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
GRANT THORNTON ADVISORS LLC EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1997

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)
GRANT THORNTON ADVISORS LLC

171 N. CLARK STREET, SUITE 200
CHICAGO, IL 60601

2b Employer Identification Number (EIN)
99-1856619

2c Plan Sponsor's telephone number
312-602-8310

2d Business code (see instructions)
541211

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	SABRINA ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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**	16940
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)**	6732
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6547
b	Retired or separated participants receiving benefits	**6b**	139
c	Other retired or separated participants entitled to future benefits	**6c**	10612
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	17298
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**.	**6f**	17303
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	444
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:

1A 1C 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)** [X] **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 0
- **(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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
GRANT THORNTON ADVISORS LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GRANT THORNTON ADVISORS LLC

D Employer Identification Number (EIN)
99-1856619

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	527090283
b Actuarial value	**2b**	506505539

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	132	5913291	5913291
b For terminated vested participants	10084	260716437	260716437
c For active participants	6734	174677607	186370249
d Total	16950	441307335	452999977

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.42 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	32508421
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	32508421

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/06/2026
Date

KELLY STOLYAR
Type or print name of actuary

26-08336
Most recent enrollment number

MERCER (US) LLC
Firm name

312-917-0638
Telephone number (including area code)

155 NORTH WACKER DRIVE
SUITE 1500
CHICAGO, IL 60606
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	6255725	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	6255725	0
10	Interest on line 9 using prior year's actual return of 8.56 %	535490	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		25881769
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.29 %		1369146
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		27250915
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6791215	0

Part III Funding Percentages

14	Funding target attainment percentage	14	110.31 %
15	Adjusted funding target attainment percentage	15	111.81 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	122.28 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2026	10333333	0			
07/10/2026	10333333	0			
			Totals ► 18(b)	20666666	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	19200539

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	32508421
b Excess assets, if applicable, but not greater than line 31a	**31b**	32508421

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	19200539

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	19200539
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE 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
GRANT THORNTON ADVISORS LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
GRANT THORNTON ADVISORS LLC

D Employer Identification Number (EIN)
99-1856619

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).. . . . . [X] 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

THE NORTHERN TRUST COMPANY

36-1561860

(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)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	6876	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: THOMAS MIANO
b EIN: 27-1503891
c Position: ENROLLED ACTUARY
d Address: 233 S WACKER DR. SUITE 8350
CHICAGO, IL 60606
e Telephone: 312-878-2440

Explanation: PLAN SPONSOR SELECTED MERCER AS NEW ACTUARY BEGINNING IN 2025

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
GRANT THORNTON ADVISORS LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GRANT THORNTON ADVISORS LLC

D Employer Identification Number (EIN)
99-1856619

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: NT COLLECTIVE GOVERNMENT STIF

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-068	C	1367136

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
GRANT THORNTON ADVISORS LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
GRANT THORNTON ADVISORS LLC

D Employer Identification Number (EIN)
99-1856619

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	28000000	20666666
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	313108	424013
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	13928095	1367136
(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)	485902989	574608248
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	528144192	597066063
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	304824	419530
1k Total liabilities (add all amounts in lines 1g through1j)	1k	304824	419530
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	527839368	596646533

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)	20666666	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		20666666
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-1305	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-1305
(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)	17197672	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		17197672
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		681854
(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)		45853639
c Other income	2c		-12552
d Total income. Add all **income** amounts in column (b) and enter total	2d		84385974
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15571933	
(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)		15571933
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	6876	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6876
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15578809
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		68807165
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: PLANTE MORAN **(2)** EIN: 33-1498605

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		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**			
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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587636.

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
GRANT THORNTON ADVISORS LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
GRANT THORNTON ADVISORS LLC

D Employer Identification Number (EIN)
99-1856619

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): 36-3046063

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** 277

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: 52.1 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 44.9 %
High-Yield Debt: 3.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Grant Thornton Advisors LLC Employees' Retirement Plan

Financial Report

December 31, 2025

Grant Thornton Advisors LLC Employees' Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
Grant Thornton Advisors LLC Employees'
Retirement Plan

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

We have performed audits of the financial statements of Grant Thornton Advisors LLC Employees' Retirement 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 statement of net assets available for benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that 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 that may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 GAAP.

Accordingly, the objective of the 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 GAAP.

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

To the Plan Administrator
Grant Thornton Advisors LLC Employees'
Retirement Plan

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL'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 schedules, 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 GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Plante & Moran, PLLC

Ann Arbor, Michigan
September 28, 2026

Grant Thornton Advisors LLC Employees' Retirement Plan

Statement of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value	$ 575,975,384	$ 499,831,084
Receivables:		
Employer contributions	20,666,666	28,000,000
Accrued interest and dividends	424,013	313,108
Total receivables	21,090,679	28,313,108
Liabilities - Accrued expenses	419,530	304,824
Net Assets Available for Benefits	**$ 596,646,533**	**$ 527,839,368**

See notes to financial statements.

