

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>05/01/2021</u> and ending <u>04/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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 <u>KORN FERRY EMPLOYEE TAX DEFERRED SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>07/01/1984</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>07/01/1984</u>					
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) <u>KORN FERRY</u> <u>1900 AVENUE OF THE STARS</u> <u>SUITE 1500</u> <u>LOS ANGELES, CA 90067</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-2623879</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>310-552-1834</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541600</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-2623879</u>	2c Plan Sponsor's telephone number <u>310-552-1834</u>	2d Business code (see instructions) <u>541600</u>	
2b Employer Identification Number (EIN) <u>95-2623879</u>					
2c Plan Sponsor's telephone number <u>310-552-1834</u>					
2d Business code (see instructions) <u>541600</u>					

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.	04/14/2023	BRIAN BLOOM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2023	BRIAN BLOOM
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3703
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)	2946
a(2) Total number of active participants at the end of the plan year		6a(2)	4128
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	733
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4861
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	4
f Total. Add lines 6d and 6e		6f	4865
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3985
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	303
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2I 2J 2K 2R 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan KORN FERRY EMPLOYEE TAX DEFERRED SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 KORN FERRY	D Employer Identification Number (EIN) 95-2623879	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	251285	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLS FARGO BANK, N.A.

94-1347393

(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 37 50 62 64	RECORDKEEPER /BOOKKEEPER	29421	Yes ☒ No ☐	Yes ☒ No ☐	0	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan <u>KORN FERRY EMPLOYEE TAX DEFERRED SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KORN FERRY</u>	D Employer Identification Number (EIN) <u>95-2623879</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PN

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

c EIN-PN <u>41-6202499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21385144</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan KORN FERRY EMPLOYEE TAX DEFERRED SAVINGS PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 KORN FERRY	D Employer Identification Number (EIN) 95-2623879	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	473229	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3056069	2709777
(2) Participant contributions.....	1b(2)		143969
(3) Other	1b(3)	853073	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2219578	2052858
(9) Value of interest in common/collective trusts.....	1c(9)	22403116	21385144
(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)	310476542	314581309
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1648095	3464153

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 777069	702439
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f 341906771	345039649
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j 560820	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 560820	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 341345951	345039649

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 4737757	
	(B) Participants	2a(1)(B) 28408025	
	(C) Others (including rollovers).....	2a(1)(C) 31746523	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	64892305
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E) 120522	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	120522
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B) 5491	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 2349238	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	2354729
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 6009	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 6017	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-8
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) -73960	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-73960

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		809832
(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)		-29113836
c Other income.....	2c		39415
d Total income. Add all income amounts in column (b) and enter total.....	2d		39028999
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	34998442	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	35029	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		35033471
f Corrective distributions (see instructions).....	2f		22027
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	249910	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	29893	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		279803
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		35335301
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3693698
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a	X		684078

	Yes	No	Amount
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?	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?		X	
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.)	X		
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	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan KORN FERRY EMPLOYEE TAX DEFERRED SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 KORN FERRY	D Employer Identification Number (EIN) 95-2623879

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): 42-0127290 41-6257133		
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

Korn Ferry Employee Tax Deferred Savings Plan

Financial Report
April 30, 2022

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Independent Auditor's Report

Compensation and Personnel Committee and Plan Participants
Korn Ferry Employee Tax Deferred Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

We have performed an audit of the financial statements of Korn Ferry Employee Tax Deferred Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of April 30, 2022, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended April 30, 2022, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section:

- The amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying 2022 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit 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 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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 Matters

2022 Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent participant contributions for the year ended April 30, 2022, and assets (held at end of year) as of April 30, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated February 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RSM US LLP

Minneapolis, Minnesota
April 11, 2023

Korn Ferry Employee Tax Deferred Savings Plan

Statements of Net Assets Available for Benefits April 30, 2022 and 2021

	2022	2021
Assets		
Investments, at fair value	<u>\$ 340,480,699</u>	<u>\$ 335,304,822</u>
Non-interest-bearing cash	<u>-</u>	<u>473,229</u>
Receivables:		
Company contributions	2,709,777	3,056,069
Employee contributions	143,969	-
Notes receivable from participants	2,049,427	2,219,578
Due from broker for securities sold	<u>-</u>	<u>853,073</u>
	<u>4,903,173</u>	<u>6,128,720</u>
Total assets	345,383,872	341,906,771
Liabilities		
Excess contributions refundable	48,162	-
Due to broker for securities purchased	<u>808,095</u>	<u>560,820</u>
Net assets available for benefits	<u>\$ 344,527,615</u>	<u>\$ 341,345,951</u>

See notes to financial statements.

