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.)
- ☐ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 102

1c Effective date of plan 07/01/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ACCENTURE LLP

500 W MADISON ST
CHICAGO, IL 60661-4544

2b Employer Identification Number (EIN)
72-0542904

2c Plan Sponsor's telephone number
312-693-5009

2d Business code (see instructions)
541600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	WYNN E. POTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	WYNN E. POTT
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	112414
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)**	67240
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	61661
b	Retired or separated participants receiving benefits	**6b**	2045
c	Other retired or separated participants entitled to future benefits	**6c**	43892
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	107598
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	300
f	Total. Add lines **6d** and **6e**.	**6f**	107898
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)**	108703
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)**	104826
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	522
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:

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 102

C Plan sponsor's name as shown on line 2a of Form 5500
ACCENTURE LLP

D Employer Identification Number (EIN)
72-0542904

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

VANGUARD GROUP

23-1945930

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

PACIFIC INVESTMENT MGMT

33-0629048

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

CAPITAL RESEARCH MGMT CO

95-1411037

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

FIDELITY MGMT AND RESEARCH

04-2033129

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

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

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

MERRILL LYNCH,PIERCE,FENNER&SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 63 64 71 72	RECORDKEEPER	5432216	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

THE NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	10021	Yes [ ] No [X]	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:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 102

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ACCENTURE LLP

D Employer Identification Number (EIN)
72-0542904

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:	CAPITAL GROUP NEW PER TR US U4		
b Name of sponsor of entity listed in (a):	CAPITAL BANK AND TRUST COMPANY		
c EIN-PN 95-6597294-303	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	685328496
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL NEW PERSPECTIVE TRUST		
b Name of sponsor of entity listed in (a):	CAPITAL BANK AND TRUST COMPANY		
c EIN-PN 95-6597294-607	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY DIV INTL COM POOL		
b Name of sponsor of entity listed in (a):	FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-134	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	255619246
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY OTC COMMINGLED POOL		
b Name of sponsor of entity listed in (a):	FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-143	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1011118394
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY CONTRAFUND COM POOL		
b Name of sponsor of entity listed in (a):	FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-133	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1711313141
a Name of MTIA, CCT, PSA, or 103-12 IE:	PIMCO TOTAL RETURN CIT II		
b Name of sponsor of entity listed in (a):	PIMCO COLLECTIVE INVESTMENT TRUST		
c EIN-PN 27-0833992-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	305022362
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD INSTL 500 INDEX TRUST		
b Name of sponsor of entity listed in (a):	VANGUARD		
c EIN-PN 81-6327546-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4731496653

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2020 TRUST

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

c EIN-PN 84-6557902-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145593841

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025 TRUST

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

c EIN-PN 84-6561512-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200456745

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030 TRUST

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

c EIN-PN 84-6565712-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 650052185

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035 TRUST

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

c EIN-PN 84-6568405-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 560772185

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2040 TRUST

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

c EIN-PN 84-6572691-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1091871476

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045 TRUST

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

c EIN-PN 84-6574391-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 853488370

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2050 TRUST

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

c EIN-PN 84-6579799-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1164359935

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2055 TRUST

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

c EIN-PN 84-6587002-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 799585111

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2060 TRUST

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

c EIN-PN 84-6588737-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 560029891

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2065 TRUST

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

c EIN-PN 84-6590672-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209907756

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2070 TRUST

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

c EIN-PN 87-7030296-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37214381

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTL TL BOND INDEX

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

c EIN-PN 81-6321044-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 918708880

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET INCOME TR

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

c EIN-PN 84-6551878-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164365475

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TL INTL STK MKT INDEX

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

c EIN-PN 81-6317280-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1697217813

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TR INCOME & GROWTH TR

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

c EIN-PN 87-6432239-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34532700

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
ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 102

C Plan sponsor's name as shown on line 2a of Form 5500
ACCENTURE LLP

D Employer Identification Number (EIN)
72-0542904

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1500712	1445035
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2334994	2540054
(2) U.S. Government securities	1c(2)	96308769	107297747
(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)	272742188	309223111
(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)	113730163	122042497
(9) Value of interest in common/collective trusts	1c(9)	15242553023	17800948515
(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)	5256965565	5885592256
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	316507862	308418412

