

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
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) _____ ☐ 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 INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1994
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) INNOVATIVE RESOURCES FOR INDEPENDENCE 2016 LINDEN BOULEVARD ELMONT, NY 11003
2b	Employer Identification Number (EIN) 13-3490223
2c	Plan Sponsor's telephone number 718-805-6796
2d	Business code (see instructions) 624100

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.	04/15/2025	LINA SARAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2025	LINA SARAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 754
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 469 6a(2) 496 6b 0 6c 316 6d 812 6e 0 6f 812 6g(1) 539 6g(2) 599 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2M 2T 3D

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INNOVATIVE RESOURCES FOR INDEPENDENCE	D Employer Identification Number (EIN) 13-3490223	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	GA-63976	5	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 13684**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GENERAL ACCOUNT**b** Balance at the end of the previous year **7b** 12117**c** Additions: (1) Contributions deposited during the year **7c(1)** 2603
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 2
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 314

▶ UNREALIZED GAIN/LOSS

(6) Total additions **7c(6)** 2919**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 15036**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1167(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 185

▶ FEES

(5) Total deductions **7e(5)** 1352**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 13684

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INNOVATIVE RESOURCES FOR INDEPENDENCE	D Employer Identification Number (EIN) 13-3490223	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE FINANCIAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	761436	214	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	626640
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1130510

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

715780

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

17820

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

4262

▶ LOAN REPAYMENT

(6) Total additions.....

7c(6)

22082

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

737862

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

10622

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

99491

(4) Other (specify below)

7e(4)

1109

▶ ADMINISTRATIVE CHARGES LOAN SERVICE FEES

(5) Total deductions.....

7e(5)

111222

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

626640

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INNOVATIVE RESOURCES FOR INDEPENDENCE	D Employer Identification Number (EIN) 13-3490223

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

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

(b)

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

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

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

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)

PENSERV

27-6266021

(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 64	RECORDKEEPER	17637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EQUITABLE FINANCIAL LIFE INSURANCE

13-5570651

(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?
28 51	FINANCIAL ADVISOR	14155	Yes ☒ No ☐	Yes ☒ No ☐	23896	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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN	B Three-digit plan number (PN) ▶	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INNOVATIVE RESOURCES FOR INDEPENDENCE	D Employer Identification Number (EIN) 13-3490223
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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: 1290 VT GAMCO SMALL CO VAL

b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 587
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a Name of MTIA, CCT, PSA, or 103-12 IE: 1290 VT HIGH YIELD BOND

b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229
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a Name of MTIA, CCT, PSA, or 103-12 IE: 1290 VT SMALL CAP VALUE

b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43
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a Name of MTIA, CCT, PSA, or 103-12 IE: 1290 VT SMARTBETA EQUITY ESG

b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190
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a Name of MTIA, CCT, PSA, or 103-12 IE: 1290 VT SOCIALLY RESPONSIBLE

b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8
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a Name of MTIA, CCT, PSA, or 103-12 IE: AM FNDS INSRNC SRS BND OF AMER

b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 322
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/500 MANAGED VOL

b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75851
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/AB SMALL CAP GROWTH		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 756
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/AGGRESSIVE ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23802
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/AGGRESSIVE GROWTH STRATEGY		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/ALL ASSET GROWTH ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY 21,170		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 272
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/AMERICAN CENTRY MID CAP VAL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 401
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/BALANCED STRATEGY		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CAPITAL GROUP RESEARCH		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26146
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CLEARBRIDGE LG CAP GRWT ESG		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3117
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CLEARBRIDGE SEL EQY MAN VOL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/COM STCK INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38311

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CONSERV ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3377

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CONSERV-PLUS ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23602

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CORE BOND INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3444

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CORE PLUS BOND		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12494

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/EQUITY 500 INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66984

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/FIDELITY INSTITUTINL AM LGC		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 702

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/FR SM CAP VAL MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7281

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GLB EQTY MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9775

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GOLDMAN SACHS MID CAP VALUE		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 251

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INT CORE MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2262

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INT VAL MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4032

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERMEDIATE GOVERNMENT BND		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL EQUITY INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8810

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 355

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INVESCO COMSTOCK		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3026

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INVESCO GLOBAL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3160

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INVESCO GLOBAL REAL ASSETS		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/JANUS ENTERPRISE		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3211

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/JPMORGAN GROWTH STOCK		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11819

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/JPMORGAN VAL OPPORTUNITIES		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8736

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1055

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2252

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LAZARD EMERGING MRKTS EQTY		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 309

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LG CAP CORE MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2802

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LG CAP GRW MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2937

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LG CAP VAL MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83527

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LOOMIS SAYLES GROWTH		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS INTERNATIONAL GROWTH		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9296

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS INTRNTNL INTRINSIC VAL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4842

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS TECHNOLOGY		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS UTILITIES SERIES		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MID CAP INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19080

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MID CAP VAL MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27879

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MODERATE ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99437

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MODERATE GROWTH STRATEGY		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MODERATE-PLUS ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43213

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MONEY MARKET		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2783

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/PIMCO ULTRA SHORT BOND		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3995

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/QUALITY BOND PLUS		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2427

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/SMALL COMPANY INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5426

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/VALUE EQUITY		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 612
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP MID CAP		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6120
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. HIGH YIELD		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 635
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. MAINST MC FUND		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. SMALL CAP EQUITY		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 355
a Name of MTIA, CCT, PSA, or 103-12 IE: MACQUARIE VIP HIGH INC SERIES		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 258
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASS INVESTORS GRWTH STOCK		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER AGGRESSIVE EQUITY		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144449
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER CORE BOND		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1239
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER TECHNOLOGY		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14029

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO VIT CMMDTYREALRETRN STGY		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 1YR - 10% BUFFER		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 3YR - 20% BUFFER		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4734
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2015 ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5020
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2025 ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8504
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2035 ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139607
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2045 ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148038
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND VIP		
b Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 318
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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INNOVATIVE RESOURCES FOR INDEPENDENCE	D Employer Identification Number (EIN) 13-3490223	

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	262	7835
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	63225	65830
(2) Participant contributions	1b(2)	24115	54143
(3) Other	1b(3)	386	739
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)	31159	45621
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	948906	1130510
(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)	1457535	1891256
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	727897	640324
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3253485	3836258
Liabilities			
g Benefit claims payable	1g	262	3842
h Operating payables	1h	2204	7088
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2466	10930
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3251019	3825328

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)	67049	
(B) Participants	2a(1)(B)	357912	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		424961
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)	2703	
(F) Other	2b(1)(F)	17820	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20523
(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)	39580	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		39580
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		135396
(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)		193971
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		814431

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	195521	
(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)		195521
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		11756
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	17637	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	14155	
(6) Bank or trust company trustee/custodial fees	2i(6)	1053	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		32845
j Total expenses. Add all expense amounts in column (b) and enter total	2j		240122

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		574309
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: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

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.)	☒	☐	160240
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024					
A Name of plan INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INNOVATIVE RESOURCES FOR INDEPENDENCE				D Employer Identification Number (EIN) 13-3490223	
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	
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): 13-5570651 75-3182674					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

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) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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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
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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 <u>03 / 31 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500560A</u> .	