Korn Ferry Employee Tax Deferred Savings Plan

Statement of Changes in Net Assets Available for Benefits Year Ended April 30, 2022

Investment income:	
Interest and dividends	\$ 2,315,603
Net depreciation in fair value of investments	(29,082,514)
	<u>(26,766,911)</u>
Interest income on notes receivable from participants	<u>205,853</u>
Contributions:	
Employee	28,360,521
Employee rollovers	29,490,654
Company	4,737,099
	<u>62,588,274</u>
Total additions	<u>36,027,216</u>
Benefits paid to participants	34,932,944
Administrative expenses	152,681
Total deductions	<u>35,085,625</u>
Net increase before transfer in	941,591
Transfer in of notes receivable from participants (Note 1)	<u>2,240,073</u>
Net increase	3,181,664
Net assets available for benefits:	
Beginning of year	<u>341,345,951</u>
End of year	<u><u>\$ 344,527,615</u></u>

See notes to financial statements.

Korn Ferry Employee Tax Deferred Savings Plan

Notes to Financial Statements

Note 1. Description of Plan

The following description of Korn Ferry Employee Tax Deferred Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established by Korn Ferry (the Company), effective July 1, 1984, under the provisions of sections 401(a) and 401(k) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility: All Company employees are eligible to participate in the Plan on the entry date coinciding with or next following completion of one month of employment, provided the employees are not leased employees or covered by a collective bargaining agreement. Effective May 1, 2021, the Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation, unless they elect a different deferral rate. Participants are eligible for the employer matching contribution (if any) on the monthly enrollment date immediately following completion of one year of service and meeting other eligibility criteria.

Effective November 1, 2021, the Company acquired Lucas Associates, Inc. (Lucas) and amended the Plan to provide that: (1) employees of Lucas join the Plan for purposes of making pretax, Roth and catch-up contributions beginning with the payroll period commencing November 1, 2021; (2) service with Lucas prior to November 1, 2021, shall be counted under the Plan for vesting, eligibility and matching contribution purposes for individuals who were employed by Lucas on October 31, 2021; (3) employees of Patina with outstanding loans under Lucas Group 401(k) Profit Sharing Plan (Lucas Plan) as of November 1, 2021, will be able to make in-kind rollovers of their loans to the Plan; and (4) salary deferral elections under the Lucas Plan as of October 31, 2021 shall be carried over and remain in effect under the Plan.

Effective April 1, 2022, the Company acquired Patina Solutions Group (Patina) and amended the Plan to provide that: (1) employees of Patina join the Plan for purposes of making pretax, Roth and catch-up contributions beginning with the payroll period commencing May 1, 2022; (2) service with Patina prior to April 1, 2022, shall be counted under the Plan for vesting, eligibility and matching contribution purposes for individuals who were employed by Patina on April 1, 2022; and (3) salary deferral elections under the Patina Solutions Group Inc. 401(k) Profit Sharing Plan as of March 31, 2022 shall be carried over and remain in effect under the Plan.

Plan administration: On May 25, 2021, Delaware Charger Guarantee & Trust Company (d/b/a Principal Trust Company)(Principal), the current custodian assumed the role from Wells Fargo Bank, N.A., the former custodian. Principal is the custodian of all investments held in the Plan and the trustee of the portion of the trust that invests in the collective fund and mutual funds. Officers of the Company are appointed by the Company's board of directors to act as trustees for the common stock of the Company (Common Stock) held in the Plan. The Company is the Plan Sponsor.