Grant Thornton Advisors LLC Employees' Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Employer contributions	$ 20,666,666	$ 28,000,000
Investment income:		
Net appreciation in fair value of investments	46,340,654	24,140,408
Interest and dividends	17,378,654	15,071,761
Net investment income	63,719,308	39,212,169
Total additions	84,385,974	67,212,169
Deductions		
Benefit payments	15,571,933	14,611,840
Administrative expenses	6,876	4,518
Total deductions	15,578,809	14,616,358
Net Increase	68,807,165	52,595,811
Net Assets Available for Benefits		
Beginning of year	527,839,368	475,243,557
End of year	**$ 596,646,533**	**$ 527,839,368**

See notes to financial statements.

Note 1 - Plan Description

The following description of Grant Thornton Advisors LLC Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan was effective January 1, 1997. The Plan is a cash balance defined benefit pension plan covering all employees employed by Grant Thornton Advisors LLC (the "Firm"), Global Mobility LLP, and Global Mobility LLC who are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective May 31, 2024, there was a change in plan sponsor from Grant Thornton LLP to Grant Thornton Advisors LLC (collectively referred to as the "Firm") as a result of a securities purchase and reorganization agreement dated March 4, 2024.

Prior to the termination of Grant Thornton Advisors LLC Partners' Cash Balance Plan, a separate plan by the Firm, on July 31, 2024, partners and principals of the Firm were not eligible to participate in this plan. Effective June 1, 2024, partners and principals became eligible to participate in this plan.

Effective October 20, 2025, the Plan was amended to revise the definition of compensation used for benefit accrual purposes. The amendment expanded the definition of compensation to include a partner's net earnings from self-employment, as defined under applicable Internal Revenue Code provisions, in addition to compensation previously recognized for common law employees.

Pension Accounts, Benefits, and Vesting

Under the plan provisions, amounts are credited by the Firm to the participants' notional accounts. Notional participant account balances are credited annually with 4 percent of each participant's eligible earnings (6 percent for employees classified as executive directors, senior directors, managing directors, principals, and partners) and an applicable interest rate, which is the 30-year U.S. Treasury rate in November of the previous plan year. The Plan permits early retirement at age 55 for those satisfying the vesting requirement of the Plan. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life or joint and survivor annuity payable monthly during retirement. Employees become fully vested upon completion of three years of service with the Firm. Eligible employees become vested prior to completing three years of service with the Firm if they separate from service due to death or disability or upon reaching 65 years of age.

Death and Disability Benefits

If an active employee dies after becoming a participant in the Plan, a death benefit will be payable equal to the value of the employee's accumulated pension benefits and will be paid to the participant's beneficiary. Preretirement spousal benefits are dependent upon spousal eligibility and the deceased's accumulated benefits. Disability benefits are only available to those participants who provide evidence of disability during their time of employment with the plan sponsor. There are no other specific benefits for disability other than becoming immediately vested if not otherwise.

Funding Policy

The Plan does not provide for contributions by participants. The Firm contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet benefits to be paid to plan participants. Annual contributions are currently made based upon amounts required to meet the minimum funding provisions of ERISA. Minimum ERISA funding requirements have been met by the Plan for the years ended December 31, 2025 and 2024.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting according to 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 the reported amounts of assets and liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

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

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

Investment Valuation and Income Recognition

The Plan's investments are stated 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. See Note 6 for a discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan is responsible for any plan expenses not paid by the Firm. The Firm typically pays all direct costs associated with record-keeping services, actuarial services, investment consulting fees, attorney fees, audit fees, and expenses related to Pension Benefit Guaranty Corporation (PBGC) premiums. Other expenses incurred related to the short-term investment fund, classified as a collective trust fund, are paid through the Plan.

Subsequent Events

Plan management has evaluated the Plan’s December 31, 2025 financial statements for subsequent events through September 28, 2026, which is the date the financial statements were available to be issued.

Note 3 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) normal retirement, (2) early retirement, (3) postponed retirement, (4) vested termination, and (5) preretirement death. Benefits under the Plan are based on the employee's job position with the Firm. Benefits payable under all circumstances - retirement, death, and termination of employment - are included in accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of the accumulated plan benefits is determined by the Plan's actuary. This amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest), the expected retirement age, and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Certain actuarial assumptions used in the valuation as of December 31, 2024 are as follows:

Actuarial cost method	Traditional unit cost method
Life expectancy of participants	Pri-2012 mortality table updated with MP-2021
Investment return	6.28 percent
Inflation rate	2.30 percent compounded annually
Interest crediting rate	4.54 percent for 2025 and 4.32 percent thereafter
Discount rate	7.00 percent