**INNOVATIVE RESOURCES FOR INDEPENDENCE
403(B) PLAN**

**Financial Statements
as of June 30, 2024 and 2023
Together with
Independent Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

April 11, 2025

To the Plan Administrator of
Innovative Resources for Independence 403(B) Plan:

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

We have performed an audit of the accompanying financial statements of Innovative Resources for Independence 403(B) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of June 30, 2024 and 2023 and for the years ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit Section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions as of and for the year ended June 30, 2024, are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter – Supplemental Schedules Required by ERISA (Continued)

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 Department of Labor'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).

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
CASH	\$ <u>7,835</u>	\$ <u>262</u>
INVESTMENTS, at fair value:		
Pooled separate accounts	1,130,510	948,906
Registered investment companies	<u>1,891,256</u>	<u>1,457,535</u>
Total investments, at fair value	<u>3,021,766</u>	<u>2,406,441</u>
INVESTMENTS, at contract value:		
Guaranteed interest option accounts	<u>640,324</u>	<u>727,897</u>
RECEIVABLES:		
Participant contributions	54,143	24,115
Employer contributions	65,830	63,225
Other receivables	739	386
Notes receivable from participants	<u>45,621</u>	<u>31,159</u>
Total receivables	<u>166,333</u>	<u>118,885</u>
LIABILITIES:		
Other liabilities	<u>(10,930)</u>	<u>(2,466)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,825,328</u>	<u>\$ 3,251,019</u>

The accompanying notes are an integral part of these statements.

INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Contributions -		
Participant	\$ 357,912	\$ 310,571
Employer	<u>67,049</u>	<u>63,180</u>
Total contributions	<u>424,961</u>	<u>373,751</u>
Investment income -		
Interest and dividends	57,400	46,328
Net appreciation in fair value of investments	<u>329,367</u>	<u>236,963</u>
Total investment income	<u>386,767</u>	<u>283,291</u>
Interest on notes receivable from participants	<u>2,703</u>	<u>2,793</u>
Total additions	<u>814,431</u>	<u>659,835</u>
DEDUCTIONS:		
Benefit payments	195,521	193,033
Deemed distributions	11,756	13,578
Administrative expenses	<u>32,845</u>	<u>7,779</u>
Total deductions	<u>240,122</u>	<u>214,390</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	574,309	445,445
TRANSFERS -		
Transfers from another plan	<u>-</u>	<u>7,132</u>
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>3,251,019</u>	<u>2,798,442</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 3,825,328</u>	<u>\$ 3,251,019</u>

The accompanying notes are an integral part of these statements.

INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of the Innovative Resources for Independence 403(b) Plan (the Plan) is provided for general information purposes only. 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 available to all employees of Innovative Resources for Independence, Inc. (IRI) who meet certain eligibility requirements. The Plan is administered by IRI. PenServ Plan Services, Inc. (PenServ) is the third-party administrator (TPA) for the Plan. Equitable Financial Life Insurance Company (AXA) and Matrix Trust Company (Matrix) are the custodians and recordkeepers of the Plan's assets. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees who average 20 hours a week or more are eligible to participate in the salary reduction contributions to the Plan on the first day of the pay period after an employee completes the necessary application and salary reduction agreement. There is no minimum age requirement.

Contributions

Active participants may make voluntary contributions in the form of salary reductions up to 100% of annual compensation and any applicable rollovers from other qualified plans, subject to certain limitations of the Plan and the Internal Revenue Code (IRC) under Section 403(b). Eligible participants who attain the age 50 before the end of the Plan year are eligible to make catch-up contributions, subject to certain limitations of the IRC.

Participants who have completed one year of service and worked at least 1,000 hours are eligible to receive discretionary contributions, determined annually at the discretion of IRI's Board of Directors (the Board). Employer contributions are subject to certain limitations as prescribed by the IRC. Employer contributions are non-elective and contribution amounts credited will be based on hours worked per week. Individuals who become eligible for the employer contribution during the year will receive proportionate contributions, based on the number of months eligible during the 12-month period. Discretionary contributions to the Plan were approved by the Board in the amount of \$65,830 and \$63,225, which are recorded as receivables for the year ended June 30, 2024 and 2023, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution, the employer's contribution, charged with administrative expenses and Plan earnings/losses on all contributions. Allocations of earnings/losses and administrative expenses are based on account balances, according to specific terms provided by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account balance.

Vesting

Participants are immediately vested in their account balance, which includes voluntary contributions, employer contributions and actual earnings/losses thereon.

1. DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Participants may borrow up to the lesser of a) \$50,000 reduced by the highest outstanding balance of loans during the one-year period ending on the day before the new loan is made or b) one-half of the participant's vested account. Each note receivable from a participant shall bear an interest rate of prime plus 2% and shall be repaid in a period not to exceed 5 years, except for loans issued in connection with the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest rates that range from 4.25% to 10.5%, which are commensurate with the current rates charged in similar loans by persons in the business of lending money. Participants make loan repayments directly to AXA and Matrix.

Employer Contributions Receivable and Allowance for Credit Losses

The Plan records a receivable for the employer contribution that is remitted to the Plan subsequent to the Plan's year-end. The Plan considers an expected allowance for credit losses that is updated to reflect any changes in credit risk since the receivable was initially recorded. The estimated allowance for credit losses is based on historical, current, and future conditions.

The Plan has not experienced any historical credit losses relative to contributions receivable. Current and future economic conditions are not expected to change relative to historical financial information. Therefore, management has determined that no allowance for credit losses is necessary as of June 30, 2024 and 2023.

