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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FTI CONSULTING, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/13/1975

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)
FTI CONSULTING, INC.

555 12TH STREET, N.W.,
SUITE 700
WASHINGTON, DC 20004

2b Employer Identification Number (EIN) 52-1261113

2c Plan Sponsor's telephone number 202-312-9100

2d Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	SUZANNE ALEXANDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	SUZANNE ALEXANDER
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	6284
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	4676
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4294
b	Retired or separated participants receiving benefits	**6b**	14
c	Other retired or separated participants entitled to future benefits	**6c**	1807
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6115
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	17
f	Total. Add lines **6d** and **6e**.	**6f**	6132
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	5947
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	5944
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	492
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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 2R 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FTI CONSULTING, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FTI CONSULTING, INC.

D Employer Identification Number (EIN)
52-1261113

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 63 71 72	RECORDKEEPER	476065	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

CAPFINANCIAL PARTNERS, LLC.

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70	CONSULTANT	108750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SC&H ATTEST SERVICES, P.C

52-1743645

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13	CONSULTANT	34500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FTI CONSULTING, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FTI CONSULTING, INC.

D Employer Identification Number (EIN)
52-1261113

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: FIAM CORE PLUS COMMIGLED CL J

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

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)
20-4659714-052	C	58680196

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP 2010 TARGET

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

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)
95-6597294-510	C	710423

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP 2015 TARGET

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

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)
95-6597294-515	C	3906936

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP 2020 TARGET

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

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)
95-6597294-520	C	5567082

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP 2025 TARGET

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

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)
95-6597294-525	C	12240488

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2065 TR DT RET TR

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

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)
95-6597294-565	C	19239677

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2030 TR DT RET TR

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

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)
95-6597294-530	C	26081248

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2040 TR DT RET TR

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

c EIN-PN 95-6597294-540	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36911717

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2050 TR DT RET TR

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

c EIN-PN 95-6597294-550	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39361322

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2045 TR DT RET TR

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

c EIN-PN 95-6597294-545	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39684894

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2035 TR DT RET TR

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

c EIN-PN 95-6597294-535	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40011483

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2060 TR DT RET TR

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

c EIN-PN 95-6597294-560	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41895156

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2055 TR DT RET TR

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

c EIN-PN 95-6597294-555	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43561044

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTRNL INDX CL IX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 32-6528132-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61803321

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB LARGE CAP GROWTH FUND CLASS A

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK N.A.

c EIN-PN 45-4173185-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116552386

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FUND CLASS CT

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

c EIN-PN 38-4139822-616	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33338675

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW YORK ANCHOR ACCOUNT INVESTOR CL

b Name of sponsor of entity listed in (a): NEW YORK LIFE

c EIN-PN 13-5582869-125	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12810748

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SM CAP IDX SECS CL II

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-106	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54958850

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP IND S

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-180	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET SP MID CAP

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-459	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47220427

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET SP MIDCAP IDX NL CL C

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-176	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREETINTL IDX NL CLASS C

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-166	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL 500 IDX

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 81-6327546-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 335632046

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FTI CONSULTING, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FTI CONSULTING, INC.

D Employer Identification Number (EIN)
52-1261113

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	1370	1685
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1716451	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	7985	22771
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	51950837	414494
(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)	5559405	5604868
(9) Value of interest in common/collective trusts	1c(9)	139847175	1074418243
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1000436829	292217004
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	18501593	22461317

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1218021645	1395140382
Liabilities			
1g Benefit claims payable	1g	686068	550923
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	686068	550923
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1217335577	1394589459

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)	37381424	
(B) Participants	2a(1)(B)	71247303	
(C) Others (including rollovers)	2a(1)(C)	8514866	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		117143593
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14784	
(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)	452059	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		466843
(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)	22682309	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22682309
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	30145320	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29904044	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		241276
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1068781	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1068781

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		84072484
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		79061323
c Other income	2c		3391733
d Total income. Add all **income** amounts in column (b) and enter total	2d		308128342
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	130226866	
(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)		130226866
f Corrective distributions (see instructions)	2f		4499
g Certain deemed distributions of participant loans (see instructions)	2g		23780
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1300	
(3) Recordkeeping fees	2i(3)	476065	
(4) IQPA audit fees	2i(4)	33200	
(5) Investment advisory and investment management fees	2i(5)	108750	
(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)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		619315
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		130874460
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		177253882
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: SC&H ATTEST SERVICES, P.C. **(2)** EIN: 52-1743645

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
FTI CONSULTING, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FTI CONSULTING, INC.