		(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	21302643276	24537507627
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	299945	275592
1k Total liabilities (add all amounts in lines 1g through1j)	1k	299945	275592
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	21302343331	24537232035

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)	463045250	
(B) Participants	2a(1)(B)	834812521	
(C) Others (including rollovers)	2a(1)(C)	121640240	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1419498011
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	23573413	
(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)	7834011	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31407424
(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)	74406334	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		74406334
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3107636379	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1996114873	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1111521506
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2500531941	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2500531941

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5137365216
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1969029328	
(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)		1969029328
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)	1897116	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	4518642	
(6) Bank or trust company trustee/custodial fees	2i(6)	10021	
(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)	-5160	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6420619
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1975449947
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3161915269
l Transfers of assets:			
(1) To this plan	2l(1)		72973435
(2) From this plan	2l(2)		0

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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DUGAN & LOPATKA **(2)** EIN: 36-2886485

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 102

C Plan sponsor's name as shown on line 2a of Form 5500
ACCENTURE LLP

D Employer Identification Number (EIN)
72-0542904

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 94-1687665

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN	**B** Three-digit Plan number (PN)..... ▶ 102
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ACCENTURE LLP	**D** Administrator's EIN 72-0542904

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
ACCENTURE LLP	72-0542904	74.83	20059245056
ACCENTURE NATIONAL SECURITY SERVICES	41-2048319	18.09	3117917221

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCENTURE INSURANCE SERVICES LLC	01-0885440	0.17	9752119
RADIANT SERVICES LLC	27-4410025	0.00	177124
AVANADE INC.	91-2032865	4.81	666332047
ACCENTURE STATE HEALTHCARE SERVICES LLC	46-5536511	0.44	64559545
ZENTA MORTGAGE SERVICES LLC	27-0319865	0.13	45002267
MORTGAGE CADENCE LLC	47-5664008	0.34	69539718
ACCENTURE FLEX LLC	81-4996118	0.00	63029215
DROGA5 LLC	46-3228245	0.39	41351506
ACCENTURE SONG PRODUCTION STUDIOS US LLC	30-0856034	0.20	24657469

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
N3 LLC	20-1324579	0.03	7482001
ACCENTURE MARKETING SERVICES LLC	86-3358783	0.27	3221669
ACCENTURE PUERTO RICO LLC	66-0686987	0.03	3269588
ACCENTURE TECHNOLOGY SOLUTIONS - US LLC	41-2048318	0.00	25522440
NAVITAIRE CORP.	41-1985560	0.00	32301705
ACCENTURE HR SERVICES	06-1606783	0.00	9958082
HYTRACC CONSULTING USA LLC	90-0600413	0.00	212269
ACCENTURE SUB LLC	52-2330729	0.00	546822
CAPITAL CONSULTING SERVICES INC.	52-2203055	0.00	903881

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FJORD LLC	98-0619425	0.00	24269
DUCK CREEK TECHNOLOGY	47-5654931	0.00	211387
KURT SALMON US CORP.	26-1115590	0.00	20527
MACKEVISION	26-2273983	0.00	484047
ADAPTLY	27-2393054	0.00	2316231
CONCENTRIC PARTNERS LLC	45-2573202	0.09	14136222
COGNOSANTE MVH LLC	20-0096487	0.26	16939431

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

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

ACK ID _____

ACCENTURE
UNITED STATES 401(k) MATCH
AND SAVINGS PLAN

FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2025 AND 2024

TOGETHER WITH AUDITORS' REPORT

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	5
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2025 and 2024	6
NOTES TO FINANCIAL STATEMENTS	7
SUPPLEMENTAL SCHEDULES:	
Schedule of Assets Held for Investment Purposes at End of Year	17
SUPPLEMENTAL SCHEDULES OMITTED AS NOT APPLICABLE:	
Schedule of Loans in Default	
Schedule of Leases in Default	
Schedule of Reportable Transactions	
Schedule of Nonexempt Transactions	