Benefit Payments

Participants are eligible for retirement benefits upon reaching age 65. Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or distributions based on various annuity options or fixed income payments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Terminated participants also have the option of leaving their funds in their account, provided they are not required to take minimum distributions from their account according to the provisions of the IRC. Participants who have reached age 59½ may take in-service distributions.

Hardship Withdrawals

Participants may receive distributions up to 100% of their vested account balance in the form of a hardship withdrawal upon meeting financial hardship requirements outlined in the Plan document.

Administrative Expenses

Substantially all administrative expenses associated with the Plan are paid by IRI or plan participants.

Plan Termination

Although it has not expressed any intent to do so, IRI has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants would remain 100% vested in their accounts. All distributions would be made in accordance with any applicable requirements of the ERISA and the IRC.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition (Continued)

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

Risks and Uncertainties

The Plan's underlying investments are exposed to various risks, such as interest rate, market and credit risk. 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 change could materially affect the amounts reported in the accompanying financial statements.

Fair Value Measurement

Accounting Standards Codification (ASC) Section 820 defines fair value 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 and 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). Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly, are considered level 2 measurements.

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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the plan document.

Payment of Benefits

Benefit payments to participants are recorded when paid.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Recently Adopted Accounting Guidance

ASC Topic 326 Financial Instruments – Credit Losses requires certain financial assets to be measured at amortized cost net of an allowance for estimated credit losses. This standard replaced the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (“CECL”) methodology. The estimated credit loss is required to be based on historical information, current conditions, and forecasts that could impact the collectability of the amounts. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing an entity’s exposure to credit risk and the measurement of credit losses.

Effective July 1, 2023, the Plan adopted ASC 326 using the modified retrospective approach for all financial assets measured at amortized cost. The new accounting pronouncement did not have a material impact on the financial statements. Results for reporting periods beginning after July 1, 2023 are presented under CECL while prior period amounts continue to be reported and disclosed in accordance with previously applicable accounting standards.

3. CERTIFIED INVESTMENT INFORMATION

The following information was certified as accurate and complete by AXA and Matrix, the custodians, and is included in the accompanying financial statements and schedule:

	<u>2024</u>	<u>2023</u>
Investments	<u>\$ 3,669,925</u>	<u>\$ 3,134,600</u>
Notes receivable from participants	<u>\$ 45,621</u>	<u>\$ 31,159</u>
Interest on notes receivable from participants	<u>\$ 2,703</u>	<u>\$ 2,793</u>
Net appreciation (depreciation) in fair value of investments	<u>\$ 329,367</u>	<u>\$ 263,963</u>
Interest and dividends	<u>\$ 57,400</u>	<u>\$ 46,328</u>
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	Schedule I	

4. FAIR VALUE MEASUREMENTS

The following are measured at fair value on a recurring basis at June 30, 2024:

	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>	<u>Total</u>
Registered investment companies	<u>\$ 1,891,256</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 1,891,256
Pooled separate accounts				<u>1,130,510</u>
Total investments at fair value				<u>\$ 3,021,766</u>

The following are measured at fair value on a recurring basis at June 30, 2023:

	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>	<u>Total</u>
Registered investment companies	<u>\$ 1,457,535</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 1,457,535
Pooled separate accounts				<u>948,906</u>
Total investments at fair value				<u>\$ 2,406,441</u>

There were no changes to the valuation techniques during 2024 and 2023.

The measurement of the fair value of the registered investment companies are based on quoted prices of the shares held at year-end in active markets (level 1).

The pooled separate accounts are invested in open-ended mutual funds. The net asset value of the pooled separate accounts are not publicly quoted. The values of the underlying investments are used in determining the net asset value of the pooled separate account fund. Underlying mutual funds have observable quoted pricing inputs.

There are no restrictions in connection with the transfer among or withdrawal from any of the investment alternatives in the separate account.

The pooled separate accounts funds currently invest in underlying funds, which have different investment objectives, investments policies, and risks. The investment strategies of these funds will vary based on the participant's chosen risk preferences. The separate account funds do not have any unfunded commitments.

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

5. INVESTMENTS AT CONTRACT VALUE

The investment in the guaranteed interest option account of AXA Equitable Life Insurance Company (AXA) which pays interest at guaranteed rates and the value of the principal will not fluctuate. The accounts are credited with contributions as well as earnings on the underlying investments and are charged for Plan withdrawals. Earnings on the underlying investments are guaranteed by AXA to be no less than 3.00% interest rate at June 30, 2024 and 2023.

The investment in the Prudential guaranteed income fund account held by Matrix pays interest at guaranteed rates and the value of the principal does not fluctuate. The accounts are credited with contributions as well as earnings on the underlying investments and are charged for Plan withdrawals.

6. TAX STATUS

The Plan is exempt from federal and state income tax under Section 403(b) of the Code. The Plan is required to operate in conformity with the Code to maintain its tax-exempt status for Plan participants. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

7. RECONCILIATION TO FORM 5500

Total net assets available for benefits at June 30, 2024 and 2023 and the total change in net assets available for benefits for the years then ended agree between these financial statements and Form 5500.

8. PARTY IN INTEREST TRANSACTIONS

AXA and Matrix are the custodians of the Plan's assets. IRI is the Plan Sponsor. PenServ is the TPA. As such, transactions between AXA, Matrix, PenServ and IRI qualify as party-in-interest transactions. Additionally, notes receivable from participants qualify as party-in-interest transactions.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through April 11, 2025, which is the date the financial statements were available to be issued.

