

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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) _____

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

<p>1a Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HIAS, INC.</u></p> <p><u>1300 SPRING STREET</u> <u>SUITE 500</u> <u>SILVER SPRING, MD 20910</u></p>	<p>1c Effective date of plan <u>01/01/1956</u></p> <p>2b Employer Identification Number (EIN) <u>13-5633307</u></p> <p>2c Plan Sponsor's telephone number <u>301-844-7300</u></p> <p>2d Business code (see instructions) <u>624200</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	ALEX MERO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	134
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)	6
	6a(2)	6
	6b	40
	6c	78
	6d	124
	6e	5
	6f	129
	6g(1)	
6g(2)		
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:
1A 1I 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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HIAS, INC.</u>	D Employer Identification Number (EIN) <u>13-5633307</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>10992231</u>
	b Actuarial value	2b	<u>11107385</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>46</u>	<u>5789384</u>
	b For terminated vested participants	<u>82</u>	<u>5837420</u>
	c For active participants	<u>6</u>	<u>905174</u>
	d Total	<u>134</u>	<u>12531978</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>153000</u>
	c Target normal cost	6c	<u>153000</u>

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

SIGN HERE			
	Signature of actuary	<u>10/06/2025</u>	Date
	<u>VICTORIA C. PELLETIERE</u>	<u>23-05405</u>	Most recent enrollment number
	<u>FIRST AMERICAN BANK</u>	<u>847-392-2999</u>	Telephone number (including area code)
	<u>700 BUSSE ROAD ELK GROVE VILLAGE, IL 60007</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	97592
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	97592
10	Interest on line 9 using prior year's actual return of <u>11.20</u> %	0	10930
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	108522

Part III Funding Percentages			
14	Funding target attainment percentage	14	87.76 %
15	Adjusted funding target attainment percentage	15	87.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.09 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
07/03/2024	68000	0					
08/13/2024	68000	0					
11/05/2024	68000	0					
01/31/2025	68000	0					
07/10/2025	42811	0					
			Totals ▶	18(b)	314811	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	300360

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 153000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1533115		147001	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 300001
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 300001
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 300360
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 359
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HIAS, INC.	D Employer Identification Number (EIN) 13-5633307	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

DISCIPLINA GROUP LLC

46-1841109

(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?
19 27 28	CUSTODIAN ADVISOR	34389	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIRST AMERICAN BANK

36-1078850

(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?
11	ACTUARIAL	30407	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HIAS, INC.	D Employer Identification Number (EIN) 13-5633307

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	162084	112335
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5527	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	85495	167190
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6803662	6733516
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3999698	4373709

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	11056466	11386750
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	51095	52638
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	51095	52638
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11005371	11334112

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)	373713	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		373713
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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	346225	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		346225
(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)		
(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)		869074
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1589012

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1035796	
(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)		1035796
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	34389	
(6) Bank or trust company trustee/custodial fees	2i(6)	3453	
(7) Actuarial fees	2i(7)	30407	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	156226	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		224475
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1260271

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		328741
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: GRF CPAS & ADVISORS

(2) EIN: 52-1392008

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 553613.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HIAS, INC.</u>	D Employer Identification Number (EIN) <u>13-5633307</u>	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 33-6134835

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	3
--	---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705234A.

FINANCIAL STATEMENTS

**RETIREMENT PLAN FOR THE
EMPLOYEES OF HIAS, INC.**

**FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023**

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

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CPAs & ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Retirement Plan for the Employees of HIAS, Inc.
Silver Spring, Maryland

Opinion on the Financial Statements

We have audited the accompanying financial statements of the Retirement Plan for the Employees of HIAS, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated Plan benefits as of December 31, 2024 and 2023, and the related statements of change in net assets available for benefits and of change in accumulated Plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and accumulated Plan benefits of the Plan as of December 31, 2024 and 2023, and the change in its net assets available for benefits and change in its accumulated Plan benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, 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.