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of Accenture United States 401(k) Match and Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Accenture United States 401(k) Match and Savings Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Accenture United States 401(k) Match and Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Accenture United States 401(k) Match and Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, which raise substantial doubt about Accenture United States 401(k) Match and Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for the year ended December 31, 2025 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



DUGAN & LOPATKA

Warrenville, Illinois
October 12, 2026

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024
(Thousands of Dollars)

	2025	2024
ASSETS:		
Investments, at fair value:		
Mutual funds	$ 5,669,619	$ 5,105,531
Institutional-only funds	17,790,929	15,235,341
Cash and cash equivalents	9,463	27,844
Self-directed brokerage accounts	635,591	502,188
Total investments at fair value	24,105,602	20,870,904
Investments at contract value	308,418	316,508
Total Investments	24,414,020	21,187,412
Receivables:		
Notes receivable from participants	122,043	113,730
Dividends and interest	1,446	1,501
Total Receivables	123,489	115,231
Total Assets	24,537,509	21,302,643
LIABILITIES:		
Payables:		
Other	276	300
Total Liabilities	276	300
NET ASSETS AVAILABLE FOR BENEFITS	$ 24,537,233	$ 21,302,343

See accompanying notes to financial statements.

ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024
(Thousands of Dollars)

	2025	2024
BALANCE, BEGINNING OF YEAR	$ 21,302,343	$ 17,594,548
ADDITIONS IN NET ASSETS ATTRIBUTABLE TO:		
Investment income from Master Trust (through 08/30/24)	-	2,574,592
Interest Income	105,814	3,211
Net appreciation in fair value of investments	3,612,053	483,704
Total Investment Income	3,717,867	3,061,507
Contributions –		
By Members –		
401(k)	692,573	613,279
Roth 401(k)	168,087	175,354
Voluntary After-Tax	47,126	34,727
Roth in-plan conversions	43,760	25,338
Transfers and rollovers from other plans	121,640	101,490
Transfer from Discretionary Profit Sharing Plan	-	978,576
By Employers –		
QNEC	1,382	2,188
401(k) Match	464,463	426,776
Total Contributions	1,539,031	2,357,728
Total Additions	5,256,898	5,419,235
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
401(k) Match forfeitures	(2,800)	(2,990)
Administrative expenses	(1,010)	(1,658)
Managed account fees	(5,409)	(7,277)
QDRO fees	-	(25)
Roth in-plan conversions	(43,760)	(25,339)
Benefits paid to participants	(1,969,029)	(1,674,151)
Total Deductions	(2,022,008)	(1,711,440)
Net Increase	3,234,890	3,707,795
BALANCE, END OF YEAR	$ 24,537,233	$ 21,302,343

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

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

The financial statements were available to be issued on October 12, 2026, with subsequent events being evaluated through this date.

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

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

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

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

The Plan was amended and restated effective January, 1, 2025.

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

1. DESCRIPTION OF THE PLAN (Continued)

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

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

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

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

1. DESCRIPTION OF THE PLAN (Continued)

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

The Former Plan permitted after-tax voluntary contributions by a member subject to certain restrictions through March 31, 1994. These contributions were not deductible by the member for Federal income tax purposes. Effective January 1, 2019, the Plan was amended to provide for voluntary after-tax contributions to be made to the Plan, subject to the Plan's limit ($30,000 for 2025 and $25,000 for 2024).

Contributions by, or on behalf of, a member for a plan year may not exceed certain limits which are imposed by the Internal Revenue Code (IRC) and which are set forth in the Plan. All participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the close of the plan year were eligible for catch-up contributions of up to $7,500 during 2025 and 2024. The Plan was amended effective January 1, 2025 to provide that the limit for the additional catch-up contributions for members aged 60-63 is increased to $11,250 instead of $7,500 for 2025.

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

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

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

Forfeited Accounts - Forfeited balances of terminated participants' nonvested accounts are used to reduce employer contributions and/or administrative expenses. At December 31, 2025 and 2024, the remaining forfeited nonvested accounts totaled approximately $394,000 and $2,972,000, respectively. In 2025, employer contributions and expenses were reduced by approximately $2,800,000 from forfeited nonvested accounts.