The actuarial present value of accumulated plan benefits as of December 31, 2024 is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefit payments	$ 5,290,463
Other vested participants	349,333,158
Total vested benefits	354,623,621
Nonvested benefits	10,238,462
Total actuarial present value of accumulated plan benefits	$ 364,862,083

Changes in the actuarial present value of accumulated plan benefits for the plan year ended December 31, 2024 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	$ 319,949,197
Increase (decrease) during the year attributable to:	
Benefits accumulated	24,175,130
Increase for interest	21,885,029
Benefits paid	(14,611,840)
Assumption changes	14,235,620
Demographic experience	(771,053)
Net increase	44,912,886
Actuarial present value of accumulated plan benefits - End of year	$ 364,862,083

The increase in the actuarial present value of accumulated plan benefits due to assumption changes relates to an increase in the interest crediting rates. Effective January 1, 2024, the interest crediting rate was 4.66 percent and 4.03 percent thereafter and increased to 4.54 percent effective January 1, 2025 and 4.32 percent thereafter.

Note 4 - Plan Termination Priorities

Although the Firm has not expressed any intention of terminating the Plan, the Firm has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of a termination of the Plan, the accrued benefits shall become 100 percent vested; distribution of the plan assets shall be made to the participants according to the provisions for such distribution in the plan document.

If the Plan terminates, a portion of the benefits under the Plan is insured by the PBGC, a U.S. government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note 5 - Certified Information

The Plan's investments are held in a trust administered by The Northern Trust Company (Northern Trust), the trustee of the Plan. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Northern Trust:

- Investments and accrued interest and dividends as shown in the statement of net assets available for benefits as of December 31, 2025 and 2024
- Investments income as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2025 and 2024
- Schedule H, line 4i - Schedule of assets held at end of year as of December 31, 2025
- Schedule H, line 4j - Schedule of reportable transactions for the year ended December 31, 2025

Note 6 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The accounting framework for measuring fair value 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 quote prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

In accordance with the framework, the Firm groups plan assets measured at fair value into three levels based on the markets in which the assets are traded and the reliability of the assumptions used to determine fair value.

These levels are described as follows:

Level 1

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

Level 2

Inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

Note 6 - Fair Value Measurements (Continued)

Level 3

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

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 financial instruments could result in a different fair value measurement at the reporting date.

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

Mutual Funds and Money Market Funds

These assets are valued based on quoted prices reported in active markets.

Collective Trust Funds

The fair values of participation units held in the collective trust funds are based on the net asset values per unit as reported by the fund managers. The collective trust funds provide for daily redemptions at reported net asset values per share.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2025			
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	$ 566,745,739	$ 566,745,739	$ -	$ -
Money market fund	7,862,509	7,862,509	-	-
Collective trust fund	1,367,136	1,367,136	-	-
Total investments	$ 575,975,384	$ 575,975,384	$ -	$ -

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2024			
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	$ 478,367,074	$ 478,367,074	$ -	$ -
Money market fund	7,535,915	7,535,915	-	-
Collective trust funds	13,928,095	13,928,095	-	-
Total investments	$ 499,831,084	$ 499,831,084	$ -	$ -

Note 7 - Tax Status

The Plan obtained its latest determination letter on March 9, 2021, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's external counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 7 - Tax Status (Continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions, and the Plan's most recent audit was completed in December 2024 for the 2019 plan year.

Note 8 - Party-in-interest Transactions

The Plan’s investments are held in a trust fund administered by Northern Trust, the trustee of the Plan. The Plan has funds invested in a short-term investment fund, classified as a collective trust fund, that is managed by Northern Trust Investments, Inc., an affiliate of Northern Trust, which qualifies as a party-in-interest transaction. As of December 31, 2025 and 2024, the balance of the short-term investment fund was $1,367,136 and $2,162,452, respectively.

Grant Thornton Advisors LLC Employees' Retirement Plan

Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Line 4i
EIN 36-6055558, Plan No. 004
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
GQG Partners	Advisors Inner Circle	$ 12,980,452	$ 13,469,641
Artisan Partners	Artisan Partners FD High Income Institutional	17,405,891	17,025,662
Baird	Baird FDS Short-Term	27,540,855	28,000,479
BlackRock	BlackRock FDS V Strategic Income	66,702,597	68,214,730
Cohen & Steers	Cohen & Steers Institutional Rlty SHS Inc	15,172,861	14,992,319
Conestoga	Conestoga Small Cap Institutional	15,391,949	15,696,994
Deutsche Bank	Deutsche Market Trust DWS Rreef Real Asset	24,368,785	24,909,843
Dodge & Cox Inc	Dodge & Cox Inc FD	139,578,832	136,737,172
Fidelity	Fidelity Salem Short term Spartan	16,765,472	16,629,846
Hartford Funds	Hartford Mutual Funds II Inc Schroders	28,497,423	37,524,843
Hotchkis & Wiley	Hotchkis & Wiley Small Cap Diversified Fund	15,187,619	16,496,658
John Hancock	John Hancok Dynamic Growth Fund	28,185,290	32,795,605
PIMCO	PIMCO Rae Emerging Markets Fund	12,568,617	15,583,587
Vanguard Group	Vanguard Institutional Index Fund	86,019,270	128,668,360
Vanguard Group	Money market fund - Vanguard Federal Money Market Fund	7,862,509	7,862,509
Northern Trust*	Collective trust fund - NT Collective Government Short Term Investment FD	1,367,136	1,367,136
	Total	**$ 515,595,558**	**$ 575,975,384**