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3490223

PLAN NUMBER 001

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

JUNE 30, 2024

(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	(e) Current Value
<u>Pooled Separate Accounts</u>			
	Target 2045 Allocation	Pooled Separate Account	\$ 148,039
	Multimanager Aggressive Equity	Pooled Separate Account	144,450
	Target 2035 Allocation	Pooled Separate Account	139,608
*	EQ/Moderate Allocation	Pooled Separate Account	99,437
*	EQ/Lg Cap Val Managed Vol	Pooled Separate Account	83,527
*	EQ/500 Managed Vol	Pooled Separate Account	75,851
*	EQ/Equity 500 Index	Pooled Separate Account	66,984
*	EQ/Moderate-Plus Allocation	Pooled Separate Account	43,213
*	EQ/Com Stck Index	Pooled Separate Account	38,311
*	EQ/Mid Cap Val Managed Vol	Pooled Separate Account	27,879
*	EQ/Capital Group Research	Pooled Separate Account	26,146
*	EQ/Aggressive Allocation	Pooled Separate Account	23,802
*	EQ/Conserv-Plus Allocation	Pooled Separate Account	23,602
*	EQ/Mid Cap Index	Pooled Separate Account	19,080
	Multimanager Technology	Pooled Separate Account	14,029
*	EQ/Core Plus Bond	Pooled Separate Account	12,494
*	EQ/Jpmorgan Growth Stock	Pooled Separate Account	11,819
*	EQ/Glb Eqty Managed Vol	Pooled Separate Account	9,775
*	EQ/Mfs International Growth	Pooled Separate Account	9,296
*	EQ/International Equity Index	Pooled Separate Account	8,810
*	EQ/Jpmorgan Val Opportunities	Pooled Separate Account	8,736
*	Target 2025 Allocation	Pooled Separate Account	8,504
*	EQ/Fr Sm Cap Val Managed Vol	Pooled Separate Account	7,281
	Fidelity Vip Mid Cap	Pooled Separate Account	6,120
*	EQ/Small Company Index	Pooled Separate Account	5,426
	Target 2015 Allocation	Pooled Separate Account	5,020
*	EQ/Mfs Intrntnl Intrinsic Val	Pooled Separate Account	4,842
	Russell 2000 3Yr - 20% Buffer	Pooled Separate Account	4,734
*	EQ/Int Val Managed Vol	Pooled Separate Account	4,032
*	EQ/Pimco Ultra Short Bond	Pooled Separate Account	3,995
*	EQ/Core Bond Index	Pooled Separate Account	3,444
*	EQ/Conserv Allocation	Pooled Separate Account	3,377
*	EQ/Janus Enterprise	Pooled Separate Account	3,211
*	EQ/Invesco Global	Pooled Separate Account	3,160
*	EQ/Clearbridge Lg Cap Grwt Esg	Pooled Separate Account	3,117
*	EQ/Invesco Comstock	Pooled Separate Account	3,026
*	EQ/Lg Cap Grw Managed Vol	Pooled Separate Account	2,937
*	EQ/Lg Cap Core Managed Vol	Pooled Separate Account	2,802
*	EQ/Money Market	Pooled Separate Account	2,783
*	EQ/Quality Bond Plus	Pooled Separate Account	2,427
*	EQ/Int Core Managed Vol	Pooled Separate Account	2,262
*	EQ/Large Cap Value Index	Pooled Separate Account	2,252

(Continued)

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3490223

PLAN NUMBER 001

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

JUNE 30, 2024

(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	(e) Current Value
<u>Pooled Separate Accounts (Continued)</u>			
	Multimanager Core Bond	Pooled Separate Account	1,239
*	EQ/Large Cap Growth Index	Pooled Separate Account	1,055
*	EQ/Ab Small Cap Growth	Pooled Separate Account	756
*	EQ/Fidelity Institutional Am Lgc	Pooled Separate Account	702
	Invesco V.I. High Yield	Pooled Separate Account	635
*	EQ/Value Equity	Pooled Separate Account	612
	1290 Vt Gamco Small Co Val	Pooled Separate Account	587
*	EQ/American Centry Mid Cap Val	Pooled Separate Account	401
	Invesco V.I. Small Cap Equity	Pooled Separate Account	355
*	EQ/International Managed Vol	Pooled Separate Account	355
	Am Fnds Insrnc Srs Bnd Of Amer	Pooled Separate Account	322
	Templeton Global Bond Vip	Pooled Separate Account	318
*	EQ/Lazard Emerging Mkts Eqty	Pooled Separate Account	309
	Russell 2000 1Yr - 10% Buffer	Pooled Separate Account	276
*	EQ/All Asset Growth Allocation	Pooled Separate Account	272
	Macquarie Vip High Inc Series	Pooled Separate Account	258
*	EQ/Goldman Sachs Mid Cap Value	Pooled Separate Account	251
*	EQ/Mfs Technology	Pooled Separate Account	250
*	EQ/Aggressive Growth Strategy	Pooled Separate Account	246
	1290 Vt High Yield Bond	Pooled Separate Account	229
*	EQ/Intermediate Government Bnd	Pooled Separate Account	194
	1290 Vt Smartbeta Equity Esg	Pooled Separate Account	190
*	EQ/Clearbridge Sel Eqy Man Vol	Pooled Separate Account	180
*	EQ/Moderate Growth Strategy	Pooled Separate Account	174
*	EQ/Invesco Global Real Assets	Pooled Separate Account	171
*	EQ/Loomis Sayles Growth	Pooled Separate Account	166
*	EQ/Mfs Utilities Series	Pooled Separate Account	106
	Pimco Vit Cmmntyrealretrn Stgy	Pooled Separate Account	85
	Mfs Mass Investors Grwth Stock	Pooled Separate Account	74
	1290 Vt Small Cap Value	Pooled Separate Account	43
	Invesco V.I. Mainst Mc Fund	Pooled Separate Account	40
*	EQ/Balanced Strategy	Pooled Separate Account	11
	1290 Vt Socially Responsible	Pooled Separate Account	8
			<u>1,130,510</u>
<u>Cash</u>		Cash	<u>7,835</u>

(Continued)