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

1. DESCRIPTION OF THE PLAN (Continued)

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

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

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

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

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

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

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

1. DESCRIPTION OF THE PLAN (Continued)

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

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

Special in-service withdrawal rules apply to former participants in the EPS Plan, e-peopleserve 401(k) Retirement Plan, the NaviSys 401(k) Plan, the Navitaire Inc. Employee's 401(k) Plan, the George Group Consulting, L.P. Profit Sharing Plan, the Pecaso Americas Inc. 401(k) Profit Sharing Plan, the Maxim Systems, Inc. Employee Savings and Retirement Plan, the Origin Digital 401(k) Plan, the Accenture United States Defined Contribution Transfer Plan, the portion of the TriNet Select 401(k) Plan attributable to current and former employees of TargetST8 Consulting, LLC, the Avanade 401(k) Retirement Plan, the portion of the TriNet 401(k) Plan attributable to current and former employees of Zag USA, Inc., the Hilco Trading, LLC 401(k) Profit Sharing Plan accounts attributable to current and former employees of HRC Retail Advisory, LP, the N(3) 401(k) Savings Plan, the Creative Drive Retirement Plan, the Asysco Employee Retirement Plan, the Accenture U.S. Discretionary Profit Sharing Plan, the Work & Co. 401(k) Retirement Plan, and Cognosante, LLC 401(k) Retirement Plan accounts attributable to all current and former participants other than any participant who became an employee of ASM Research on or prior to April 1, 2025.

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

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

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

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

Substantially all of the investments in the Master Trust were valued at market value at the end of each business day. The net investment gain (loss) of the Master Trust was allocated to each participating plan based on the relationship of the interest in each plan to the total of the interests of all participating plans. All purchases and sales of investments were recorded on a trade date basis.

2. SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Contributions – Members contributions are recognized in the Plan's financial statements in the period during which payroll deductions are made from participant's compensation. Employer contributions, including matching contributions, are recognized in the period in which the related compensation is earned, and the employer has an obligation to make the contribution in accordance with the provisions of the Plan document.

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

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

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

3. PLAN TERMINATION

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

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

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

4. INTEREST IN MASTER TRUST (Continued)

The following table presents the net investment income of the Master Trust as of and for the period ended August 30, 2024 (in thousands of dollars):

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

5. FAIR VALUE MEASUREMENTS

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

Level 1:

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

Level 2:

Inputs to the valuation methodology include:

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

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

Level 3:

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

5. FAIR VALUE MEASUREMENTS (Continued)

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

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

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

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

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

Cash and Cash Equivalents: Valued at the price of units held by the Plan at year end as provided by the investment manager.

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

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024 (in thousands of dollars):

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 5,883,705	$ -	$ -	$ 5,883,705
Stocks	309,223	-	-	309,223
Corporate/Mutual/Foreign Bonds	-	1,888	-	1,888
Cash and Cash Equivalents	107,298	-	-	107,298
Certificates of Deposit	2,540	-	-	2,540
Institutional-Only Funds:				
Collective Trusts	-	17,800,949	-	17,800,949
Total assets at fair value	$ 6,302,766	$ 17,802,837	$ -	$ 24,105,603

5. FAIR VALUE MEASUREMENTS (Continued)

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

6. GUARANTEED INVESTMENT CONTRACTS

The Plan offers an investment in the PIMCO Stable Value Fund (the "Stable Value Fund") totaling $308,418 and $316,508 at December 31, 2025 and 2024, respectively. The Stable Value Fund invests in synthetic GICs. Synthetic GICs include security-backed contracts which are comprised of two components, an underlying fixed income portfolio that invests primarily in fixed income securities (bonds) and a wrap contract issued by a financial institution to provide stability of principal and interest. These contracts meet the fully benefit-responsive criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions (for example, withdrawals) under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

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

7. TAX STATUS

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Participants covered under the Plan are considered to be parties-in-interest. Participant loans in the amounts of $122,043 and $113,730 at December 31, 2025 and 2024, respectively, are considered to be party-in-interest investments; however, they are exempt from the prohibited transaction rules under ERISA.