*Party in interest

Grant Thornton Advisors LLC Employees' Retirement Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 36-6055558, Plan No. 004
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net (Loss) Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Harding Loevner	Harding Loevner FS Inc International Fund	$ -	$ 28,462,786	$ 33,106,560	$ 28,462,786	$ (4,643,774)
John Hancock	John Hancok Dynamic Growth Fund	28,000,000	-	28,000,000	28,000,000	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Dodge & Cox Inc	Dodge & Cox Inc FD:					
	Purchases - 6	13,661,722	-	13,661,722	13,661,722	-
	Sales - 1	-	13,000,000	13,432,988	13,000,000	(432,988)
John Hancock	John Hancok Dynamic Growth Fund:					
	Purchases - 3	28,966,187	-	28,966,187	28,966,187	-
	Sales - 1	-	800,000	780,897	800,000	19,103
Northern Trust	NT Collective Government Short Term Investment FD:					
	Purchases - 39	57,345,655	-	57,345,655	57,345,655	-
	Sales - 47	-	58,140,971	58,140,971	58,140,971	-

There were no Category (ii) or (iv) reportable transactions during the year.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	393	506	1								900
	93,121	91,898									
	1,508	5,734									
25–29	144	1,287	473								1,904
	105,656	106,670	135,791								
	2,157	10,296	21,847								
30–34	55	503	493	168							1,219
	145,161	131,027	167,021	207,113							
	2,530	13,237	33,309	51,617							
35–39	47	233	202	221	73						776
	178,133	155,228	196,672	227,443	239,294						
	4,043	16,389	43,607	66,567	85,138						
40–44	29	160	129	126	112	40					596
	218,199	188,637	231,672	246,730	270,622	292,985					
	4,878	21,285	55,652	80,582	98,184	112,861					
45–49	17	111	89	62	62	57	14				412
		180,654	241,867	258,861	273,860	318,992					
		22,011	55,422	88,774	117,063	116,703					
50–54	21	79	93	76	40	42	31	15			397
	238,823	197,871	249,492	286,462	272,057	284,531	289,363				
	5,866	21,043	65,106	95,550	103,378	105,275	131,341				
55–59	8	73	75	46	28	21	15	21	4		291
		231,025	240,625	283,308	303,398	284,816		295,287			
		31,803	68,239	90,765	93,249	126,324		93,530			
60–64	4	36	48	30	17	10	7	5	4	3	164
		182,326	231,094	235,101							
		23,766	61,521	85,894							
65–69		8	15	12	10	5	4	2	3	1	60
70 & up		3	2	6		1	3				15
Total	718	2,999	1,620	747	342	176	74	43	11	4	6,734

In each cell, the top number is the count of active participants for each age/service combination. The middle number is the average compensation of the active participants in that group. The bottom number is the average cash balance. Average limited compensation and cash balance accounts are not shown for cells with fewer than 20 participants. Compensation as of January 1, 2025 is estimated 2025 valuation pay and is limited to $350,000.

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

Actuarial assumptions for January 1, 2025 funding valuation

Economic assumptions			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	**Nonstabilized**	**PBGC**
• First 5 years	5.07%	5.07%	4,65%
• Next 15 years	5.31%	5.33%	5.28%
• Over 20 years	5.50%	5.36%	5.63%
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables for 2025 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.		
Cash balance plans			
• Interest accumulation rate	4.54% for 2025; 4.32% thereafter		
• Whipsaw calculations	No		
• Annuity conversion	Not Applicable		
Other economic assumptions			
• Salary increases	5.00%		
• Expected investment return	6.28% for 2025, 7.00% for 2024, 7.00% for 2023		
• Inflation	2.30%		
• Expenses	None		

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

Rationale for Economic Assumptions

- **Discount rate for funding** – The segment rates are mandated by PPA based on the look-back month selected by the Plan Sponsor. Stabilized rates are in accordance with the changes made by MAP-21, HATFA, BBA 2015, ARPA and IIJA.

- **Cash balance interest accumulation rate** – The plan's interest crediting rate for the Plan Year is based on the 30-year US Treasury rates for the month of November immediately preceding the first day of the Plan Year. The assumption for future plan years reflects a long-term expectation and is based on the mean range of interest crediting rates over a 20-year horizon published by Mercer Investment Consulting in their latest Capital Market Simulations.