Contributions: Eligible employees may contribute in pretax and/or Roth from 1% to 50% (in whole percentage points) of their base compensation to the Plan, subject to certain limitations under the IRC. Participants may also elect to contribute flat dollar amounts within the above percentages. In addition, the Company may contribute a portion of its profits to the Plan each year. The Company's board of directors has complete discretion as to the amount of the Company's contributions.

Effective August 1, 2021, the Company began matching 10% of eligible employee's deferrals on a pay period basis. Subsequent to year-end, the Company elected to increase the match contribution to 20% for all eligible employees employed on April 30, 2022 and made a one-time contribution to those employees.

Korn Ferry Employee Tax Deferred Savings Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Vesting: Participants are fully vested in their contributions and earnings thereon. Vesting in employer matching and discretionary contributions and earnings thereon is based on years of credited service in accordance with the following schedules.

Effective May 1, 2014, if a participant had an hour of service on or after May 1, 2014, the vesting is as follows:

	<u>Vested Percentage</u>
Years of service:	
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Effective May 1, 2021, if a participant had an hour of service on or after May 1, 2021, the vesting is as follows:

	<u>Vested Percentage</u>
Years of service:	
Less than 2	0%
2	50%
3	75%
4 or more	100%

Forfeited amounts: The nonvested portions of former participants' account balances are used to fund future contributions made by the Company or pay Plan-related expenses. During the year ended April 30, 2022, approximately \$37,000 of forfeitures were utilized to fund a portion of employer contributions and Plan-related expenses. As of April 30, 2022 and 2021, approximately \$121,000 and \$0, respectively, of forfeited nonvested participant account balances were available to be used to fund future contributions or pay Plan-related expenses. Subsequent to April 30, 2022, the Plan utilized \$121,000 to fund its discretionary matching contribution for the plan year ended April 30, 2022.

Benefits: Upon termination of service due to death, permanent disability or retirement, participants or their beneficiaries may elect to receive an amount equal to the value of the participants' vested interest in their accounts in the form of a total, partial or installment lump-sum cash payment or a direct rollover to an eligible retirement plan or an individual retirement account, except for participants who hold Common Stock of the Company, whose payment is made in shares of Common Stock. During employment, participants may also withdraw account balances upon the attainment of age 59½ or financial hardship.

In the event of a mandatory distribution greater than \$1,000 and not exceeding \$5,000, in accordance with the provisions of the Plan, if the participant does not elect a direct rollover or to receive the distribution directly, then the Plan Administrator will pay the distribution in a direct rollover to an individual retirement account designated by the Plan Administrator. In the event of a mandatory distribution less than \$1,000, in accordance with the provisions of the Plan, if the participant does not elect a direct rollover, then the Plan Administrator will pay the distribution in the form of a lump-sum cash payment.

Korn Ferry Employee Tax Deferred Savings Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Participant accounts: Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's net investment income and administrative expenses. Allocations of the Plan's net investment income and administrative expenses are based on the proportion of each participant's account balance to the total of all participants' account balances. Participants can direct their contributions into mutual and collective fund investment options, a self-directed brokerage account feature, or seven target date unitized funds; however, contributions cannot be directed into the Common Stock account. The Common Stock was originally transferred to the Plan as a result of an unrelated plan's termination. Participants may transfer funds out of their Common Stock account at any time; accordingly, as of April 30, 2022 and 2021, the Common Stock investment option is considered to be participant-directed. Participants have never been allowed to direct their contributions into the Common Stock account, and transfers from other investment options into the Common Stock account are not allowed.

Participants may change their investment options at any time. Under the terms of the Plan, employer discretionary contributions are directed in the same manner as the participant's election for deferrals.

Notes receivable from participants: Participants may borrow from their account a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are collateralized by the balance of the participant's account and bear interest at a fixed interest rate of prime plus 2% as of the loan inception date. At April 30, 2022, the rate on all notes range from 4.25% to 9%, and mature through September 2044. These notes are approved by the Plan Administrator. Repayment of principal and interest by payroll deduction can be for terms of up to five years, unless the loan is for the acquisition, construction or substantial rehabilitation of a principal residence, in which case the Plan Administrator may approve a longer term. The notes become due and payable within 30 days of the termination of the participant's employment with the Company.