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3490223

PLAN NUMBER 001

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

JUNE 30, 2024

(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	(e) Current Value
<u>Registered Investment Companies</u>			
	Vanguard Target Retirement 2030 Fund	Registered Investment Companies	514,730
	Vanguard Target Retirement 2035 Fund	Registered Investment Companies	383,884
	Vanguard Target Retirement 2045 Fund	Registered Investment Companies	199,628
	Vanguard Target Retirement 2020 Fund	Registered Investment Companies	126,354
	Vanguard Target Retirement 2040 Fund	Registered Investment Companies	99,583
	Vanguard Target Retirement 2050 Fund	Registered Investment Companies	102,864
	Vanguard Target Retirement 2055 Fund	Registered Investment Companies	53,010
	Vanguard Target Retirement 2025 Fund	Registered Investment Companies	104,056
	Vanguard Target Retirement 2060 Fund	Registered Investment Companies	76,077
	T. Rowe Price Comm & Tech Investor	Registered Investment Companies	35,911
	Vanguard Consumer Staples Index Admiral	Registered Investment Companies	35,690
	Vanguard Total Stock Mkt Idx Adm	Registered Investment Companies	41,769
	Vanguard Health Care Adm	Registered Investment Companies	33,869
	American Funds American Balanced R6	Registered Investment Companies	16,836
	Loomis Sayles Growth N	Registered Investment Companies	11,808
	Franklin Global Equity I	Registered Investment Companies	10,706
	Vanguard Small Cap Index Adm	Registered Investment Companies	9,955
	Vanguard Real Estate Index Admiral	Registered Investment Companies	6,966
	Vanguard Inflation-Protected Secs Adm	Registered Investment Companies	11,440
	Vanguard Equity-Income Inv	Registered Investment Companies	7,271
	Vanguard Tax-Managed Balanced Adm	Registered Investment Companies	2,862
	Goldman Sachs GQG Pttrs Intl Opps Instl	Registered Investment Companies	5,980
	Metropolitan West Total Return Bd I	Registered Investment Companies	<u>7</u>
			<u>1,891,256</u>
*	AXA Equitable Life Insurance Company	Guaranteed Interest Option Account	626,640
	GIF Innovative Res Variable Annuity	Guaranteed Interest Option Account	<u>13,684</u>
			<u>640,324</u>
*	Notes receivable from participants	Participant loans, interest at 4.25-10.5%,	
		with maturity dates through June 2029	<u>45,621</u>
			<u>\$ 3,715,546</u>

* Denotes party-in-interest

The accompanying notes are an integral part of these schedules.

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN**EMPLOYER IDENTIFICATION NUMBER 13-3490223****PLAN NUMBER 001****SCHEDULE H, LINE 4a- SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED JUNE 30, 2024**

		<u>Total that Constitutes Nonexempt Prohibited Transactions</u>				
		<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>	
	<u>Participant Contribution Transferred Late to Plan</u>					
2024	\$ 101,732	\$ -	\$ 101,732	\$ -	\$ -	\$ -
2017	\$ 24,115	\$ 24,115	\$ -	\$ -	\$ -	\$ -

The accompanying notes are an integral part of these schedules.

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u>		

- 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 Innovative Resources for Independence 403(b) Plan	<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;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/01/1994</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 10/01/1994	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 10/01/1994					
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) Innovative Resources for Independence 2016 Linden Boulevard Elmont NY 11003	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 13-3490223</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (718) 805-6796</td> </tr> <tr> <td>2d Business code (see instructions) 624100</td> </tr> </table>	2b Employer Identification Number (EIN) 13-3490223	2c Plan Sponsor's telephone number (718) 805-6796	2d Business code (see instructions) 624100	
2b Employer Identification Number (EIN) 13-3490223					
2c Plan Sponsor's telephone number (718) 805-6796					
2d Business code (see instructions) 624100					

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		<u>4/15/25</u>	Lina Saray
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>4/15/25</u>	Lina Saray
	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 (2023)
v. 230728

**INNOVATIVE RESOURCES FOR INDEPENDENCE
403(B) PLAN**

**Financial Statements
as of June 30, 2024 and 2023
Together with
Independent Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

April 11, 2025

To the Plan Administrator of
Innovative Resources for Independence 403(B) Plan:

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

We have performed an audit of the accompanying financial statements of Innovative Resources for Independence 403(B) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of June 30, 2024 and 2023 and for the years ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit Section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions as of and for the year ended June 30, 2024, are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter – Supplemental Schedules Required by ERISA (Continued)

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 Department of Labor'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).

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
CASH	\$ <u>7,835</u>	\$ <u>262</u>
INVESTMENTS, at fair value:		
Pooled separate accounts	1,130,510	948,906
Registered investment companies	<u>1,891,256</u>	<u>1,457,535</u>
Total investments, at fair value	<u>3,021,766</u>	<u>2,406,441</u>
INVESTMENTS, at contract value:		
Guaranteed interest option accounts	<u>640,324</u>	<u>727,897</u>
RECEIVABLES:		
Participant contributions	54,143	24,115
Employer contributions	65,830	63,225
Other receivables	739	386
Notes receivable from participants	<u>45,621</u>	<u>31,159</u>
Total receivables	<u>166,333</u>	<u>118,885</u>
LIABILITIES:		
Other liabilities	<u>(10,930)</u>	<u>(2,466)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,825,328</u>	<u>\$ 3,251,019</u>

The accompanying notes are an integral part of these statements.

INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Contributions -		
Participant	\$ 357,912	\$ 310,571
Employer	<u>67,049</u>	<u>63,180</u>
Total contributions	<u>424,961</u>	<u>373,751</u>
Investment income -		
Interest and dividends	57,400	46,328
Net appreciation in fair value of investments	<u>329,367</u>	<u>236,963</u>
Total investment income	<u>386,767</u>	<u>283,291</u>
Interest on notes receivable from participants	<u>2,703</u>	<u>2,793</u>
Total additions	<u>814,431</u>	<u>659,835</u>
DEDUCTIONS:		
Benefit payments	195,521	193,033
Deemed distributions	11,756	13,578
Administrative expenses	<u>32,845</u>	<u>7,779</u>
Total deductions	<u>240,122</u>	<u>214,390</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	574,309	445,445
TRANSFERS -		
Transfers from another plan	<u>-</u>	<u>7,132</u>
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>3,251,019</u>	<u>2,798,442</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 3,825,328</u>	<u>\$ 3,251,019</u>

The accompanying notes are an integral part of these statements.

INNOVATIVE RESOURCES FOR INDEPENDENCE 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of the Innovative Resources for Independence 403(b) Plan (the Plan) is provided for general information purposes only. 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 available to all employees of Innovative Resources for Independence, Inc. (IRI) who meet certain eligibility requirements. The Plan is administered by IRI. PenServ Plan Services, Inc. (PenServ) is the third-party administrator (TPA) for the Plan. Equitable Financial Life Insurance Company (AXA) and Matrix Trust Company (Matrix) are the custodians and recordkeepers of the Plan's assets. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees who average 20 hours a week or more are eligible to participate in the salary reduction contributions to the Plan on the first day of the pay period after an employee completes the necessary application and salary reduction agreement. There is no minimum age requirement.

Contributions

Active participants may make voluntary contributions in the form of salary reductions up to 100% of annual compensation and any applicable rollovers from other qualified plans, subject to certain limitations of the Plan and the Internal Revenue Code (IRC) under Section 403(b). Eligible participants who attain the age 50 before the end of the Plan year are eligible to make catch-up contributions, subject to certain limitations of the IRC.