D Employer Identification Number (EIN)
52-1261113

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): 94-1687665

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

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

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

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702803A .

FTI Consulting, Inc. 401(k) Plan

Financial Statements
Together with Independent Auditors' Report

For the Years Ended December 31, 2025 and 2024

Independent Auditors' Report

To the FTI Consulting, Inc. 401(k) Plan
and its Participants:

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

We have performed audits of the accompanying financial statements of the FTI Consulting, Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the FTI Consulting, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by a bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution, Bank of America, N.A., the Trustee of the Plan, as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report —

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 FTI Consulting, Inc. 401(k) 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the FTI Consulting, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the FTI Consulting, Inc. 401(k) 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 FTI Consulting, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

JC+H Attest Services, P.C.

October 7, 2026

Statements of Net Assets Available for Benefits

As of December 31,	*2025*	*2024*
Assets		
Non-Interest Bearing Cash	$ 1,685	$ 1,370
Investments, at fair value	1,389,511,058	1,210,736,434
Receivables		
Notes receivable from participants	5,604,868	5,559,405
Company contributions	-	1,716,451
Other	22,771	7,985
Total Receivables	5,627,639	7,283,841
Total Assets	1,395,140,382	1,218,021,645
Liabilities	-	-
Net Assets Available for Benefits	$ 1,395,140,382	$ 1,218,021,645

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

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31,	*2025*	*2024*
Changes in Net Assets Available for Benefits Attributable to:		
Contributions		
Participants	$ 71,247,303	$ 67,514,629
Company	37,381,424	37,196,491
Rollovers	8,514,866	13,238,384
Total Contributions	117,143,593	117,949,504
Investment Income		
Interest and dividend income	22,697,093	42,183,008
Net appreciation in fair value of investments	167,651,930	127,164,502
Total Investment Income	190,349,023	169,347,510
Other Income and Adjustments to Income (Note 5)	183,667	147,926
Interest Income on Notes Receivable from Participants	452,059	440,464
Benefits Paid to Participants	(130,390,290)	(75,039,282)
Administrative Expenses	(619,315)	(559,066)
Net Increase in Net Assets Available for Benefits	177,118,737	212,287,056
Net Assets Available for Benefits:		
Beginning of Year	1,218,021,645	1,005,734,589
End of Year	$ 1,395,140,382	$ 1,218,021,645

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

1. DESCRIPTION OF THE PLAN

The following description of the FTI Consulting, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, which was established by S.E.A., Inc. effective January 13, 1975. Effective April 1, 2000, the S.E.A., Inc. 401(k) Profit Sharing Plan's name was changed to S.E.A., Inc./Policano and Manzo 401(k) Profit Sharing Plan to include Policano and Manzo, an entity affiliated with FTI Consulting, Inc. (the Company). On December 31, 2000, the Kahn Consulting, Inc., Klick, Kent & Allen, Inc., and Forensic Technologies International, Inc. 401(k) Plans were merged into the S.E.A., Inc. 401(k) Profit Sharing Plan. At the same time, the name of the Plan was changed to the FTI Consulting, Inc. 401(k) Plan. After the merger, the Plan covered eligible employees of FTI Consulting, Inc. and all of its U.S. subsidiaries. Effective November 26, 2002, the Technology & Financial Consulting, Inc. 401(k) Plan merged into the Plan.

The Plan is a defined contribution plan covering all U.S. employees of the Company and its U.S. subsidiaries, except employees covered by a collective bargaining agreement, leased employees, and interns and temporary employees who do not meet the special service requirement for certain long-term part-time (LTPT) employees, as required by The Setting Every Community Up for Retirement Enhancement Act (SECURE Act). The Company currently does not have any LTPT employees that were affected by the SECURE Act. Effective January 1, 2024, the Plan was amended to allow "as-needed" employees to participate in the Plan; however, they remain excluded from receiving Company contributions. Effective January 1, 2025, the Plan was retroactively amended and restated to align certain Plan provisions with prior Plan operations, including provisions related to automatic enrollment and mandatory distributions. On September 18, 2026, the Plan was amended and restated to comply with the requirements of, and adopt select provisions of, the SECURE Act of 2019, the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020, and the SECURE 2.0 Act of 2022 (SECURE 2.0). Certain provisions incorporated into the amended and restated Plan have effective dates that precede the date of the restatement, as specified in the Plan Document.

