

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 09/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan) THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.
2b Employer Identification Number (EIN) 23-1955577
2c Plan Sponsor's telephone number 570-288-9386
2d Business code (see instructions) 813000

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

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	147
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)	117
	6a(2)	106
	6b	0
	6c	25
	6d	131
	6e	0
	6f	131
	6g(1)	135
6g(2)	129	
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:
2A 2E 2F 2H 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</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 checked="" 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

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

<p>A Name of plan THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.</p>	<p>D Employer Identification Number (EIN) 23-1955577</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	724765	159	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	9

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
N.A. FALCONE & ASSOCIATES, INC. **711 NORTH YORK ROAD, SUITE 200**
WILLOW GROVE, PA 19020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	4952
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 0
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 0
d	Total of balance and additions (add lines 7b and 7c(6))	7d 0
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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.
--	--	---

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

A Name of plan THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.	D Employer Identification Number (EIN) 23-1955577	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERRILL LYNCH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	18179	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	152	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRINCIPAL LIFE INSURANCE COMAPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	2137	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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>THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>23-1955577</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S & P 500 INDEX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3830</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S & P 600 INDEX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1122</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL STABLE VALUE Z FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>93-6274328-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4323</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.	D Employer Identification Number (EIN) 23-1955577

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	161887	115470
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	1148
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	56887	53203
(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)	419855	426154
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	886065	1114991
(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)	84535	104431
(9) Value of interest in common/collective trusts	1c(9)	5067	4323
(10) Value of interest in pooled separate accounts	1c(10)	21956	4952
(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)	105098	155338
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3911	4799

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	1745261	1984809
Liabilities			
g Benefit claims payable.....	1g	0	3629
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	750
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	4379
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1745261	1980430

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)	215470	
(B) Participants.....	2a(1)(B)	60446	
(C) Others (including rollovers).....	2a(1)(C)	25458	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		301374
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)	6053	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6053
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	35769	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3627	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		39396
(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)		119
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3265
(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)		12631
c Other income	2c		103313
d Total income. Add all income amounts in column (b) and enter total	2d		466151

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	205712	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		205712
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)	4327	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	19944	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	999	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		25270
j Total expenses. Add all expense amounts in column (b) and enter total	2j		230982

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		235169
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: **KRONICK KALADA BERDY & CO.**

(2) EIN: **23-2667890**

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		200000
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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <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>THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>23-1955577</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): 23-2653846 42-0127290

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702808A.

**INSTITUTE FOR HUMAN RESOURCES
AND SERVICES, INC. RETIREMENT PLAN**

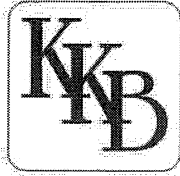
**YEAR ENDED DECEMBER 31, 2024
(WITH COMPARATIVE INFORMATION
AT DECEMBER 31, 2023)**

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

**YEAR ENDED DECEMBER 31, 2024
(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2023)**

Contents

	Page
Independent auditors' report	1 – 3
Financial statements:	
Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
Notes to financial statements	6 – 12
Supplemental schedules:	
Schedule H, line 4i - Schedule of assets (held at end of year)	13 – 21
Schedule H, line 4j – Schedule of reportable transactions	22



**Kronick
Kalada
Berdy & Co.**
A Professional Corporation

Certified Public Accountants

Officers/Shareholders

Kevin R. Foley, CPA
Mario Ercolani, CPA
Anthony R. Caravaggio, CPA
Ronald H. Ulitchney, CPA
Louis E. Marcin, CPA
Jason C. Williams, CPA
Francis K. Eick, CPA
Allan Karaffa, CPA
Sharon M. Kelley, CPA/CFE
Kerry A. Marcin, CPA
Jeffrey L. McGovern, CPA

Independent Auditors' Report

To the Board of Trustees, Plan Administrator, and Participants of the
Institute for Human Resources and Services, Inc. Retirement Plan
Kingston, Pennsylvania

Donald M. Kronick, CPA
William R. Lazor, CPA/PFS, CFE
William Fromel, CPA
Deborah A. Eastwood, CPA

Opinion

We have audited the financial statements of the Institute for Human Resources and Services, Inc. Retirement 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 as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Institute for Human Resources and Services, Inc. Retirement Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Institute for Human Resources and Services, Inc. Retirement 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 Institute for Human Resources and Services, Inc. Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Institute for Human Resources and Services, Inc. Retirement 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 Institute for Human Resources and Services, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, line 4i - Schedule of assets (held at end of year) and Schedule H, line 4j - Schedule of reportable transactions, as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required

part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are 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 schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Kronuck Kalada Berdy & Co
Kingston, Pennsylvania
September 24, 2025

**INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.
RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value	\$ 1,763,760	\$ 1,498,839
Receivables:		
Employer contributions	115,470	161,887
Notes receivable from participants	104,431	84,535
Other	1,148	
Total receivables	<u>221,049</u>	<u>246,422</u>
Total assets	1,984,809	1,745,261
Liabilities	<u>4,379</u>	
Net assets available for benefits	<u>\$ 1,980,430</u>	<u>\$ 1,745,261</u>

See notes to financial statements

**INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.
RETIREMENT PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2024

Additions to net assets attributable to:	
Investment income:	
Interest and dividends	\$ 39,396
Net appreciation in fair value of investments	119,328
Total investment income	<u>158,724</u>
Interest income from notes receivable from participants	<u>6,053</u>
Contributions:	
Participants	60,446
Employer	215,470
Rollover	25,458
Total contributions	<u>301,374</u>
Total additions	<u>466,151</u>
Deductions from net assets attributed to:	
Benefits paid to participants	205,712
Administrative expenses	25,270
Total deductions	<u>230,982</u>
Net increase in net assets available for benefits	235,169
Net assets available for benefits, beginning of year	<u>1,745,261</u>
Net assets available for benefits, end of year	<u>\$ 1,980,430</u>

See notes to financial statements

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**YEAR ENDED DECEMBER 31, 2024
(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2023)**

NOTE 1 Description of Plan

The following description of the Institute for Human Resources and Services, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a 401(k) profit-sharing plan covering substantially all employees of the Institute for Human Resources and Services, Inc. (the "Company") who are at least 18 years of age, have completed 1,000 hours of service over eleven consecutive months from date of employment, except for union employees whose employment is governed by a collective bargaining agreement under which retirement benefits were subject to good faith bargaining, unless the collective bargaining agreement requires the employee to be included within the Plan, certain nonresident aliens, and leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

Participants may make deferral contributions from their compensation up to the IRS limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan permits discretionary employer profit-sharing contributions and employer safe harbor contributions based on 3% of the participants' compensation as defined in the Plan. All employees are automatically enrolled in the Plan and receive these employer contributions once they meet the eligibility requirements discussed above. The employer contributions are invested in a pool of common stocks and corporate bonds determined by the Plan Trustees. During the year ended December 31, 2024, the Company made \$215,470 of profit-sharing contributions to the Plan. There were no employer safe harbor contributions for the year ended December 31, 2024. Contributions are subject to certain IRS limitations.

Participant accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company safe harbor and profit-sharing contributions, and allocations of the Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are 100% vested upon entering the Plan.

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**YEAR ENDED DECEMBER 31, 2024
(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2023)**

Payment of benefits

A participant is eligible to receive a distribution of his or her vested account balance upon termination of service due to death, disability, retirement or other reasons. The normal form of payment of benefits is a lump sum. The Plan also provides for in-service distributions to eligible participants of his or her vested account balance.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's accounts, bear interest at a rate commensurate with local and prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

NOTE 2 Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Risk and uncertainties

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Trustees determine the Plan's valuation policies. See Note 4 for discussion of fair value measurements.

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**YEAR ENDED DECEMBER 31, 2024
(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2023)**

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

Contributions

Contributions from Plan participants and discretionary employer profit-sharing and safe harbor contributions are recorded in the year in which the employee contributions are withheld from compensation.

Nonparticipant-directed investments

All investment decisions relating to funds from employer safe harbor and discretionary profit-sharing contributions are at the direction of the Plan Trustees and investment advisor.

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31,	
	2024	2023
Net assets:		
Interest-bearing cash	\$ 53,203	\$ 56,887
Common stocks	1,114,991	886,065
Corporate bonds	430,953	423,766
Employer contributions receivable	115,470	161,887
Notes receivable from participants	104,431	84,535
	<u>\$ 1,819,048</u>	<u>\$ 1,613,140</u>
		Year Ended December 31, 2024
Changes in net assets:		
Contributions		\$ 240,928
Interest and dividends		36,271
Net appreciation in fair value		109,513
Interest income from notes receivable from participants		6,053
Benefits paid to participants		(168,690)
Administrative expenses		(18,167)
		<u>\$ 205,908</u>

Payment of benefits

Benefits are recorded when paid.

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024
(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2023)

NOTE 3 Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain investment related expenses are included in net appreciation in fair value of investments. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

NOTE 4 Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs used in determining valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The valuation methodologies used for assets measured at fair value are as follows. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Interest-bearing cash (money market): Valued at principal value.