Note 2. Significant Accounting Policies

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

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Notes receivable from participants: Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance, plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of April 30, 2022 or 2021. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Korn Ferry Employee Tax Deferred Savings Plan

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule, Schedule H, Line 4i—schedule of assets (held at end of year).

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Administrative expenses paid by the Plan amounted to \$152,681 during the year ended April 30, 2022. The Company pays certain amounts of the Plan's expenses. Expenses paid by the Company were not significant for the year ended April 30, 2022, and were excluded from these financial statements.

Subsequent events: Management has evaluated events through April 11, 2023, the date the financial statements were available to be issued.

Note 3. Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor, by a letter dated June 27, 2018, that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate section(s) 401(a) of the IRC. The Plan has been amended since receiving the determination letter. The Plan Administrator believes the Plan and trust are operating in a manner that did not jeopardize this tax status.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 4. Plan Termination

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

Note 5. Information Certified or Provided by the Current and Former Custodian

Investment information disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year), including investments held at April 30, 2022 and 2021, and net appreciation in the fair value of investments, interest and dividends for the year ended April 30, 2022, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the current and former custodians of the Plan.

Note 6. Related-Party and Party-in-Interest Transactions

The Plan engages in certain transactions involving the Company and its custodians that are considered parties in interest as defined by ERISA. These transactions involve investing Plan monies in one mutual fund and a collective fund managed by the current custodian and Common Stock of the Company and, therefore, qualify as party-in-interest transactions for which a statutory exemption exists.

Korn Ferry Employee Tax Deferred Savings Plan

Notes to Financial Statements

Note 7. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, Fair Value Measurement (ASC 820), defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). ASC 820 includes 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1: Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2: Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)

Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3: Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

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

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 April 30, 2022 and 2021.

Common stock: Valued at the closing price reported on the active market on which the individual security is traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan and open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust fund: Valued based on the NAV of the collective trust fund. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that fund will sell the investment for an amount different than the reported NAV.

Korn Ferry Employee Tax Deferred Savings Plan

Notes to Financial Statements

Note 7. Fair Value Measurements (Continued)

Self-directed brokerage: This investment account consists of mutual funds and cash equivalents that are valued at fair value as described.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of April 30, 2022 and 2021:

	2022			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 702,439	\$ -	\$ -	\$ 702,439
Mutual funds	306,978,749	-	-	306,978,749
Self-directed brokerage	3,464,153	-	-	3,464,153
	<u>\$ 311,145,341</u>	<u>\$ -</u>	<u>\$ -</u>	<u>311,145,341</u>
Investments measured at net asset value*				29,335,358
Investments at fair value				<u>\$ 340,480,699</u>

	2021			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 777,069	\$ -	\$ -	\$ 777,069
Mutual funds	310,476,542	-	-	310,476,542
Self-directed brokerage	1,648,095	-	-	1,648,095
	<u>\$ 312,901,706</u>	<u>\$ -</u>	<u>\$ -</u>	<u>312,901,706</u>
Investments measured at net asset value*				22,403,116
Investments at fair value				<u>\$ 335,304,822</u>

* In accordance with ASC 820, the collective trust fund that was measured at NAV per share (or its equivalent) has not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the financial statement captions presented in the statements of net assets available for benefits.

The following table summarizes the collective trust fund for which fair value is measured using the net asset value per share practical expedient as of April 30, 2022 and 2021. There are no participant redemption restrictions for the collective trust fund; the redemption notice period is applicable only to the Plan.

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	April 30 2022	April 30 2021			
Collective trust fund	\$ 29,335,358	\$ 22,403,116	None	Daily	None

Korn Ferry Employee Tax Deferred Savings Plan

Notes to Financial Statements

Note 8. Risks and Uncertainties

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

Note 9. Nonexempt Transactions

During plan years 2022 and 2021, the Company inadvertently failed to deposit \$5,265 and \$678,813, respectively, of participant deferrals and loan repayments within the required timeframe as stated by the United States Department of Labor (DOL) regulations. The Company will reimburse the Plan for lost interest. The Company intends to file the Form 5330 and intends to pay the applicable excise tax. The excise tax payments will be made from the Company's assets and not from the assets of the Plan.