4550 MONTGOMERY AVENUE · SUITE 800 NORTH · BETHESDA, MARYLAND 20814
(301) 951-9090 · WWW.GRFCPA.COM

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the 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.

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 audits.

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) on page 17 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Gelman Rosenberg & Freedman

September 29, 2025

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
INVESTMENTS		
Cash and cash equivalents, at fair value	\$ 167,190	\$ 85,495
Registered investment companies, at fair value	6,733,516	6,803,662
Limited partnerships, at net asset value	<u>4,373,709</u>	<u>3,999,698</u>
Total investments	<u>11,274,415</u>	<u>10,888,855</u>
RECEIVABLES		
Employer contributions receivable	<u>112,335</u>	<u>162,084</u>
OTHER ASSETS		
Prepaid distribution	<u>-</u>	<u>5,527</u>
Total assets	<u>11,386,750</u>	<u>11,056,466</u>
LIABILITIES		
Accrued expenses	<u>52,638</u>	<u>51,095</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 11,334,112</u>	<u>\$ 11,005,371</u>

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

STATEMENT OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024**ADDITIONS**

Investment income:	
Net appreciation in fair value of investments	\$ 869,074
Interest and dividends	<u>346,225</u>
Total investment income	<u>1,215,299</u>
Contributions:	
Employer contributions	<u>373,713</u>
Total additions	<u>1,589,012</u>

DEDUCTIONS

Benefits paid to participants or their beneficiaries	1,035,796
Administrative expenses	<u>224,475</u>
Total deductions	<u>1,260,271</u>
Increase in net assets available for benefits	328,741
Net assets available for benefits, beginning of year	<u>11,005,371</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 11,334,112</u>

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

STATEMENTS OF ACCUMULATED PLAN BENEFITS
AS OF DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants receiving benefits	\$ 4,866,973	\$ 5,418,730
Active vested participants	908,825	829,859
Deferred vested participants	<u>5,553,016</u>	<u>5,371,444</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 11,328,814</u>	<u>\$ 11,620,033</u>

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.
STATEMENT OF CHANGE IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
AT BEGINNING OF YEAR	\$ <u>11,620,033</u>
(Decrease) increase during the year attributable to:	
Assumption changes	(212,754)
Reduction in discount period	957,331
Benefits paid	<u>(1,035,796)</u>
Change in actuarial present value of accumulated Plan benefits	<u>(291,219)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
AT END OF YEAR	\$ <u>11,328,814</u>

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following description of the Retirement Plan for the Employees of HIAS, Inc. (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General -

On January 1, 1956, HIAS, Inc. (the Plan Sponsor) established a program to provide retirement income for its employees and their beneficiaries. Effective January 1, 1997, the Plan ceased mandatory employee contributions as a condition of participation and continues as a non-contributory defined benefit plan and is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective February 15, 2012, further entry into the Plan by new participants ceased. Accrued benefits for each participant in the Plan were frozen as of February 15, 2012. The Plan document was last amended and restated effective January 1, 2020, to adopt the new custodian's volume submitter Plan document. There were no significant changes to Plan provisions as a result.

The Plan's custodian is Charles Schwab & Co., Inc. Additionally, the Plan purchased alternative investments starting in 2021, which are held under the respective limited partnerships, which are also the custodians. The first amendment to the restatement was adopted on February 2, 2022, to change the individual trustees named in the Plan.

Funding policy -

The Plan Sponsor's funding policy is to make annual contributions to the Plan such that all employees' benefits will be fully provided for by the time they retire. The Plan Sponsor contributes an amount based on an actuarially determined funding requirement. For the year ended December 31, 2024, the Plan Sponsor made contributions of \$373,713. The Plan Sponsor met or exceeded the minimum funding requirements of ERISA as of December 31, 2024.

Pension benefits -

The pension benefits are designed to begin on the first day of the month following a participant's normal retirement date (generally age 65), and to be paid until death in the total amount of 2% of average compensation, multiplied by full and fractional years of credited service, not to exceed 20 years, plus 1% of five consecutive years' highest average compensation, multiplied by full and fractional years of credited service in excess of 20 years but not to exceed 40 years.