Participants who have completed one year of service and worked at least 1,000 hours are eligible to receive discretionary contributions, determined annually at the discretion of IRI's Board of Directors (the Board). Employer contributions are subject to certain limitations as prescribed by the IRC. Employer contributions are non-elective and contribution amounts credited will be based on hours worked per week. Individuals who become eligible for the employer contribution during the year will receive proportionate contributions, based on the number of months eligible during the 12-month period. Discretionary contributions to the Plan were approved by the Board in the amount of \$65,830 and \$63,225, which are recorded as receivables for the year ended June 30, 2024 and 2023, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution, the employer's contribution, charged with administrative expenses and Plan earnings/losses on all contributions. Allocations of earnings/losses and administrative expenses are based on account balances, according to specific terms provided by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account balance.

Vesting

Participants are immediately vested in their account balance, which includes voluntary contributions, employer contributions and actual earnings/losses thereon.

1. DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Participants may borrow up to the lesser of a) \$50,000 reduced by the highest outstanding balance of loans during the one-year period ending on the day before the new loan is made or b) one-half of the participant's vested account. Each note receivable from a participant shall bear an interest rate of prime plus 2% and shall be repaid in a period not to exceed 5 years, except for loans issued in connection with the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest rates that range from 4.25% to 10.5%, which are commensurate with the current rates charged in similar loans by persons in the business of lending money. Participants make loan repayments directly to AXA and Matrix.

Employer Contributions Receivable and Allowance for Credit Losses

The Plan records a receivable for the employer contribution that is remitted to the Plan subsequent to the Plan's year-end. The Plan considers an expected allowance for credit losses that is updated to reflect any changes in credit risk since the receivable was initially recorded. The estimated allowance for credit losses is based on historical, current, and future conditions.

The Plan has not experienced any historical credit losses relative to contributions receivable. Current and future economic conditions are not expected to change relative to historical financial information. Therefore, management has determined that no allowance for credit losses is necessary as of June 30, 2024 and 2023.

Benefit Payments

Participants are eligible for retirement benefits upon reaching age 65. Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or distributions based on various annuity options or fixed income payments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Terminated participants also have the option of leaving their funds in their account, provided they are not required to take minimum distributions from their account according to the provisions of the IRC. Participants who have reached age 59½ may take in-service distributions.

Hardship Withdrawals

Participants may receive distributions up to 100% of their vested account balance in the form of a hardship withdrawal upon meeting financial hardship requirements outlined in the Plan document.

Administrative Expenses

Substantially all administrative expenses associated with the Plan are paid by IRI or plan participants.

Plan Termination

Although it has not expressed any intent to do so, IRI has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants would remain 100% vested in their accounts. All distributions would be made in accordance with any applicable requirements of the ERISA and the IRC.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition (Continued)

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

Risks and Uncertainties

The Plan's underlying investments are exposed to various risks, such as interest rate, market and credit risk. 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 change could materially affect the amounts reported in the accompanying financial statements.

Fair Value Measurement

Accounting Standards Codification (ASC) Section 820 defines fair value 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 and 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). Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly, are considered level 2 measurements.

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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the plan document.

Payment of Benefits

Benefit payments to participants are recorded when paid.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Recently Adopted Accounting Guidance

ASC Topic 326 Financial Instruments – Credit Losses requires certain financial assets to be measured at amortized cost net of an allowance for estimated credit losses. This standard replaced the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (“CECL”) methodology. The estimated credit loss is required to be based on historical information, current conditions, and forecasts that could impact the collectability of the amounts. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing an entity’s exposure to credit risk and the measurement of credit losses.

Effective July 1, 2023, the Plan adopted ASC 326 using the modified retrospective approach for all financial assets measured at amortized cost. The new accounting pronouncement did not have a material impact on the financial statements. Results for reporting periods beginning after July 1, 2023 are presented under CECL while prior period amounts continue to be reported and disclosed in accordance with previously applicable accounting standards.

3. CERTIFIED INVESTMENT INFORMATION

The following information was certified as accurate and complete by AXA and Matrix, the custodians, and is included in the accompanying financial statements and schedule:

	<u>2024</u>	<u>2023</u>
Investments	<u>\$ 3,669,925</u>	<u>\$ 3,134,600</u>
Notes receivable from participants	<u>\$ 45,621</u>	<u>\$ 31,159</u>
Interest on notes receivable from participants	<u>\$ 2,703</u>	<u>\$ 2,793</u>
Net appreciation (depreciation) in fair value of investments	<u>\$ 329,367</u>	<u>\$ 263,963</u>
Interest and dividends	<u>\$ 57,400</u>	<u>\$ 46,328</u>
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	Schedule I	

4. FAIR VALUE MEASUREMENTS

The following are measured at fair value on a recurring basis at June 30, 2024:

	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>	<u>Total</u>
Registered investment companies	<u>\$ 1,891,256</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 1,891,256
Pooled separate accounts				<u>1,130,510</u>
Total investments at fair value				<u>\$ 3,021,766</u>

The following are measured at fair value on a recurring basis at June 30, 2023:

	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>	<u>Total</u>
Registered investment companies	<u>\$ 1,457,535</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 1,457,535
Pooled separate accounts				<u>948,906</u>
Total investments at fair value				<u>\$ 2,406,441</u>

There were no changes to the valuation techniques during 2024 and 2023.

The measurement of the fair value of the registered investment companies are based on quoted prices of the shares held at year-end in active markets (level 1).

The pooled separate accounts are invested in open-ended mutual funds. The net asset value of the pooled separate accounts are not publicly quoted. The values of the underlying investments are used in determining the net asset value of the pooled separate account fund. Underlying mutual funds have observable quoted pricing inputs.

There are no restrictions in connection with the transfer among or withdrawal from any of the investment alternatives in the separate account.

The pooled separate accounts funds currently invest in underlying funds, which have different investment objectives, investments policies, and risks. The investment strategies of these funds will vary based on the participant's chosen risk preferences. The separate account funds do not have any unfunded commitments.