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

Eligibility

Employees are eligible to participate in the Plan immediately once they have performed one hour of service.

Participant Contributions

Participants may contribute a portion of their annual compensation on a pre-tax or Roth basis, as defined by the Plan, not to exceed the maximum allowable contribution under Section 402(g) of the Internal Revenue Code (the Code), which totaled $23,500 and $23,000 for the years ended December 31, 2025 and 2024, respectively. A participant's Roth elective contributions are allocated to a separate account maintained for such contributions. Roth elective contributions are treated as elective contributions for all purposes under the Plan. Participants who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code, which totaled $7,500 for each of the years ended December 31, 2025 and 2024. Effective January 1, 2025, the Plan implemented a provision under SECURE 2.0, allowing participants ages 60 to 63 as of the end of the Plan year to make enhanced "super catch-up" contributions up to $11,250. These super catch-up amounts are in addition to the regular elective deferral limit for 2025.

The Plan includes an automatic contribution arrangement in which participants are automatically enrolled in the Plan upon meeting eligibility at a deferral percentage of 6%, unless they elected not to contribute or contribute a different amount.

1. DESCRIPTION OF THE PLAN – continued

Participant Contributions - continued

Additionally, participants are permitted to make after-tax contributions to the Plan, so long as the total amount of participant after-tax contributions does not exceed the Company's established limit and all employee and Company contributions made during a Plan year do not exceed the overall contribution limit imposed by the Code, which totaled $70,000 and $69,000 for the years ended December 31, 2025 and 2024, respectively. After-tax contributions are permitted to be converted to the participant's Roth account. Participants are permitted to make rollover contributions to the Plan.

Company Contributions

The Company makes matching contributions on a per-payroll basis on behalf of each eligible participant's pretax and/or Roth contributions. Contributions are based upon year-to-date deferral amounts and related compensation, therefore requiring a true-up calculation to be prepared and remitted at year-end. Matching contributions are not provided on the participant's after-tax contributions.

Participant contributions are matched at 84% of the first 6% of annual compensation. For the years ended December 31, 2025 and 2024, Company matching contributions, net of forfeitures applied, totaled $37,381,424 and $37,196,491, respectively.

Participant Accounts

Each participant's account is participant-directed and is credited according to the available investment options selected by each participant. Earnings, gain/losses, and administrative expenses are allocated to participant accounts based upon the balance in each participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's account. The Plan allows an investment option of self-directed brokerage accounts.

Vesting

Participants are immediately vested in their contributions. Prior to January 1, 2020, participants were immediately vested in their contributions and nondiscretionary matching contributions plus earning thereon.

Prior to January 1, 2004, the Company could contribute discretionary profit sharing contributions on behalf of eligible participants. Participants vested in Company discretionary profit sharing contributions and earnings thereon based on years of service, as defined by the Plan, according to the following schedule:

Years of Service	Vested Percentage
Less than 5 years	0%
5 or more	100%

1. DESCRIPTION OF THE PLAN – continued

Vesting – continued

Effective January 1, 2020, participants hired on or after January 1, 2020 are vested in Company nondiscretionary matching contributions and earnings thereon based on years of service, as defined by the Plan, according to the following schedule:

Years of Service	Vested Percentage
Less than 1 year	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Forfeitures

Forfeitures of Company contributions may be used to pay administrative expenses, reduce future Company contributions, and provide additional allocations to participants in accordance with the Plan agreement. The Company applied forfeitures totaling $0 and $41,768 to pay Plan expenses during the years ended December 31, 2025 and 2024, respectively. The Company used $23,097 and $1,276,682 of forfeitures to reduce Company contributions during the years ended December 31, 2025 and 2024, respectively. Forfeitures available as of December 31, 2025 and 2024 totaled $3,448,843 and $1,847,230, respectively.