The Plan provides for early retirement benefits up to 10 years prior to normal retirement date for participants who have completed 10 years of vesting service. In addition, the Plan provides death and disability benefits to eligible participants.

The normal form of payment is a straight life annuity. However, other optional forms of payment are available, including Joint and Survivor annuity options, a 120-month certain and continuous option, a life only option, and a lump-sum cash-out option on the basis of the participant's actual age as of the annuity start date.

Vesting -

Participants in the Plan are 100% vested and entitled to receive benefits under the Plan after five years of service or upon reaching normal retirement date.

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting -

The accompanying financial statements are prepared on the accrual basis of accounting and in accordance with FASB ASC 960, *Plan Accounting - Defined Benefit Pension Plans*.

Valuation of investments -

Investments in registered investment companies are carried at their fair value. These fair values are based on quoted market prices or redemption values on the last business day of the Plan year.

The Limited Partnerships account for the Plan's share of the total portfolio on a unit basis and report at net asset value (NAV).

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. Realized gains and losses are recognized upon the sale of investments. Net appreciation includes gains on investments bought and sold, as well as held during the year.

Use of estimates -

The preparation of the 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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Benefit payments -

Benefits are recorded when paid. Prepaid distributions represent benefits pertaining to the subsequent year that were paid before year-end.

Administrative expenses -

Unless paid by the Plan Sponsor, administrative expenses of the Plan are paid by the Plan, as provided in the Plan document.

3. INCOME TAX STATUS

The Plan utilizes a volume submitter defined benefit Plan document. The IRS has determined via an opinion letter dated March 30, 2018, that the Plan is designated in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since the date of the latest opinion letter.

Management believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

3. INCOME TAX STATUS (Continued)

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average compensation during their highest paid three years of credited service. Benefits payable under all circumstances, including retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, First American Bank, and is the amount resulting from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as for death, disability, withdrawals or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation were as follows as of December 31, 2024:

<u>Assumptions for the Year Ended:</u>	<u>December 31, 2024</u>
Mortality Table for Normal Annuity	PRI-12 base annuitant and non-annuitant tables with projected mortality improvement using Scale MP-2021
Mortality Table for Lump Sum	2025 Applicable Mortality
Retirement Age	Age 65; Early retirement at Age 55 after completion of 10 years of service
Long-term Rate of Return	6.85%
Lump Sum Segment Rates	4.66%, 5.25%, 5.57%
Probability of Distribution	Normal form - 40%; Lump sum - 60%

The significant actuarial assumptions used in the valuation were as follows as of December 31, 2023:

<u>Assumptions for the Year Ended:</u>	<u>December 31, 2023</u>
Mortality Table for Normal Annuity	PRI-12 base annuitant and non-annuitant tables with projected mortality improvement using Scale MP-2021
Mortality Table for Lump Sum	2024 Applicable Mortality
Retirement Age	Age 65; Early retirement at Age 55 after completion of 10 years of service
Long-term Rate of Return	5.90%
Lump Sum Segment Rates	5.50%, 5.76%, 5.83%
Probability of Distribution	Normal form - 40%; Lump sum - 60%

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

5. CHANGES IN ACTUARIAL ASSUMPTIONS AND METHODS

During the year ended December 31, 2024, for ASC 960 purposes, there were no changes in assumptions and methods other than those mandated to remain in compliance with IRS standards (specifically, the interest discounting rates and mortality table).

6. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. If the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in order indicated:

- i. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination;
- ii. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. Government agency, up to the applicable limitations as discussed below;
- iii. All other vested benefits (vested benefits not insured by the PBGC); and
- iv. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, except those benefit improvements recently granted which are guaranteed on a phase-in basis.

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

7. PLAN TERMINATION (Continued)

However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants, or for those who elect to receive their benefits in a form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the level of benefits guaranteed by the PBGC.

8. PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provided services to the Plan, an employer whose employees were covered by the Plan, an employee organization whose members were covered by the Plan, a person who owned 50% or more of such an employer or employee Organization, or relatives of such persons. The Plan pays certain expenses related to Plan operations and investment activity to various service providers that qualify as party-in-interest transactions.

Charles Schwab & Co., Inc. and the various limited partnerships serve as custodians of the Plan. These transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA. Charles Schwab held interest-bearing cash of the Plan as of December 31, 2024 and 2023. These transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA.

Actuarial services provided by First American Bank qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA.

9. FAIR VALUE MEASUREMENT

In accordance with FASB ASC 820, *Fair Value Measurement*, the Plan has categorized its financial instruments, based on the priority of the inputs to the valuation technique, into a three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument.

Investments recorded in the Statements of Net Assets Available for Benefits are categorized based on the inputs to valuation techniques as follows:

Level 1. These are investments where values are based on unadjusted quoted prices for identical assets in an active market the Plan has the ability to access.

Level 2. These are investments where values are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, or model-based valuation techniques that utilize inputs that are observable either directly or indirectly for substantially the full-term of the investments.

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

9. FAIR VALUE MEASUREMENT (Continued)

Level 3. These are investments where inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodology used for investments measured at fair value.

- *Cash and Cash Equivalents* - Valued based on the net asset value of shares held by the Plan at year-end based upon quoted prices of the fund in active markets and are classified within Level 1 of the fair value hierarchy.
- *Registered Investment Companies (Mutual Funds and Exchange-Traded Funds)* - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily value and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded.
- *Limited Partnerships* - Limited partnerships consist of investments in funds of funds based on their underlying investments. The fair value of such investments is determined using the net asset value (NAV) per share as a practical expedient to estimate the fair value. As of December 31, 2024, the Plan had no plans to sell investments at amounts different from NAV.

The fair value of investments within the scope of FASB issued Accounting Standards Update (ASU) 2009-12, *Investment in Certain Entities that Calculate Net Asset Value per Share*, can be determined using net asset value (NAV) per share as a practical expedient when the fair value is not readily determinable, unless its probable that the investment will be sold at something other than NAV. The ASU requires disclosure of certain attributes by major category for investments within the scope of the ASU, regardless of whether the practical expedient was used. The Plan Administrator has determined that the Limited Partnerships can be measured at NAV using the practical expedient.

Certain investments that are measured at net asset value have not been categorized in the fair value hierarchy; however, the net asset value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The table below summarizes, by level within the fair value hierarchy, the Plan's investments as of December 31, 2024:

Asset Class:	Level 1	Level 2	Level 3	Investments Measured at NAV	Investments Measured at Contract Value	Total
Cash and cash equivalents, at fair value	\$ 167,190	\$ -	\$ -	\$ -	\$ -	\$ 167,190
Registered investment companies, at fair value	6,733,516	-	-	-	-	6,733,516
Limited partnerships, at net asset value	-	-	-	<u>4,373,709</u>	-	<u>4,373,709</u>
TOTAL INVESTMENTS	<u>\$ 6,900,706</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,373,709</u>	<u>\$ -</u>	<u>\$ 11,274,415</u>

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

9. FAIR VALUE MEASUREMENT (Continued)

The table below summarizes, by level within the fair value hierarchy, the Plan's investments as of December 31, 2023:

Asset Class:	Level 1	Level 2	Level 3	Investments Measured at NAV	Investments Measured at Contract Value	Total
	Cash and cash equivalents, at fair value	\$ 85,495	\$ -	\$ -	\$ -	\$ -
Registered investment companies, at fair value	6,803,662	-	-	-	-	6,803,662
Limited partnerships, at net asset value	-	-	-	3,999,698	-	3,999,698
TOTAL INVESTMENTS	\$ 6,889,157	\$ -	\$ -	\$ 3,999,698	\$ -	\$ 10,888,855