- **Salary increases** – The salary growth assumption has been selected by the plan sponsor and is based on expectations for future salary increases.

- **Expected investment return** - This assumption is based on the median simulated 20-year investment return for the plan's target asset mix using capital market assumptions published in Mercer Investment Consulting's Capital Market Assumption Report (CMA) dated January 2025.

- **Inflation** – The assumption was set after reviewing the long-term expected inflation rate from Mercer Investment Consulting's CMA report.

- **Expenses** – The expense assumption is based on the plan sponsor's ongoing practice of not paying administrative expenses from the trust.

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

Demographic assumptions		
• Withdrawal	See table of sample rates.	
• Disability incidence	None	
• Retirement age	**Age**	**Rate**
	55	20%
	56-61	15%
	62	20%
	63	15%
	64	20%
	65	30%
	66-69	15%
	70-74	30%
	75+	100%
Benefit commencement age for		
— Future vested deferred	Age 62	
— Current vested deferred	**Age**	**Rate**
	55-64	10%
	65-70	20%
	71-74	50%
	75+	100%
Spouse assumptions	**Male participants**	**Female participants**
— Percentage married	100%	100%
— Spouse age difference	3 years younger	3 years older
Form of payment	**Lump sum**	**Annuity**
• Active retirements	100%	0%
• Future vested deferred	100%	0%
• Future disabilities	100%	0%
• Future deaths	100%	0%
• Current vested deferred	100%	0%
Unpredictable contingent event assumptions	Not applicable	

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

Table of sample rates

	Withdrawal Rates Years of Service	
Attained Age	<=4	5+
20	25.00%	23.88%
25	25.00%	23.25%
30	25.00%	22.42%
35	25.00%	21.11%
40	25.00%	18.79%
45	25.00%	15.09%
50	25.00%	9.67%
55	25.00%	3.45%
60	25.00%	0.00%

Rationale for Significant Demographic Assumptions

Funding Mortality – Prescribed assumption and based on plan sponsor's PPA election.

- **Withdrawal** – The withdrawal rates are based on an experience study undertaken by the prior actuary in 2022 using data from 2015 through 2021, and the expectation that the future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied. We will continue to monitor the reasonability of this assumption with respect to any significant gains or losses.
- **Retirement Rates** – The retirement rates are based on an experience study undertaken by the prior actuary in 2022 using data from 2015 through 2021, and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied. We will continue to monitor the reasonability of this assumption with respect to any significant gains or losses.
- **Benefit commencement age for deferred vested participants** - The benefit commencement age for deferred vested participants is based on an experience study undertaken by the prior actuary in 2022 using data from 2015 through 2021, and the expectation that the future commencement patterns and circumstances of the employer will not differ significantly from the period studied. For current deferred vested participants, a table of rates are used. For future deferred vesteds, the average commencement age aligning with the table of rates is used. We will continue to monitor the reasonability of this assumption with respect to any significant gains or losses.
- **Form of payment** – The form of payment assumption is based on an experience study undertaken by the prior actuary in 2022 using data from 2015 through 2021, and the expectation that future form of payment elections and circumstances of the employer will not differ significantly from the period studied. We will continue to monitor the reasonability of this assumption with respect to any significant gains or losses.
- **Spouse assumptions** - Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married and spouse age difference at benefit commencement are based on the actuary's experience with many plans.

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

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded**: No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.

- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Grant Thornton Advisors LLC Employees' Retirement Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 36-6055558, Plan No. 004
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net (Loss) Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Harding Loevner	Harding Loevner FS Inc International Fund	$ -	$ 28,462,786	$ 33,106,560	$ 28,462,786	$ (4,643,774)
John Hancock	John Hancok Dynamic Growth Fund	28,000,000	-	28,000,000	28,000,000	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Dodge & Cox Inc	Dodge & Cox Inc FD:					
	Purchases - 6	13,661,722	-	13,661,722	13,661,722	-
	Sales - 1	-	13,000,000	13,432,988	13,000,000	(432,988)
John Hancock	John Hancok Dynamic Growth Fund:					
	Purchases - 3	28,966,187	-	28,966,187	28,966,187	-
	Sales - 1	-	800,000	780,897	800,000	19,103
Northern Trust	NT Collective Government Short Term Investment FD:					
	Purchases - 39	57,345,655	-	57,345,655	57,345,655	-
	Sales - 47	-	58,140,971	58,140,971	58,140,971	-

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
GRANT THORNTON ADVISORS LLC EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GRANT THORNTON ADVISORS LLC

D Employer Identification Number (EIN)
99-1856619

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	527,090,283
b Actuarial value	**2b**	506,505,539