Note 10. Reconciliation of Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at April 30, 2022 and 2021:

	2022	2021
Net assets available for benefits per the financial statements	\$ 344,527,615	\$ 341,345,951
Participant loans	2,052,858	-
Notes receivable from participants	(2,049,427)	-
Due to broker for securities purchased	808,095	-
Excess contributions refundable	48,162	-
Investments, at fair value	(347,654)	-
Net assets available for benefits per the Form 5500	<u>\$ 345,039,649</u>	<u>\$ 341,345,951</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended April 30, 2022:

Change in net assets available for benefits per the financial statements	\$ 3,181,664
Investment income	743,668
Other income	39,415
Interest income on notes receivable from participants	(85,331)
Company contributions	658
Rollovers	2,255,869
Employee contributions	47,504
Benefits paid to participants	(122,554)
Administrative expenses	(127,122)
Transfer in of notes receivable from participants	(2,240,073)
Change in net assets available for benefits per the Form 5500	<u>\$ 3,693,698</u>

Korn Ferry Employee Tax Deferred Savings Plan

**Schedule H, Line 4a—Schedule of Delinquent Participant Contributions
Year Ended April 30, 2022**

Participant contributions transferred late to Plan: \$ 684,078	Total that constitute prohibited nonexempt transactions:			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: [x]	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending in in VFCP	
2021	\$ 678,813	\$ -	\$ -	\$ -
2022	5,265	-	-	-

Korn Ferry Employee Tax Deferred Savings Plan

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year) April 30, 2022

(a)	(b) Identify 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
		Mutual funds:		
	Vanguard Group	Vanguard Instl Idx Instl Fund	**	\$ 40,422,365
*	Korn Ferry	Target Date 2035 Fund	**	38,496,631
	MainStay Funds	MainStay Winslow LgCap Gr R6	**	37,556,204
	Dodge and Cox Funds	Dodge & Cox Stock Fund	**	35,580,409
*	Korn Ferry	Target Date 2045 Fund	**	29,293,708
	T. Rowe Price Funds	T. Rowe Price Inst MdCp Eq Gr	**	25,214,776
*	Korn Ferry	Target Date 2025 Fund	**	24,204,946
*	Korn Ferry	Target Date 2055 Fund	**	11,769,034
	Metropolitan Life Insurance Co	Metropolitan Wt TI Rtn Bd Plan	**	9,753,608
	Alliance Bernstein	AB Small Cap Value Adv Fund	**	9,268,342
	Vanguard Group	Vanguard Ext Mk Index Inst Fd	**	8,546,753
	Dodge and Cox Funds	Dodge & Cox Intl Stock Fund	**	7,339,898
	Vanguard Group	Vgd Ttl Intl Stk Idx Inst Fund	**	6,846,054
	Vanguard Group	Vanguard Ttl Bd Mkt Idx Inst	**	6,793,984
	Artisan	Artisan Int'l Institutional Fd	**	6,305,933
	BlackRock	BlackRock Infl Pro Bd Inst Fd	**	6,222,662
*	Korn Ferry	Target Date 2015 Fund	**	4,971,010
	Hartford Mutual Funds	Hartford Schrod Emrg Mt Eq SDR	**	3,324,597
*	Korn Ferry	Target Date Income Fund	**	1,347,265
*	Korn Ferry	Target Date 2060 Fund	**	1,323,130
				<u>314,581,309</u>
	Various	Self-directed brokerage accounts	**	<u>3,464,153</u>
		Collective trust fund:		
*	Wells Fargo	Stable Return Fund G	**	<u>21,385,144</u>
		Common stock:		
*	Korn Ferry	Common shares	**	<u>702,439</u>
*	Participants	Participant loans (maturing through September 2044; interest rates range from 4.25% to 9.00%)	**	<u>2,052,858</u>
				<u>\$ 342,185,903</u>

* Party-in-interest, as defined by ERISA

** Cost information not required for participant-directed assets

The above information has been certified by Delaware Charger Guarantee & Trust Company (d/b/a Principal Trust Company), the current custodian, as complete and accurate.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