The following is a summary of the investments valued using NAV as a practical expedient and the related unfunded commitments and redemption restrictions associated with each major category at December 31, 2024 and 2023:

	Type	2024 Net Asset Value	2023 Net Asset Value	Unfunded Commitments	Redemption Frequency	Full Redemption Notice Period
Metropolitan Partners Fund VII, LP (a)	Limited Partnership	\$ 1,131,877	\$ 1,068,463	None	Daily	N/A
Clayton, Dubilier & Rice Funds (b)	Limited Partnership	926,848	838,703	\$ 520,752	Daily	N/A
Taconic Offshore Fund 1.5 Ltd (c)	Limited Partnership	399,992	374,067	None	Full liquidity annually or partial liquidity up to 25% quarterly with no lock-up period	60 Days
MacKay Municipal Capital Trading Fund LP Class C2 (d)	Limited Partnership	340,838	312,496	None	Monthly investments with allowance for quarterly withdrawals, subject to 25% gate, if withdrawals exceed 25% of the Master Fund during a calendar quarter	65 Days
NB Insurance Linked Strategies Fund LP (e)	Limited Partnership	253,606	228,741	None	Partial liquidity available on a quarterly basis with full liquidity available annually. 1-year lock up period.	90 Days
New 2nd Capital Funds (f)	Limited Partnership	1,320,548	1,177,228	\$ 91,092	Daily	N/A
TOTAL		\$ 4,373,709	\$ 3,999,698			

(a) Metropolitan Partners Fund VII, LP's targets 20-25 active investments in the fund at any one time during the investment period, with total attribution from 35-40 positions during the life of the fund.

(b) Clayton, Dubilier & Rice Funds seek significant, long-term capital appreciation through control-oriented investments in equity, equity-related and other securities and obligations of businesses operating in North America and Western Europe.

(c) Taconic Offshore Fund 1.5 Ltd. is a multi-strategy event driven fund designed to generate absolute returns with limited correlation to equity and fixed income markets.

(d) MacKay Municipal Capital Trading Fund LP Class C2 invest primarily in municipal bond markets seeking returns through capital appreciation, income, relative value, event-driven and distressed opportunities.

(e) NB Insurance Linked Strategies Fund LP invest primarily in Industry Loss Warranties seeking absolute returns associated with differences associated with policy premiums and weather-related peril risk.

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

9. FAIR VALUE MEASUREMENT (Continued)

(f) New 2nd Capital Funds is a private market fund focused on secondary strategies through direct acquisition of original investments within LP Fund Structures.

10. SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 29, 2025, the date the financial statements were issued.

SUPPLEMENTAL INFORMATION

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 53-0240474

Plan Number: 001

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Cash and Cash Equivalents:</u>				
*	M&T Bank	Cash	\$ 59,683	\$ 59,683
*	Charles Schwab & Co.	Bank Sweep Account	107,507	107,507
<u>Limited Partnerships:</u>				
*	Taconic Offshore Fund 1.5 Ltd.	Limited Partnership Shares	275,000	399,992
*	Mackay Municipal Capital Trading Fund LP Class C2	Limited Partnership Shares	250,000	340,838
*	NB Insurance Linked Strategies Fund LP	Limited Partnership Shares	150,000	253,606
*	Metropolitan Partners Fund VII, LP	Limited Partnership Shares	1,000,000	1,131,877
*	Clayton, Dubilier & Rice Funds	Limited Partnership Shares	851,436	926,848
*	New 2nd Capital Funds	Limited Partnership Shares	956,923	1,320,548
<u>Registered Investment Companies:</u>				
	Avantis	Avantis Emerging Markets Equity ETF	29,099	33,530
	Avantis	Avantis International Equity ETF	73,652	84,093
	Avantis	Avantis U.S. Equity ETF	163,075	229,056
	Brown	Capital Management International Fund	173,000	166,755
	Cohen & Steers	Institutional Realty Shares	243,794	258,346
	First Trust	First Trust North American Energy ETF	145,297	233,321
	iShares	iShares Core US Aggregate Bond ETF	2,186,867	1,998,563
	iShares	iShares 20 Plus Year Treasury Bond ETF	527,908	339,277
	Vanguard	Vanguard Real Estate ETF	117,260	131,838
	ABR Dynamic Funds	Abr 75/25 Volatility Fun	69,332	66,164
	Artisan	Sustainable Emerging Markets Investment	163,044	132,767
	Easterly	Global Real Estate		
	Parametric	Commodity Strategy Fund	190,580	211,718
	Vanguard	Developed Markets Index Admiral Fund	408,034	446,941
	Vanguard	Emerging Markets Index Admiral Fund	68,633	72,058
	Vanguard	Institutional Index Fund	1,103,490	1,666,080
	Victory	Market Neutral Income Fund	138,774	138,581
	Victory	RS Global Yield Fund	356,556	524,428
			<u>\$ 9,808,944</u>	<u>\$ 11,274,415</u>