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

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

9. RISKS AND UNCERTAINTIES

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

Information Provided Pursuant to Form 5500
Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets Held for Investment at End of Year
As of December 31, 2025

(a) ISSUER AND DESCRIPTION	(b) TOTAL COST	MARKET VALUE
MUTUAL FUNDS		
Vanguard Growth Index	$ -	$1,452,108,958
Vanguard Admiral - U.S. Treasury Money Market Portfolio	-	36,890,559
Vanguard Mid-Cap Fund	-	1,132,281,416
Vanguard Small-Cap Fund	-	1,337,405,235
Vanguard REIT Index Fund	-	179,586,702
Vanguard Emerging Markets Fund	-	315,720,779
Vanguard Inflation-Protected Securities	-	158,971,788
Vanguard Value Fund	-	665,621,880
Vanguard Federal Money Market Fund+C60	-	391,031,194
TOTAL MUTUAL FUNDS	**-**	**5,669,618,511**
SELF DIRECTED BROKERAGE ACCOUNTS		
Self Directed Brokerage Accounts	-	635,590,591
TOTAL SELF DIRECTED BROKERAGE ACCOUNTS	**-**	**635,590,591**
INSTITUTIONAL-ONLY FUNDS		
New - American Funds New Perspective Fund®	-	686,666,257
Fidelity Contrafund	-	1,711,637,807
Fidelity Diversified International Fund	-	256,110,613
Fidelity OTC Portfolio	-	1,011,408,917
Vanguard Bond Index Fund	-	919,024,409
Vanguard Instl Index Fund	-	4,731,912,934
Vanguard Total International Stock Index Fund	-	1,696,898,055
Vanguard Target 2020 Fund	-	145,658,768
Vanguard Target 2025 Fund	-	200,454,930
Vanguard Target 2030 Fund	-	650,158,919
Vanguard Target 2035 Fund	-	560,730,283
Vanguard Target 2040 Fund	-	1,091,884,530
Vanguard Target 2045 Fund	-	853,802,881
Vanguard Target 2050 Fund	-	1,164,675,988
Vanguard Target 2055 Fund	-	799,545,034
Vanguard Target 2060 Fund	-	560,008,149
Vanguard Target 2065 Fund	-	210,103,902
Vanguard Target 2070 Fund	-	37,213,719
Vanguard Target Date Income	-	164,368,423
Vanguard Target Retirement Income & Growth	-	34,183,503
PIMCO Total Return Fund	-	304,481,448
TOTAL INSTITUTIONAL-ONLY FUNDS	**-**	**17,790,929,469**
GUARANTEED INVESTMENT CONTRACT		
Pimco Stable Value Fund	-	308,418,412
TOTAL GUARANTEED INVESTMENT CONTRACT	**-**	**308,418,412**
SHORT-TERM SECURITIES		
Cash Clearing Funds:		
Temporary Investment Funds, variable rate, due on demand	-	541,630
PIMCO Stable Value Fund	-	8,921,482
TOTAL SHORT-TERM SECURITIES	**-**	**9,463,112**
LOANS TO MEMBERS OF PARTICIPATING PLANS		
401(K) Loan Fund:		
* Loans outstanding at December 31, 2025 - maturities between the years 2026 and 2054 - interest rates ranging from 3.25% to 9.5%	-	122,042,497
TOTAL LOANS TO MEMBERS	**-**	**122,042,497**
TOTAL INVESTMENTS	**-**	**$24,536,062,592**

Notes:
(a) * Parties-in-interest
(b) Cost basis is not required to be reported for participant-directed accounts.