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	132	5,913,291	5,913,291
b For terminated vested participants	10,084	260,716,437	260,716,437
c For active participants	6,734	174,677,607	186,370,249
d Total	16,950	441,307,335	452,999,977

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.42%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	32,508,421
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	32,508,421

Statement by Enrolled Actuary

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

SIGN HERE Kelly Stolyar (KAS) — Signature of actuary

10/6/2026 — Date

KELLY STOLYAR — Type or print name of actuary

2608336 — Most recent enrollment number

MERCER (US) LLC — Firm name

312-917-0638 — Telephone number (including area code)

155 NORTH WACKER DRIVE
SUITE 1500
CHICAGO IL 60606
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	6,255,725	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	6,255,725	0
10	Interest on line 9 using prior year's actual return of 8.56%	535,490	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		25,881,769
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.29%		1,369,146
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		27,250,915
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6,791,215	0

Part III Funding Percentages

14	Funding target attainment percentage	14	110.31%
15	Adjusted funding target attainment percentage	15	111.81%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	122.28%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2026	10,333,333	0			
07/10/2026	10,333,333	0			
			Totals ► 18(b)	20,666,666	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	19,200,539

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	32,508,421
b Excess assets, if applicable, but not greater than line 31a	**31b**	32,508,421

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	19,200,539

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	19,200,539
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB, line 11 — Description of Difference in Present Value of Excess Contributions

The 2024 Schedule SB was completed by a different actuary, as a result a different methodology was applied in determining the present value of excess contributions. Below is a chart showing the difference in values.

	2024 Schedule SB (Line 38 (a))	2025 Schedule SB (Line 11(a))	Difference
Present Value of Excess Contributions	$25,883,684	$25,881,769	$1,915

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 60.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	20.0%	10,000	2,000	110,000
56	15.0%	8,000	1,200	67,200
57	15.0%	6,800	1,020	58,140
58	15.0%	5,780	867	50,286
59	15.0%	4,913	737	43,480
60	15.0%	4,176	626	37,585
61	15.0%	3,550	532	32,479
62	20.0%	3,017	603	37,413
63	15.0%	2,414	362	22,810
64	20.0%	2,052	410	26,262
65	30.0%	1,641	492	32,007
66	15.0%	1,149	172	11,374
67	15.0%	977	146	9,815
68	15.0%	830	125	8,467
69	15.0%	706	106	7,303
70	30.0%	600	180	12,595
71	30.0%	420	126	8,942
72	30.0%	294	88	6,348
73	30.0%	206	62	4,505
74	30.0%	144	43	3,197
75	100.0%	101	100	7,560
Total			10,000	597,768
Average				59.8

Plan: Grant Thornton Advisors LLC Employees' Retirement Plan
EIN/PN: 99-1856619/004
Valuation Date: 01/01/2025

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	7,758,202	9,703,528	562,552	18,024,282
2026	7,838,386	10,017,852	552,854	18,409,092
2027	7,888,186	10,416,791	542,134	18,847,111
2028	7,838,769	10,845,758	530,366	19,214,893
2029	7,692,859	11,425,352	517,530	19,635,741
2030	7,417,255	11,853,090	503,607	19,773,952
2031	7,066,150	12,550,525	488,586	20,105,261
2032	6,837,279	13,209,331	472,466	20,519,076
2033	7,037,198	13,835,114	455,247	21,327,559
2034	7,350,945	14,787,251	436,940	22,575,136
2035	7,501,999	15,526,208	417,577	23,445,784
2036	7,901,966	16,524,606	397,210	24,823,782
2037	7,969,721	17,240,600	375,925	25,586,246
2038	8,173,084	17,960,018	353,845	26,486,947
2039	9,114,694	18,882,648	331,130	28,328,472
2040	10,827,806	19,458,938	307,973	30,594,717
2041	11,402,699	20,252,044	284,594	31,939,337
2042	11,612,645	21,006,718	261,224	32,880,587
2043	15,280,352	21,283,123	238,107	36,801,582
2044	14,031,636	21,687,010	215,478	35,934,124
2045	17,792,297	22,183,742	193,574	40,169,613
2046	17,465,547	22,431,679	172,610	40,069,836
2047	15,215,727	22,269,942	152,766	37,638,435
2048	19,405,581	22,150,753	134,192	41,690,526
2049	16,969,755	22,092,199	116,998	39,178,952
2050	17,336,084	21,873,725	101,256	39,311,065
2051	19,693,945	21,247,450	87,000	41,028,395
2052	21,637,916	20,559,367	74,230	42,271,513
2053	22,750,366	19,312,660	62,915	42,125,941
2054	20,673,442	18,084,737	53,000	38,811,179
2055	21,727,249	16,787,881	44,404	38,559,534
2056	20,990,777	15,371,612	37,033	36,399,422
2057	22,206,845	13,925,514	30,775	36,163,134
2058	24,927,989	12,589,776	25,514	37,543,279
2059	19,505,885	11,284,863	21,128	30,811,876
2060	17,862,425	10,089,215	17,496	27,969,136
2061	14,946,060	8,903,817	14,502	23,864,379
2062	12,867,644	7,727,210	12,041	20,606,895
2063	6,038,638	6,367,065	10,016	12,415,719
2064	1,474,404	5,275,964	8,344	6,758,712
2065	233,001	4,336,269	6,955	4,576,225
2066	52,533	3,440,817	5,793	3,499,143
2067	34,128	2,569,624	4,815	2,608,567
2068	25,252	1,916,209	3,987	1,945,448
2069	18,002	1,292,473	3,282	1,313,757
2070	12,984	822,066	2,681	837,731
2071	9,132	452,330	2,170	463,632
2072	5,359	228,203	1,737	235,299
2073	3,265	95,956	1,374	100,595
2074	1,841	39,597	1,071	42,509