* Denotes party-in-interest

Retirement Plan for the Employees of HIAS, Inc.

Schedule of Active Participant Data

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	1	0	0	0	0	0	0	1
55-59	0	0	0	0	0	0	1	1	0	0	2
60-64	0	0	0	0	1	0	0	1	0	0	2
65-69	0	0	0	0	0	1	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	1	1	1	1	2	0	0	6

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 60.3

Average Service: 24

Retirement Plan for the Employees of HIAS, Inc.

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

	For Funding		For 417(e)	For Actuarial Equiv.
	Min	Max		
Interest Rates	Seg 1: 4.75%	3.62%	Seg 1: 5.50%	Pre-Retirement: 8.00%
	Seg 2: 4.87%	4.46%	Seg 2: 5.76%	Post-Retirement: 8.00%
	Seg 3: 5.59%	4.52%	Seg 3: 5.83%	
Applicable Date	09/2023	09/2023	11/2023	
Pre-Retirement				
Turnover	None		None	None
Mortality	Male-Pri-2012 Base Table Non-Annuitant Male Final Regs 10/20/2023 Female-Pri-2012 Base Table Annuitant Female Final Regs 10/20/2023		2024 Applicable Mortality Table from Notice 2023-73	UP-84 UNADJUSTED
Generational Scale	Male-2024 Adjusted Scale MP-2021 Rates Final Regs 10/20/2023 - Male Female-2024 Adjusted Scale MP-2021 Rates Final Regs 10/20/2023 - Female		None	None
Assumed Ret Age	Normal retirement age 65		Normal retirement age 65	Normal retirement age 65
Pln-reltd expenses	\$153,000.00			
Early Ret Rates	Percentage of remaining lives that retire early at the indicated number of years before NRA			
	<u>Yrs to Retire</u>	<u>Pct Retire</u>		
	1	15.00%		
	2	15.00%		
	3	15.00%		

Retirement Plan for the Employees of HIAS, Inc.

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

Post-Retirement

Mortality	Male-Pri-2012 Base Table Annuitant Male Final Regs 10/20/2023 Female-Pri-2012 Base Table Annuitant Female Final Regs 10/20/2023	2024 Applicable Mortality Table from Notice 2023-73	UP-84 UNADJUSTED
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Generational Scale	Male-2024 Adjusted Scale MP-2021 Rates Final Regs 10/20/2023 - Male Female-2024 Adjusted Scale MP-2021 Rates Final Regs 10/20/2023 - Female	None	None
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Assumed Benefit Form For Funding	Normal Form
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Assumed Spouse's Age	Wives assumed to be 3 years younger than husbands Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known	Wives assumed to be 3 years younger than husbands Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
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Calculated Effective Interest Rate	5.11%
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Actuarial Cost Method	The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.
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An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 101.0% of the market value of assets.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HIAS, Inc.	D Employer Identification Number (EIN) 13-5633307	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I	Basic Information		
1	Enter the valuation date:	Month <u>01</u>	Day <u>01</u> Year <u>2024</u>
2	Assets:		
	a Market value	2a	10,992,231
	b Actuarial value	2b	11,107,385
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	46	5,789,384
	b For terminated vested participants	82	5,837,420
	c For active participants	6	905,174
	d Total	134	12,531,978
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.11%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	153,000
	c Target normal cost	6c	153,000