Subsequent to December 31, 2025 and 2024, the Company applied forfeitures of $3,567,677 and $1,844,000, respectively, to offset Company matching true-up contributions for the years then ended. Company contributions receivable are shown net of forfeitures on the statements of net assets available for benefits as of December 31, 2025 and 2024.

Unallocated Revenue Sharing Account

The Plan's Service Agreement with the Trustee requires the Plan to pay an amount equal to $42 per participant, payable on an annual basis (the Annual Revenue Requirement). Investment related expenses, as defined in the Plan Service Agreement, charged in excess of the Annual Revenue Requirement are remitted back to the Plan and are held in an unallocated revenue sharing account (Note 5). Amounts held in the unallocated revenue sharing account, as applicable, may be applied to pay administrative expenses, be allocated to Plan participants on either a pro-rata or per-capita basis, or reduce future Company contributions. During the years ended December 31, 2025 and 2024, $143,250 and $81,383, respectively, were applied to reduce Plan expenses. For the years ended December 31, 2025 and 2024, there were no funds that were reallocated from the revenue sharing account to participant accounts. As of December 31, 2025 and 2024, amounts held in the unallocated revenue sharing account totaled $85,767 and $41,888, respectively.

1. DESCRIPTION OF THE PLAN – continued

Payment of Benefits

Upon termination of service, death, disability, retirement, a participant or beneficiary, in the case of death, is entitled to a distribution of their vested account balance. At retirement, distributions may be made either in installments or as a joint and survivor annuity, as defined by the Plan. In-service withdrawals are allowed upon reaching age 59 ½. Upon proof to the satisfaction of the Plan administrator of an immediate and heavy financial need, vested amounts contributed by the participant and Company may be withdrawn for a hardship purpose. In all cases, income tax penalties may apply to withdrawals or distributions prior to age 59 ½. Distributions are subject to the applicable provisions of the Plan agreement. Upon termination of service, participants with vested account balances equal to or less than $5,000 will receive a lump sum distribution without participant consent.

Effective January 1, 2024, in accordance with SECURE 2.0, the Plan elected to permit distributions of up to $22,000 for expenses incurred as a result of a federally declared disaster, in accordance with the permanent disaster rules established under SECURE 2.0. Such federally declared disaster distributions are not subject to the 10 percent additional tax and are taken into account as gross income over 3 years, subject to specific repayment options.

As of December 31, 2025 and 2024, there were $550,923 and $686,068, respectively, in net assets available for benefits payable to participants who had elected to withdraw from the Plan that had not received such distributions prior to year-end.

Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance, not to exceed $50,000, without regard to the intended use of the funds. The minimum note amount is $1,000, and a participant cannot hold more than two outstanding notes at any given time. Notes are collateralized by the participant's vested account balance. Note repayments are to be made at least quarterly with interest based on rates comparable to those offered by financial institutions (prime rate plus 1%) at the time of loan origination. Notes, except those used for the purchase of a primary residence, must be paid back within five years. Notes used for the purchase of a primary residence must be paid back within ten years.

Administrative Expenses

Expenses incurred in the administration of the Plan are required to be paid by Bank of America, N.A, the Trustee, with assets of the Plan unless the Company, at its discretion, elects to pay them. Expenses that are paid directly by the Company are excluded from the Plan's financial statements. During the years ended December 31, 2025 and 2024, the Plan paid all direct expenses related to the Plan's operations which totaled $619,315 and $559,066, respectively. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net appreciation of fair value of investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of changes to net assets available for benefits during the reporting periods. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for investments in assets that are exposed to risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur in the near term and materially affect the amounts reported in the statements of net assets available for benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Employee Benefit Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and Trustee.

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 the Plan's realized and unrealized gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement,* defines fair value and establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Fair Value Measurement – continued

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 upon 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 investments measured at fair value:

Interest bearing cash: Valued at amortized cost plus accrued interest, which approximates fair value.

Interests in self-directed funds: Invested in publicly traded common stock, corporate bonds, and registered investment companies, which are valued at the closing price reported in the active market in which the funds are traded. Also, self-directed brokerage accounts are invested in interest-bearing cash and certificates of deposit, which are valued at amortized cost, which approximate fair value. Individual securities within the accounts are traded on an active market.