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

• Effective date and plan year	Original plan: January 1, 1997 Restated plan: January 1, 2020 Plan year: January 1 to December 31
• Eligible Employees	Employees of Grant Thornton Advisors LLC and any affiliates that adopt the Plan, except excluding: leased employees, independent contractors, interns, collectively bargained employees (unless the collective bargaining agreement requires that the employee be eligible), nonresident aliens who receive no U.S. source income, employees on temporary assignment in the U.S., Partners or Principals. Effective June 1, 2024, former Partners and Principals became eligible to participate in the plan
• Participation	An Eligible Employee becomes a participant on the later of date of hire or the date he/she attains age 21, except that an employee who is a temporary employee shall become a participant on the later of the date he/she completes one Year of Eligibility Service or the date he/she attains age 21.
Definitions	
• Year of Eligibility Service	12-consecutive-month period during which an employee completes no less than 1,000 hours of service. The computation period initially will be the period beginning on date of hire and thereafter will be the plan year.
• Years of Vesting Service	The number of 12-month periods of service commencing on date of hire and ending of date of termination.
• Benefit Compensation	Wages within the meaning of Code Section 3401(a) and all other payments for which the company is required to furnish the employee with a written statement under Code Sections 6041(d), 6051(a)(3) and 6052 (i.e. all amounts reportable on IRS Form W-2) plus any elective deferrals (as defined in Code Section 402(g)(3)) and pre-tax contributions under Sections 125, 457 or 132(f)(4), minus reimbursements or expense allowances, fringe benefits (cash and noncash), moving expenses, deferred compensation, welfare benefits and non-cash awards of goods or gift certificates. Only amounts paid while the employee is an active participant in the plan will be included.
• Interest Crediting Rate	The annual interest rate on 30-year Treasury securities as reported in the Federal Reserve Bulletin for the month of November immediately preceding the first day of the plan year.
• Actuarial Equivalent	For determining optional forms of payment or offset amount due to previously received payments: 7.00% interest and 1983 Group Annuity Mortality Table for females For all other purposes: Applicable Interest Rate is the lump sum segment rates as defined in Section 417(e)(3) for the second full calendar month (November) preceding the first day of the plan year. The Applicable Interest Rate shall not be greater than one of the market rates of interest defined in Treasury Reg. Section 1.411(b)(5) - 1(d)(3) through (6). Applicable Mortality Table as prescribed under Section 417(e)(3) for the plan year.