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

SIGN HERE	Victoria C. Pelletiere	10/06/2025
	Signature of actuary	Date
	Victoria C. Pelletiere	2305405
	Type or print name of actuary	Most recent enrollment number
	First American Bank	847-392-2999
	Firm name	Telephone number (including area code)
	700 Busse Road	
	Elk Grove Village IL 60007	
	Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 153,000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1,533,115		147,001	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 300,001
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 300,001
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 300,360
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 359
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Retirement Plan for the Employees of HIAS, Inc.

Weighted Average Retirement Age

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

Assumed Retirement Age - The percentage of remaining lives that retire early at the indicated number of years before NRA:

<u>Yrs to Retire</u>	<u>Pct Retire</u>
1	15.00%
2	15.00%
3	15.00%

Weighted average retirement age 65

Retirement Plan for the Employees of HIAS, Inc.**Discounted Employer Contributions**

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

Quarterly Installment Payment: \$67,500.23

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
07-03-2024	67,500.23	2024	10.11%	07-03-2024 to 04-15-2024	
			5.11%	04-15-2024 to 01-01-2024	65,158.67
	499.77	2024	5.11%	07-03-2024 to 01-01-2024	487.34
08-13-2024	67,000.46	2024	10.11%	08-13-2024 to 07-15-2024	
			5.11%	07-15-2024 to 01-01-2024	64,741.17
	999.54	2024	5.11%	08-13-2024 to 01-01-2024	969.34
11-06-2024	66,500.69	2024	10.11%	11-06-2024 to 10-15-2024	
			5.11%	10-15-2024 to 01-01-2024	63,577.71
	1,499.31	2024	5.11%	11-06-2024 to 01-01-2024	1,437.35
01-31-2025	66,000.92	2024	10.11%	01-31-2025 to 01-15-2025	
			5.11%	01-15-2025 to 01-01-2024	62,415.49
	1,999.08	2024	5.11%	01-31-2025 to 01-01-2024	1,894.26
07-10-2025	42,811.00	2024	5.11%	07-10-2025 to 01-01-2024	39,679.45
Totals:	314,811.00				300,360.78

- 19** Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year
- | | | | |
|----------|---|------------|------------|
| a | Contributions allocated toward unpaid minimum required contribution from prior years | 19a | 0.00 |
| b | Contributions made to avoid benefit restrictions adjusted to valuation date | 19b | 0.00 |
| c | Contributions allocated toward minimum required contribution for current year, adjusted to valuation date | 19c | 300,360.78 |

Retirement Plan for the Employees of HIAS, Inc.

Summary of Plan Provisions

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

Plan Effective Date	January 1, 1956
Plan Year	From January 1, 2024 to December 31, 2024
Eligibility	<p>All employees not excluded by class are eligible to enter on the beginning of the month coincident with or following the completion of the following requirements:</p> <p>1 year of service Minimum age 21</p>
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on attainment of age 65
Normal Retirement Benefit	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p>2% of Average Compensation for the first 20 years of Credit Service, plus 1% of Average Compensation for years of Credit Service beyond 20 years up to a total of 40 years. Benefits were frozen as of February 15, 2012.</p> <p>The maximum monthly benefit is the lesser of \$22,916.66 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>The benefit is based on average salary during the highest 5 consecutive years of service from date of hire.</p>
Early Retirement Age	<p>Attainment of age 55 Completion of 10 plan years of service</p>
Early Retirement Benefit	1/15th, 1/30th
Normal Form of Benefit	A benefit payable for the life of the participant
Optional Forms of Benefit	<p>The following forms of benefit payment are also available:</p> <p>Life Only - Payable for the life of the participant.</p> <p>Life With 10 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 10 full years, payments will continue to his/her surviving beneficiary for the remainder of the 10-year period and then stop.</p> <p>Joint and 100% Survivor - Payable for the life of the participant and his/her beneficiary. Payments cease on the death of both.</p> <p>Joint and 75% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 75% of the benefit will continue for the life of the beneficiary.</p> <p>Joint and 66.67% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 66.67% of the benefit will continue for the life of the</p>