K F E T D S P

EIN 95 2623879
 PLAN NUMBER 003
 PLAN YEAR 05/01/2021 TO 04/30/2022

(A)	(B) Identity of issuer, 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
	Artisan	Registered Investment Company Artisan Int'l Institutional Fd	\$ 0.00	\$ 6,305,932.69
	Alliance Bernstein	Registered Investment Company AB Small Cap Value Adv Fund	\$ 0.00	\$ 9,268,341.95
	BlackRock	Registered Investment Company BlackRock Infl Pro Bd Inst Fd	\$ 0.00	\$ 6,222,661.79
	Dodge and Cox Funds	Registered Investment Company Dodge & Cox Intl Stock Fund	\$ 0.00	\$ 7,339,897.76
	Dodge and Cox Funds	Registered Investment Company Dodge & Cox Stock Fund	\$ 0.00	\$ 35,580,408.82
	Wells Fargo	Common/Collective Trust Galliard Stable Return PN	\$ 0.00	\$ 21,385,144.00
	Hartford Mutual Funds	Registered Investment Company Hartford Schroed Emrg Mt Eq SDR	\$ 0.00	\$ 3,324,596.50
*	Korn Ferry	Employer Security Korn/Ferry Stock	\$ 0.00	\$ 702,439.10
	MainStay Funds	Registered Investment Company MainStay Winslow LgCap Gr R6	\$ 0.00	\$ 37,556,205.23
	Metropolitan Life Insurance Co	Registered Investment Company Metropolitan Wt TL Rtn Bd Plan	\$ 0.00	\$ 9,753,608.41
	Schwab Funds	Brokerage Account Self-Directed Brokerage Acct	\$ 0.00	\$ 3,464,152.97
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Inst MdCp Eq Gr	\$ 0.00	\$ 25,214,775.99
	KORN FERRY	Registered Investment Company TARGET DATE INCOME FUND	\$ 0.00	\$ 1,347,265.00
	KORN FERRY	Registered Investment Company TARGET DATE 2015 FUND	\$ 0.00	\$ 4,971,010.00
	KORN FERRY	Registered Investment Company TARGET DATE 2025 FUND	\$ 0.00	\$ 24,204,946.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

K F E T D S P

EIN 95 2623879
 PLAN NUMBER 003
 PLAN YEAR 05/01/2021 TO 04/30/2022

(A)	(B) Identity of issuer, 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
	KORN FERRY	Registered Investment Company TARGET DATE 2035 FUND	\$ 0.00	\$ 38,496,631.00
	KORN FERRY	Registered Investment Company TARGET DATE 2045 FUND	\$ 0.00	\$ 29,293,708.00
	KORN FERRY	Registered Investment Company TARGET DATE 2055 FUND	\$ 0.00	\$ 11,769,034.00
	KORN FERRY	Registered Investment Company TARGET DATE 2060 FUND	\$ 0.00	\$ 1,323,130.00
	Vanguard Group	Registered Investment Company Vanguard Ext Mk Index Instl Fd	\$ 0.00	\$ 8,546,753.10
	Vanguard Group	Registered Investment Company Vanguard Instl Idx Instl Fund	\$ 0.00	\$ 40,422,364.85
	Vanguard Group	Registered Investment Company Vanguard Ttl Bd Mkt Idx Inst	\$ 0.00	\$ 6,793,983.96
	Vanguard Group	Registered Investment Company Vgd Ttl Intl Stk Idx Instl Fund	\$ 0.00	\$ 6,846,054.22
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 10.25%	\$ 0.00	\$ 2,052,858.00

Plan Name: Korn Ferry Employee Tax Deferred Savings Plan

FEIN: 95-2623879

Plan #: 003

Plan Year End: 04-30-2022

Form 5500, Schedule H, Part III, Accountant's Opinion

For the year ended April 30, 2022, we had an issue that prevented completion of our audit. We are filing the accompanying Form 5500 for the year ended April 30, 2022 without the required financial statements to insure timely filing. Upon completion of the audits, we will promptly amend the form 5500 to include all required information.