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

5. INVESTMENTS AT CONTRACT VALUE

The investment in the guaranteed interest option account of AXA Equitable Life Insurance Company (AXA) which pays interest at guaranteed rates and the value of the principal will not fluctuate. The accounts are credited with contributions as well as earnings on the underlying investments and are charged for Plan withdrawals. Earnings on the underlying investments are guaranteed by AXA to be no less than 3.00% interest rate at June 30, 2024 and 2023.

The investment in the Prudential guaranteed income fund account held by Matrix pays interest at guaranteed rates and the value of the principal does not fluctuate. The accounts are credited with contributions as well as earnings on the underlying investments and are charged for Plan withdrawals.

6. TAX STATUS

The Plan is exempt from federal and state income tax under Section 403(b) of the Code. The Plan is required to operate in conformity with the Code to maintain its tax-exempt status for Plan participants. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

7. RECONCILIATION TO FORM 5500

Total net assets available for benefits at June 30, 2024 and 2023 and the total change in net assets available for benefits for the years then ended agree between these financial statements and Form 5500.

8. PARTY IN INTEREST TRANSACTIONS

AXA and Matrix are the custodians of the Plan's assets. IRI is the Plan Sponsor. PenServ is the TPA. As such, transactions between AXA, Matrix, PenServ and IRI qualify as party-in-interest transactions. Additionally, notes receivable from participants qualify as party-in-interest transactions.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through April 11, 2025, which is the date the financial statements were available to be issued.

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3490223

PLAN NUMBER 001

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

JUNE 30, 2024

(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	(e) Current Value
<u>Pooled Separate Accounts</u>			
	Target 2045 Allocation	Pooled Separate Account	\$ 148,039
	Multimanager Aggressive Equity	Pooled Separate Account	144,450
	Target 2035 Allocation	Pooled Separate Account	139,608
*	EQ/Moderate Allocation	Pooled Separate Account	99,437
*	EQ/Lg Cap Val Managed Vol	Pooled Separate Account	83,527
*	EQ/500 Managed Vol	Pooled Separate Account	75,851
*	EQ/Equity 500 Index	Pooled Separate Account	66,984
*	EQ/Moderate-Plus Allocation	Pooled Separate Account	43,213
*	EQ/Com Stck Index	Pooled Separate Account	38,311
*	EQ/Mid Cap Val Managed Vol	Pooled Separate Account	27,879
*	EQ/Capital Group Research	Pooled Separate Account	26,146
*	EQ/Aggressive Allocation	Pooled Separate Account	23,802
*	EQ/Conserv-Plus Allocation	Pooled Separate Account	23,602
*	EQ/Mid Cap Index	Pooled Separate Account	19,080
	Multimanager Technology	Pooled Separate Account	14,029
*	EQ/Core Plus Bond	Pooled Separate Account	12,494
*	EQ/Jpmorgan Growth Stock	Pooled Separate Account	11,819
*	EQ/Glb Eqty Managed Vol	Pooled Separate Account	9,775
*	EQ/Mfs International Growth	Pooled Separate Account	9,296
*	EQ/International Equity Index	Pooled Separate Account	8,810
*	EQ/Jpmorgan Val Opportunities	Pooled Separate Account	8,736
*	Target 2025 Allocation	Pooled Separate Account	8,504
*	EQ/Fr Sm Cap Val Managed Vol	Pooled Separate Account	7,281
	Fidelity Vip Mid Cap	Pooled Separate Account	6,120
*	EQ/Small Company Index	Pooled Separate Account	5,426
	Target 2015 Allocation	Pooled Separate Account	5,020
*	EQ/Mfs Intrntnl Intrinsic Val	Pooled Separate Account	4,842
	Russell 2000 3Yr - 20% Buffer	Pooled Separate Account	4,734
*	EQ/Int Val Managed Vol	Pooled Separate Account	4,032
*	EQ/Pimco Ultra Short Bond	Pooled Separate Account	3,995
*	EQ/Core Bond Index	Pooled Separate Account	3,444
*	EQ/Conserv Allocation	Pooled Separate Account	3,377
*	EQ/Janus Enterprise	Pooled Separate Account	3,211
*	EQ/Invesco Global	Pooled Separate Account	3,160
*	EQ/Clearbridge Lg Cap Grwt Esg	Pooled Separate Account	3,117
*	EQ/Invesco Comstock	Pooled Separate Account	3,026
*	EQ/Lg Cap Grw Managed Vol	Pooled Separate Account	2,937
*	EQ/Lg Cap Core Managed Vol	Pooled Separate Account	2,802
*	EQ/Money Market	Pooled Separate Account	2,783
*	EQ/Quality Bond Plus	Pooled Separate Account	2,427
*	EQ/Int Core Managed Vol	Pooled Separate Account	2,262
*	EQ/Large Cap Value Index	Pooled Separate Account	2,252

(Continued)

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3490223

PLAN NUMBER 001

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

JUNE 30, 2024

(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	(e) Current Value
<u>Pooled Separate Accounts (Continued)</u>			
	Multimanager Core Bond	Pooled Separate Account	1,239
*	EQ/Large Cap Growth Index	Pooled Separate Account	1,055
*	EQ/Ab Small Cap Growth	Pooled Separate Account	756
*	EQ/Fidelity Institutional Am Lgc	Pooled Separate Account	702
	Invesco V.I. High Yield	Pooled Separate Account	635
*	EQ/Value Equity	Pooled Separate Account	612
	1290 Vt Gamco Small Co Val	Pooled Separate Account	587
*	EQ/American Century Mid Cap Val	Pooled Separate Account	401
	Invesco V.I. Small Cap Equity	Pooled Separate Account	355
*	EQ/International Managed Vol	Pooled Separate Account	355
	Am Fnds Insrnc Srs Bnd Of Amer	Pooled Separate Account	322
	Templeton Global Bond Vip	Pooled Separate Account	318
*	EQ/Lazard Emerging Mkts Eqty	Pooled Separate Account	309
	Russell 2000 1Yr - 10% Buffer	Pooled Separate Account	276
*	EQ/All Asset Growth Allocation	Pooled Separate Account	272
	Macquarie Vip High Inc Series	Pooled Separate Account	258
*	EQ/Goldman Sachs Mid Cap Value	Pooled Separate Account	251
*	EQ/Mfs Technology	Pooled Separate Account	250
*	EQ/Aggressive Growth Strategy	Pooled Separate Account	246
	1290 Vt High Yield Bond	Pooled Separate Account	229
*	EQ/Intermediate Government Bnd	Pooled Separate Account	194
	1290 Vt Smartbeta Equity Esg	Pooled Separate Account	190
*	EQ/Clearbridge Sel Eqy Man Vol	Pooled Separate Account	180
*	EQ/Moderate Growth Strategy	Pooled Separate Account	174
*	EQ/Invesco Global Real Assets	Pooled Separate Account	171
*	EQ/Loomis Sayles Growth	Pooled Separate Account	166
*	EQ/Mfs Utilities Series	Pooled Separate Account	106
	Pimco Vit Cmmntyrealretrn Stgy	Pooled Separate Account	85
	Mfs Mass Investors Grwth Stock	Pooled Separate Account	74
	1290 Vt Small Cap Value	Pooled Separate Account	43
	Invesco V.I. Mainst Mc Fund	Pooled Separate Account	40
*	EQ/Balanced Strategy	Pooled Separate Account	11
	1290 Vt Socially Responsible	Pooled Separate Account	8
			<u>1,130,510</u>
<u>Cash</u>		Cash	<u>7,835</u>

