annuity or a Life and Term Certain Annuity). The beneficiary's benefit will be <i>the greater of</i>: • The value of the Cash Balance Account; • For Grandfathered participants only, the present value of the participant's normal retirement benefit under the Career Average Formula; or • For Grandfathered participants only, the present value of the payments that the beneficiary would receive, based on the Career Average Formula, as if the participant had retired immediately prior to his death and commenced payment in the form of a Joint and 100% Survivor Annuity. <u>Automatic Coverage - Married participant</u> If the participant is married at the time of death, the Plan provides for a Life Only Annuity payment to the surviving spouse (unless the spouse elects an optional preretirement death benefit in the form of an actuarial equivalent Lump Sum, or Life and Term Certain Annuity). The spouse's benefit will be a Life Only Annuity that is actuarially equivalent to the greater of: • The value of the Cash Balance Account; • For Grandfathered participants only, the present value of the participant's normal retirement benefit under the Career Average Formula; or • For Grandfathered participants only, the present value of the payments that the beneficiary would receive, based on the Career Average Formula, as if the participant had retired immediately prior to his death and commenced payment in the form of a Joint and 100% Survivor Annuity.

Plan Name: Deloitte Pension Plan for Independence

EIN: 13-5133500

Plan Number: 003

Attachment to the 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

Normal & Disability Form of Benefits	Level monthly payments for life. Married Participants will receive an actuarially reduced Joint and 50% Survivor Benefit unless another form of benefit is specifically selected by the Participant with appropriate spousal consent.
Optional Forms of Benefit	The following forms of benefit are payable from the Plan upon early commencement, early, normal, or deferred retirement: • Life Annuity • Life Annuity with a 120 or 150 month Term Certain • Joint and Survivor Annuity (50%, 75%, or 100%) • Joint and Survivor Annuity (50%, 75%, or 100%) with a 120 or 150 month Term Certain • Lump Sum
Plan Changes Since the Prior Plan Year	• Effective January 1, 2025, the Internal Revenue Code (IRC) Section 415 defined benefit limit increased from \$275,000 to \$280,000. This change is reflected for purposes of determining the 2024 Target Normal Cost for the plan year ending May 31, 2025, if applicable. • Effective January 1, 2024, the IRC Section 401(a)(17) compensation limit increased from \$330,000 to \$345,000.

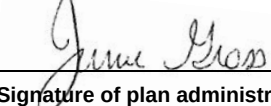
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 06/02/2024 and ending 05/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan Deloitte Pension Plan for Independence
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 03/01/2006
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) Deloitte LLP 30 Rockefeller Plaza New York NY 10112
2b	Employer Identification Number (EIN) 13-5133500
2c	Plan Sponsor's telephone number (212) 489-1600
2d	Business code (see instructions) 541211

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

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

SIGN HERE		03/16/2026	Jamie Gross
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		03/16/2026	Joanna Marino
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor Retirement Committee C/O Jamie Gross Deloitte LLP 30 Rockefeller Plaza New York NY 10112		3b Administrator's EIN 13-2857038 3c Administrator's telephone number (212) 489-1600
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 14,839
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 0 6a(2) 0 6b 743 6c 15,535 6d 16,278 6e 84 6f 16,362 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3B 3H 3J b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____