Interests in registered investment companies: Valued at the closing price reported in the active market in which the funds are traded.

Interest in stable value collective trust: Valued at the net asset value (NAV) practical expedient as determined by the issuer.

Interests in common/collective trusts: Valued at the NAV practical expedient as determined by the issuer.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Fair Value Measurement – continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 414,494	$ -	$ -	$ 414,494
Interests in self-directed funds	22,461,317	-	-	22,461,317
Interests in registered investment companies	292,217,004	-	-	292,217,004
Total investments in the fair value hierarchy	315,092,815	-	-	315,092,815
Interest in stable value collective trust*	n/a	n/a	n/a	44,250,124
Interests in common/collective trusts*	n/a	n/a	n/a	1,030,168,119
Total investments, at fair value	$ 315,092,815	$ -	$ -	$ 1,389,511,058

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 646,665	$ -	$ -	$ 646,665
Interests in self-directed funds	18,501,593	-	-	18,501,593
Interests in registered investment companies	1,000,436,829	-	-	1,000,436,829
Total investments in the fair value hierarchy	1,019,585,087	-	-	1,019,585,087
Interest in stable value collective trust*	n/a	n/a	n/a	51,304,172
Interests in common/collective trusts*	n/a	n/a	n/a	139,847,175
Total investments, at fair value	$ 1,019,585,087	$ -	$ -	$ 1,210,736,434

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have been removed from the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts in the statements of net assets available for benefits.

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share as a practical expedient (or its equivalent) as of December 31,:

	2025	2024	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
Stable Value Collective Trust[(a)]	$ 44,250,124	$ 51,304,172	Daily	None	None
Common/Collective Trusts- Index Funds[(b)]	1,030,168,119	139,847,175	Daily	None	None

(a) This fund invests in a diversified portfolio of fixed income securities including U.S. Treasury and Agency, mortgage- and asset-backed securities, and guaranteed investment contracts. The fund benefits from insurance "wrap" agreements which allow for market movements to be smoothed over time.

(b) These funds are managed using a "passive" or "indexing" investment approach, by which they attempt to match, before expenses, the performance of a benchmark index.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Notes Receivable from Participants

Notes receivable from participants are recorded at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. Delinquent notes are treated as distributions based on the terms of the Plan agreement. Notes receivable from participants totaled $5,604,868 and $5,559,405 as of December 31, 2025 and 2024, respectively.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan evaluated for disclosure any subsequent events through October 7, 2026, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure, except as disclosed in Note 1.

3. INVESTMENTS

All investment data contained in the accompanying financial statements and supplemental schedule, including assets held as of December 31, 2025 and 2024, and interest and dividend income and net realized and unrealized appreciation in fair value of investments for the years then ended, was obtained or derived from the information supplied and certified as complete and accurate by the Trustee of the Plan, Bank of America, N.A.

4. SELF-DIRECTED FUNDS

The Plan offers a self-directed program to participants allowing them to invest their account balances in any investment, as permitted by the Plan, that is in accordance with ERISA. Under this type of arrangement, participants may direct investments into the self-directed program in addition to, or in lieu of, the various investment alternatives offered by the Plan. The Plan's investments in self-directed accounts, consisting primarily of interests in registered investment companies, totaled $22,461,317 and $18,501,593 as of December 31, 2025 and 2024, respectively. Interest and dividends on self-directed funds totaled $642,792 and $540,431 for the years ended December 31, 2025 and 2024, respectively. Net appreciation in fair value of investments in interests in self-directed funds totaled $2,584,799 and $1,331,999 for the years ended December 31, 2025 and 2024, respectively.

5. OTHER INCOME AND ADJUSTMENTS TO INCOME

Other income and adjustments to income includes amounts remitted back to the Plan's unallocated revenue sharing account in connection with the Plan's Service Agreement with the Trustee (Note 1). A total of $183,352 and $122,155 was remitted back to the Plan under this arrangement during the years ended December 31, 2025 and 2024, respectively, and is included in other income and adjustments to income on the accompanying statements of changes in net assets available for benefits.