(Continued)

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3490223

PLAN NUMBER 001

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

JUNE 30, 2024

(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	(e) Current Value
<u>Registered Investment Companies</u>			
	Vanguard Target Retirement 2030 Fund	Registered Investment Companies	514,730
	Vanguard Target Retirement 2035 Fund	Registered Investment Companies	383,884
	Vanguard Target Retirement 2045 Fund	Registered Investment Companies	199,628
	Vanguard Target Retirement 2020 Fund	Registered Investment Companies	126,354
	Vanguard Target Retirement 2040 Fund	Registered Investment Companies	99,583
	Vanguard Target Retirement 2050 Fund	Registered Investment Companies	102,864
	Vanguard Target Retirement 2055 Fund	Registered Investment Companies	53,010
	Vanguard Target Retirement 2025 Fund	Registered Investment Companies	104,056
	Vanguard Target Retirement 2060 Fund	Registered Investment Companies	76,077
	T. Rowe Price Comm & Tech Investor	Registered Investment Companies	35,911
	Vanguard Consumer Staples Index Admiral	Registered Investment Companies	35,690
	Vanguard Total Stock Mkt Idx Adm	Registered Investment Companies	41,769
	Vanguard Health Care Adm	Registered Investment Companies	33,869
	American Funds American Balanced R6	Registered Investment Companies	16,836
	Loomis Sayles Growth N	Registered Investment Companies	11,808
	Franklin Global Equity I	Registered Investment Companies	10,706
	Vanguard Small Cap Index Adm	Registered Investment Companies	9,955
	Vanguard Real Estate Index Admiral	Registered Investment Companies	6,966
	Vanguard Inflation-Protected Secs Adm	Registered Investment Companies	11,440
	Vanguard Equity-Income Inv	Registered Investment Companies	7,271
	Vanguard Tax-Managed Balanced Adm	Registered Investment Companies	2,862
	Goldman Sachs GQG Pttrs Intl Opps Instl	Registered Investment Companies	5,980
	Metropolitan West Total Return Bd I	Registered Investment Companies	<u>7</u>
			<u>1,891,256</u>
*	AXA Equitable Life Insurance Company	Guaranteed Interest Option Account	626,640
	GIF Innovative Res Variable Annuity	Guaranteed Interest Option Account	<u>13,684</u>
			<u>640,324</u>
*	Notes receivable from participants	Participant loans, interest at 4.25-10.5%,	
		with maturity dates through June 2029	<u>45,621</u>
			<u>\$ 3,715,546</u>

* Denotes party-in-interest

The accompanying notes are an integral part of these schedules.

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN**EMPLOYER IDENTIFICATION NUMBER 13-3490223****PLAN NUMBER 001****SCHEDULE H, LINE 4a- SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED JUNE 30, 2024**

		Total that Constitutes Nonexempt Prohibited Transactions			Total Fully	
Participant Contribution Transferred Late to <u>Plan</u>		Contributions not <u>Corrected</u>	Contributions Corrected <u>Outside VFCP</u>	Contributions Pending <u>Correction in VFCP</u>	Corrected Under VFCP and <u>PTE 2002-51</u>	
2024	\$ 101,732	\$ -	\$ 101,732	\$ -	\$ -	-
2017	\$ 24,115	\$ 24,115	\$ -	\$ -	\$ -	-

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3490223

PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2024

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(Continued)

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3490223

PLAN NUMBER 001

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

JUNE 30, 2024

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			<u>1,130,510</u>
<u>Cash</u>		Cash	<u>7,835</u>

(Continued)

INNOVATIVE RESOURCES FOR INDEPENDENCE 403 (B) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3490223

PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2024

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	Vanguard Target Retirement 2045 Fund	Registered Investment Companies	199,628
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	Vanguard Target Retirement 2055 Fund	Registered Investment Companies	53,010
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	Vanguard Target Retirement 2060 Fund	Registered Investment Companies	76,077
	T. Rowe Price Comm & Tech Investor	Registered Investment Companies	35,911
	Vanguard Consumer Staples Index Admiral	Registered Investment Companies	35,690
	Vanguard Total Stock Mkt Idx Adm	Registered Investment Companies	41,769
	Vanguard Health Care Adm	Registered Investment Companies	33,869
	American Funds American Balanced R6	Registered Investment Companies	16,836
	Loomis Sayles Growth N	Registered Investment Companies	11,808
	Franklin Global Equity I	Registered Investment Companies	10,706
	Vanguard Small Cap Index Adm	Registered Investment Companies	9,955
	Vanguard Real Estate Index Admiral	Registered Investment Companies	6,966
	Vanguard Inflation-Protected Secs Adm	Registered Investment Companies	11,440
	Vanguard Equity-Income Inv	Registered Investment Companies	7,271
	Vanguard Tax-Managed Balanced Adm	Registered Investment Companies	2,862
	Goldman Sachs GQG Ptnrs Intl Opps Instl	Registered Investment Companies	5,980
	Metropolitan West Total Return Bd I	Registered Investment Companies	<u>7</u>
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	GIF Innovative Res Variable Annuity	Guaranteed Interest Option Account	<u>13,684</u>
			640,324
*	Notes receivable from participants	Participant loans, interest at 4.25-10.5%, with maturity dates through June 2029	<u>45,621</u>
			<u>\$ 3,715,546</u>

* Denotes party-in-interest

The accompanying notes are an integral part of these schedules.