Retirement Plan for the Employees of HIAS, Inc.

Summary of Plan Provisions

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

beneficiary.

Joint and 50% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.

Single Lump Sum - This is a one-time payment of the lump sum equivalent of the plan's normal form of benefit.

Accrued Benefit

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years after February 15, 2012

Years with less than 1,000 hours

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	0
4	0
5	100

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Survivor portion of a qualified joint and 50% survivor annuity payable to the surviving spouse.

Disability

Equal to accrued benefit payable immediately

RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 53-0240474

Plan Number: 001

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Cash and Cash Equivalents:</u>				
*	M&T Bank	Cash	\$ 59,683	\$ 59,683
*	Charles Schwab & Co.	Bank Sweep Account	107,507	107,507
<u>Limited Partnerships:</u>				
*	Taconic Offshore Fund 1.5 Ltd.	Limited Partnership Shares	275,000	399,992
*	Mackay Municipal Capital Trading Fund LP Class C2	Limited Partnership Shares	250,000	340,838
*	NB Insurance Linked Strategies Fund LP	Limited Partnership Shares	150,000	253,606
*	Metropolitan Partners Fund VII, LP	Limited Partnership Shares	1,000,000	1,131,877
*	Clayton, Dubilier & Rice Funds	Limited Partnership Shares	851,436	926,848
*	New 2nd Capital Funds	Limited Partnership Shares	956,923	1,320,548
<u>Registered Investment Companies:</u>				
	Avantis	Avantis Emerging Markets Equity ETF	29,099	33,530
	Avantis	Avantis International Equity ETF	73,652	84,093
	Avantis	Avantis U.S. Equity ETF	163,075	229,056
	Brown	Capital Management International Fund	173,000	166,755
	Cohen & Steers	Institutional Realty Shares	243,794	258,346
	First Trust	First Trust North American Energy ETF	145,297	233,321
	iShares	iShares Core US Aggregate Bond ETF	2,186,867	1,998,563
	iShares	iShares 20 Plus Year Treasury Bond ETF	527,908	339,277
	Vanguard	Vanguard Real Estate ETF	117,260	131,838
	ABR Dynamic Funds	Abr 75/25 Volatility Fun	69,332	66,164
	Artisan	Sustainable Emerging Markets Investment	163,044	132,767
	Easterly	Global Real Estate		
	Parametric	Commodity Strategy Fund	190,580	211,718
	Vanguard	Developed Markets Index Admiral Fund	408,034	446,941
	Vanguard	Emerging Markets Index Admiral Fund	68,633	72,058
	Vanguard	Institutional Index Fund	1,103,490	1,666,080
	Victory	Market Neutral Income Fund	138,774	138,581
	Victory	RS Global Yield Fund	356,556	524,428
			<u>\$ 9,808,944</u>	<u>\$ 11,274,415</u>

* Denotes party-in-interest

Retirement Plan for the Employees of HIAS, Inc.

Shortfall Amortization
 Plan Year: 1/1/2024 to 12/31/2024
 Valuation Date: 1/1/2024

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a fifteen year period.

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2022	15-year	13	\$35,138	\$349,221
01/01/2023	15-year	14	\$88,791	\$930,306
01/01/2024	15-year	15	<u>\$23,072</u>	<u>\$253,588</u>
Total			\$147,001	\$1,533,115

Shortfall Amortization Charge (sum of installments, no less than zero): \$147,001