6. PARTY-IN-INTEREST TRANSACTIONS

Bank of America Merrill Lynch serves as the Custodian for the Plan and is related to the Trustee. The Plan loans funds to its participants according to applicable provisions of the Plan agreement. The Company provides certain accounting and administrative services to the Plan for which no fees are charged. Such transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

7. INCOME TAXES

The Plan adopted a pre-approved plan with a deferral arrangement, which received a favorable opinion on June 30, 2020 from the IRS. The pre-approved plan is issued by Bank of America Merrill Lynch and adopted by the Plan. Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. Given the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have an impact on the Plan’s financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2025 and 2024.

The Plan is subject to routine audits by the IRS and Department of Labor, however, there are currently no audits in progress.

8. PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, affected participants will become 100% vested in their accounts.

9. RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31,:

	2025	2024
Net assets available for benefits reported on the financial statements	$ 1,395,140,382	$ 1,218,021,645
Distributions payable reported on the Form 5500 not on the financial statements	(550,923)	(686,068)
Net assets available for benefits reported on the Form 5500	$ 1,394,589,459	$ 1,217,335,577

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31,:

	2025	2024
Net increase in net assets available for benefits reported on the financial statements	$ 177,118,737	212,287,056
Change in distributions payable reported on the Form 5500 not on the financial statements	135,145	(686,068)
Net increase in net assets available for benefits reported on the Form 5500	$ 177,253,882	$ 211,600,988

SUPPLEMENTAL SCHEDULE PROVIDED
PURSUANT TO THE DEPARTMENT OF LABOR'S
RULES AND REGULATIONS

FTI Consulting, Inc. 401(k) Plan
Plan Sponsor EIN: 52-1261113
Plan Number: 001

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	BLF Fed Fund	Interest bearing cash	xx	$ 414,494
	Self-Directed Brokerage Account I	Interest in self-directed funds	xx	22,461,317
	American New World Fund	Interest in registered investment companies	xx	12,015,048
	DFA U.S. Small Cap Growth Institutional Fund	Interest in registered investment companies	xx	20,409,665
	Invesco Growth and Income R6	Interest in registered investment companies	xx	34,604,974
	Invesco Small Cap Value Fund Class R6	Interest in registered investment companies	xx	11,641,816
	JP Morgan Mid Cap Growth Fund R6	Interest in registered investment companies	xx	45,668,000
	JP Morgan U.S Equity Fund CL R6	Interest in registered investment companies	xx	55,889,790
	MFS International Diversification Fund R6	Interest in registered investment companies	xx	40,505,963
	T Rowe Price Capital Appreciation I	Interest in registered investment companies	xx	55,722,025
	Vanguard Total Bond Market Index Admiral	Interest in registered investment companies	xx	15,759,723
				292,217,004
	Stable Value Fund	Interest in stable value collective trust	xx	44,250,124
	Capital Group 2010 Target Date Retirement Trust	Interest in common/collective trusts	xx	710,423
	Capital Group 2015 Target Date Retirement Trust	Interest in common/collective trusts	xx	3,906,936
	Capital Group 2020 Target Date Retirement Trust	Interest in common/collective trusts	xx	5,567,082
	Capital Group 2025 Target Date Retirement Trust	Interest in common/collective trusts	xx	12,240,488
	Capital Group 2030 Target Date Retirement Trust	Interest in common/collective trusts	xx	26,081,248
	Capital Group 2035 Target Date Retirement Trust	Interest in common/collective trusts	xx	40,011,483
	Capital Group 2040 Target Date Retirement Trust	Interest in common/collective trusts	xx	36,911,717
	Capital Group 2045 Target Date Retirement Trust	Interest in common/collective trusts	xx	39,684,894
	Capital Group 2050 Target Date Retirement Trust	Interest in common/collective trusts	xx	39,361,322
	Capital Group 2055 Target Date Retirement Trust	Interest in common/collective trusts	xx	43,561,044
	Capital Group 2060 Target Date Retirement Trust	Interest in common/collective trusts	xx	41,895,156
	Capital Group 2065 Target Date Retirement Trust	Interest in common/collective trusts	xx	19,239,677
	FIAM Core Plus Commingled Class J	Interest in common/collective trusts	xx	58,680,196
	JPMCB Large Cap Growth Fund Class A	Interest in common/collective trusts	xx	116,552,386
	MFS Mid Cap Value Fund Class CT	Interest in common/collective trusts	xx	33,338,675
	New York Anchor Account Class IV	Interest in common/collective trusts	xx	12,810,748
	State Street International Index Class IX	Interest in common/collective trusts	xx	61,803,321
	State Street Russell Small Cap II	Interest in common/collective trusts	xx	54,958,850
	State Street S&P Mid Cap CP Index XIV	Interest in common/collective trusts	xx	47,220,427
	Vanguard Institutional 500 Index	Interest in common/collective trusts	xx	335,632,046
				1,030,168,119
*	Participant Loans	Interest rates ranging from 4.25% to 9.50%; maturing at various dates through December 2030	$ -	5,604,868