Schedule SB, Part V — Summary of Plan Provisions

• Accrued Benefit	Life annuity commencing at normal retirement age that is the actuarial equivalent of: Before normal retirement age: Cash Balance Account projected with Interest Credits to Normal Retirement Age On or after Normal Retirement Age: Cash Balance Account
• Cash Balance Account	A cash balance account shall be established and maintained for each participant on the basis of Service Credits and Interest Credits
• Service Credits	As of the last day of each plan year, a Service Credit shall be credited to the Cash Balance Account of each active participant in the amount of 4% of Benefit Compensation. In addition, effective January 1, 2007, an active participant who at any time during the plan year was classified as an executive director, senior director or managing director, will be credited with an additional 2% Service Credit. Effective June 1, 2024, an active participant who was a former Partner or Principal will be credited with Service Credits under the Plan, including the additional 2% Service Credit.
• Interest Credits	As of the last day of each plan year, each participant's cash balance account shall be credited with an Interest Credit for such plan year. If the participant's benefit commencement date occurs during the year, the Interest Credit will be prorated as number of days occurring prior to benefit commencement date, divided by 365. No additional interest credits will be credited following benefit commencement date, except with regard to additional Service Credits credited after such date.
• Vesting	3-year cliff vesting 100% at normal retirement age, death or disability
Normal retirement	
• Eligibility	First day of the calendar month coincident with or next following attainment of age 65
• Benefit	Benefit equal to either (i) Accrued Benefit determined as of Normal Retirement Age in the form of an annuity, or (ii) if a single-sum form of payment is elected, the Cash Balance Account as of Normal Retirement Age.
Early retirement	
• Eligibility	First day of the calendar month coincident with or next following attainment of age 55
• Benefit	Benefit equal to either (i) Actuarially Equivalent Accrued Benefit determined as of Early Retirement Age in the form of an annuity, or (ii) if a single-sum form of payment is elected, the Cash Balance Account as of Early Retirement Age.
Delayed retirement	
• Eligibility	Upon termination following continued employment beyond Normal Retirement Date
• Benefit	Greater of benefit that would have been payable at Normal Retirement Date, increased by the Actuarial Equivalent (determined as of delayed retirement date) of the total amount of benefit suspended, or Accrued Benefit as of the participant's delayed retirement date. The benefit shall be reduced by the actuarial equivalent of any payment made to the participant prior to delayed retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
Eligibility	Completion of three years of Vesting Service
Benefit	Benefit equal to either (i) Accrued Benefit determined as of Normal Retirement Age in the form of an annuity, or (ii) if a single-sum form of payment is elected, the Cash Balance Account as of Normal Retirement Age. A participant may begin receiving his deferred vested benefit as of (i) Early Retirement Age or (2) the date the participant becomes Disabled, and preceding Normal Retirement Age.
Disability	
Eligibility	Based on determination of disability by the Social Security Administration.
Benefit	Benefit equal to either (i) Accrued Benefit determined as of the date of disability in the form of an annuity, or (ii) if a single-sum form of payment is elected, the Cash Balance Account as of the date of disability.
Pre-retirement death	
Eligibility	If a participant dies after becoming vested, but before retiring, the participant's surviving spouse is entitled to a pre-retirement death benefit.
Benefit	Benefit equal to either (i) Actuarially Equivalent Accrued Benefit determined as of the date of the participant's death in the form of an annuity, or (ii) if a single-sum form of payment is elected, the Cash Balance Account as of the date of the participant's death
Form of benefits	
Automatic form for unmarried participants	Life annuity
Automatic form for unmarried participants	Joint and 50 percent survivor annuity
Optional forms	Benefits are also payable as a joint and 75% annuity, or as a single-sum payment. The annuity optional forms are based on the plan's definition of actuarial equivalence.
Miscellaneous	
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
Maximum compensation	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #4 to the January 1, 2020 restatement are included in this valuation:

- **Most recent plan amendments included**: Plan amendment number 4 adopted May 23, 2024.
- **Plan amendments excluded**: Amendment adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases**: Late retirement increases are not included in the valuation as the plan provides timely suspension of benefit notices.
- **Internal Revenue Code limitations**: The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2024 to 2025..

Grant Thornton Advisors LLC Employees' Retirement Plan

Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Line 4i
EIN 36-6055558, Plan No. 004
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
GQG Partners	Advisors Inner Circle	$ 12,980,452	$ 13,469,641
Artisan Partners	Artisan Partners FD High Income Institutional	17,405,891	17,025,662
Baird	Baird FDS Short-Term	27,540,855	28,000,479
BlackRock	BlackRock FDS V Strategic Income	66,702,597	68,214,730
Cohen & Steers	Cohen & Steers Institutional Rlty SHS Inc	15,172,861	14,992,319
Conestoga	Conestoga Small Cap Institutional	15,391,949	15,696,994
Deutsche Bank	Deutsche Market Trust DWS Rreef Real Asset	24,368,785	24,909,843
Dodge & Cox Inc	Dodge & Cox Inc FD	139,578,832	136,737,172
Fidelity	Fidelity Salem Short term Spartan	16,765,472	16,629,846
Hartford Funds	Hartford Mutual Funds II Inc Schroders	28,497,423	37,524,843
Hotchkis & Wiley	Hotchkis & Wiley Small Cap Diversified Fund	15,187,619	16,496,658
John Hancock	John Hancok Dynamic Growth Fund	28,185,290	32,795,605
PIMCO	PIMCO Rae Emerging Markets Fund	12,568,617	15,583,587
Vanguard Group	Vanguard Institutional Index Fund	86,019,270	128,668,360
Vanguard Group	Money market fund - Vanguard Federal Money Market Fund	7,862,509	7,862,509
Northern Trust*	Collective trust fund - NT Collective Government Short Term Investment FD	1,367,136	1,367,136
	Total	**$ 515,595,558**	**$ 575,975,384**

*Party in interest

Schedule SB, line 24 — Change in Actuarial Assumptions

- The cash balance interest crediting rate assumption was updated from 4.66% in 2024 and 4.03% thereafter to 4.54% in 2025 and 4.32% thereafter.
- Inflation increased from 2.00% to 2.30%.
- The expected investment return decreased from 7.00% to 6.28%.