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN **EIN:72-0542904**
Plan Sponsor's Name: Accenture LLP **PN:102**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	0	0
	CAPITAL GROUP NEW PER TR US U4	COMMON / COLLECTIVE TRUSTS	673,661,452	685,328,496
	FIDELITY CONTRAFUND COM POOL	COMMON / COLLECTIVE TRUSTS	1,294,172,876	1,711,313,141
	FIDELITY DIV INTL COM POOL	COMMON / COLLECTIVE TRUSTS	205,950,755	255,619,246
	FIDELITY OTC COMMINGLED POOL	COMMON / COLLECTIVE TRUSTS	755,375,589	1,011,118,394
	PIMCO TOTAL RETURN CIT II	COMMON / COLLECTIVE TRUSTS	283,881,786	305,022,362
	VANGUARD INSTL 500 INDEX TRUST	COMMON / COLLECTIVE TRUSTS	3,798,130,824	4,731,496,653
	VANGUARD INSTL TL BOND INDEX	COMMON / COLLECTIVE TRUSTS	876,253,199	918,708,880
	VANGUARD TARGET RET 2020 TRUST	COMMON / COLLECTIVE TRUSTS	128,320,940	145,593,841
	VANGUARD TARGET RET 2025 TRUST	COMMON / COLLECTIVE TRUSTS	173,819,456	200,456,745
	VANGUARD TARGET RET 2030 TRUST	COMMON / COLLECTIVE TRUSTS	550,562,403	650,052,185
	VANGUARD TARGET RET 2035 TRUST	COMMON / COLLECTIVE TRUSTS	471,688,213	560,772,185
	VANGUARD TARGET RET 2040 TRUST	COMMON / COLLECTIVE TRUSTS	898,937,947	1,091,871,476
	VANGUARD TARGET RET 2045 TRUST	COMMON / COLLECTIVE TRUSTS	697,217,423	853,488,370
	VANGUARD TARGET RET 2050 TRUST	COMMON / COLLECTIVE TRUSTS	934,577,845	1,164,359,935
	VANGUARD TARGET RET 2055 TRUST	COMMON / COLLECTIVE TRUSTS	643,960,312	799,585,111
	VANGUARD TARGET RET 2060 TRUST	COMMON / COLLECTIVE TRUSTS	453,036,768	560,029,891
	VANGUARD TARGET RET 2065 TRUST	COMMON / COLLECTIVE TRUSTS	171,537,587	209,907,756
	VANGUARD TARGET RET 2070 TRUST	COMMON / COLLECTIVE TRUSTS	31,250,991	37,214,381

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN **EIN:72-0542904**
Plan Sponsor's Name: Accenture LLP **PN:102**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	VANGUARD TARGET RET INCOME TR	COMMON / COLLECTIVE TRUSTS	146,617,790	164,365,475
	VANGUARD TL INTL STK MKT INDEX	COMMON / COLLECTIVE TRUSTS	1,339,705,462	1,697,217,813
	VANGUARD TR INCOME & GROWTH TR	COMMON / COLLECTIVE TRUSTS	30,411,487	34,532,700
	LOAN FUND	LOANS	114,572,399	114,572,399
	VANGUARD FEDERAL MONEY MKT INV	MONEY MARKET	392,517,398	392,517,343
	PIMCO STABLE VALUE FUND	MUTUAL FUNDS	320,182,322	331,078,082
	VANGUARD EMRG MRKTS IDX INSTL	MUTUAL FUNDS	264,132,758	315,722,663
	VANGUARD GROWTH IND FD INSTL	MUTUAL FUNDS	1,111,210,910	1,451,405,220
	VANGUARD INFLATION-PROTECTED	MUTUAL FUNDS	161,640,686	158,922,007
	VANGUARD MIDCAP INDEX CL IP	MUTUAL FUNDS	973,317,216	1,132,340,387
	VANGUARD REIT INDEX FD CL INST	MUTUAL FUNDS	184,631,320	179,405,261
	VANGUARD SMALL-CAP INDEX INST	MUTUAL FUNDS	1,184,647,269	1,337,356,679
	VANGUARD US TREASURY MON	MUTUAL FUNDS	34,859,821	37,009,029
	VANGUARD VALUE INDEX FD INSTL	MUTUAL FUNDS	580,185,761	665,436,197
	SELF-DIRECT ACCT	OTHER ASSETS	284,752	284,752
	SELF-DIRECT ACCT	OTHER ASSETS	635,313,427	635,313,427
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	17,825	17,825
	UNINVESTED CASH	UNINVESTED CASH	538	538

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN **EIN:72-0542904**
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value