* Denotes party-in-interest as defined by ERISA
xx Cost not required as the investment is participant-directed

FTI Consulting, Inc. 401(k) Plan
Plan Sponsor EIN: 52-1261113
Plan Number: 001

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	BLF Fed Fund	Interest bearing cash	xx	$ 414,494
	Self-Directed Brokerage Account I	Interest in self-directed funds	xx	22,461,317
	American New World Fund	Interest in registered investment companies	xx	12,015,048
	DFA U.S. Small Cap Growth Institutional Fund	Interest in registered investment companies	xx	20,409,665
	Invesco Growth and Income R6	Interest in registered investment companies	xx	34,604,974
	Invesco Small Cap Value Fund Class R6	Interest in registered investment companies	xx	11,641,816
	JP Morgan Mid Cap Growth Fund R6	Interest in registered investment companies	xx	45,668,000
	JP Morgan U.S Equity Fund CL R6	Interest in registered investment companies	xx	55,889,790
	MFS International Diversification Fund R6	Interest in registered investment companies	xx	40,505,963
	T Rowe Price Capital Appreciation I	Interest in registered investment companies	xx	55,722,025
	Vanguard Total Bond Market Index Admiral	Interest in registered investment companies	xx	15,759,723
				292,217,004
	Stable Value Fund	Interest in stable value collective trust	xx	44,250,124
	Capital Group 2010 Target Date Retirement Trust	Interest in common/collective trusts	xx	710,423
	Capital Group 2015 Target Date Retirement Trust	Interest in common/collective trusts	xx	3,906,936
	Capital Group 2020 Target Date Retirement Trust	Interest in common/collective trusts	xx	5,567,082
	Capital Group 2025 Target Date Retirement Trust	Interest in common/collective trusts	xx	12,240,488
	Capital Group 2030 Target Date Retirement Trust	Interest in common/collective trusts	xx	26,081,248
	Capital Group 2035 Target Date Retirement Trust	Interest in common/collective trusts	xx	40,011,483
	Capital Group 2040 Target Date Retirement Trust	Interest in common/collective trusts	xx	36,911,717
	Capital Group 2045 Target Date Retirement Trust	Interest in common/collective trusts	xx	39,684,894
	Capital Group 2050 Target Date Retirement Trust	Interest in common/collective trusts	xx	39,361,322
	Capital Group 2055 Target Date Retirement Trust	Interest in common/collective trusts	xx	43,561,044
	Capital Group 2060 Target Date Retirement Trust	Interest in common/collective trusts	xx	41,895,156
	Capital Group 2065 Target Date Retirement Trust	Interest in common/collective trusts	xx	19,239,677
	FIAM Core Plus Commingled Class J	Interest in common/collective trusts	xx	58,680,196
	JPMCB Large Cap Growth Fund Class A	Interest in common/collective trusts	xx	116,552,386
	MFS Mid Cap Value Fund Class CT	Interest in common/collective trusts	xx	33,338,675
	New York Anchor Account Class IV	Interest in common/collective trusts	xx	12,810,748
	State Street International Index Class IX	Interest in common/collective trusts	xx	61,803,321
	State Street Russell Small Cap II	Interest in common/collective trusts	xx	54,958,850
	State Street S&P Mid Cap CP Index XIV	Interest in common/collective trusts	xx	47,220,427
	Vanguard Institutional 500 Index	Interest in common/collective trusts	xx	335,632,046
				1,030,168,119
*	Participant Loans	Interest rates ranging from 4.25% to 9.50%; maturing at various dates through December 2030	$ -	5,604,868

* Denotes party-in-interest as defined by ERISA
xx Cost not required as the investment is participant-directed