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**YEAR ENDED DECEMBER 31, 2024
(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2023)**

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

Pooled separate accounts: Valued based on the unit values of such pooled accounts held by the Plan. Unit values are based on the fair value of the underlying assets, which primarily consist of common stocks with observable market data. The redemption frequency of these accounts is daily, and there are no redemption restrictions or unfunded commitments relating to the Plan's investments in the them.

Stable value fund: Valued at the net asset value, as reported by the trustee, based on the number of units held by the Plan. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. The redemption frequency of this fund is daily, and there are no redemption restrictions or unfunded commitments relating to the Plan's investment in the fund.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			Total
	Level 1	Level 2	Level 3	
Interest-bearing cash (money market)	\$ 53,203			\$ 53,203
Common stocks	1,114,991			1,114,991
Corporate bonds		\$ 430,953		430,953
Mutual funds	155,338			155,338
Pooled separate accounts		4,952		4,952
Total assets in the fair value hierarchy	<u>1,323,532</u>	<u>435,905</u>		<u>1,759,437</u>
Investments measured at net asset value (a)				
Stable value fund				<u>4,323</u>
Investments at fair value	<u>\$ 1,323,532</u>	<u>\$ 435,905</u>		<u>\$ 1,763,760</u>

(a) An investment measured at fair value using the net asset value per share expedient has not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**YEAR ENDED DECEMBER 31, 2024
(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2023)**

statements of net assets available for benefits.

	Assets at Fair Value as of December 31, 2023			Total
	Level 1	Level 2	Level 3	
Interest-bearing cash (money market)	\$ 56,887			\$ 56,887
Common stocks	886,065			886,065
Corporate bonds		\$ 423,766		423,766
Mutual funds	105,098			105,098
Pooled separate accounts		21,956		21,956
Total assets in the fair value hierarchy	<u>1,048,050</u>	<u>445,722</u>		<u>1,493,772</u>
Investments measured at net asset value (a)				
Stable value fund				<u>5,067</u>
Investments at fair value	<u>\$ 1,048,050</u>	<u>\$ 445,722</u>		<u>\$ 1,498,839</u>

The Plan's policy is to recognize transfers of investments into or out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2024, there were no transfers of investments into or out of Level 3. There are no Plan assets requiring the use of Level 3 inputs for the periods presented.

NOTE 5 Plan termination

Although it has not expressed any intent 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 of ERISA. In the event of Plan termination, all interests of participants will continue to be 100% vested in their accounts.

NOTE 6 Related party and party in interest transactions

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The following transactions represent party in interest transactions to the Plan.

- Investments: Investment options include offerings from Principal Financial Group, the recordkeeper. The fair value of these investments was \$11,984 and \$29,619 at December 31, 2024 and 2023.
- Notes receivable from participants: The Plan accepts and services loans to Plan participants as described in Note 1. Notes receivable from participants totaled \$104,431 and \$84,535 as of December 31, 2024 and 2023.
- Administrative fees: Administrative fees, including amounts paid to the custodian, were \$25,270 for the year ended December 31, 2024. The Company may pay certain fees and expenses of the Plan.

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**YEAR ENDED DECEMBER 31, 2024
(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2023)**

Certain Plan investments are managed by Principal Financial Group ("Principal"), the recordkeeper of the Plan. Principal receives revenue from mutual fund service providers for services it provides to the funds. This revenue is used to offset certain amounts owed to Principal for its administrative services to the Plan.

A third-party custodian held the Plan's assets and administrative expenses were incurred for its services. The custodian invests cash received, reinvests investment income, and liquidates investments for distributions to participants.

A third-party administrator provides administrative, compliance, and consulting services to the Plan. Its fees are paid by the Company.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

These party in interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 7 Tax status

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe the Plan is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 SECURE 2.0 Act

The SECURE 2.0 Act was signed into law in December 2022. SECURE 2.0 builds on changes made by the SECURE Act of 2019. The Plan document is being amended to meet the applicable provisions of the act in accordance with the required timeline.

NOTE 9 Subsequent events

The Plan has evaluated subsequent events through September 24, 2025, which is the date these financial statements were available to be issued.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
	<p>1c Effective date of plan 09/01/1982</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) THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.</p> <p>250 PIERCE STREET, SUITE 301</p> <p>KINGSTON PA 18704</p>	<p>2b Employer Identification Number (EIN) 23-1955577</p>
	<p>2c Plan Sponsor's telephone number 570-288-9386</p>
	<p>2d Business code (see instructions) 813000</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	<i>John H Kennedy</i>	<i>10/15/25</i>	JOHN KENNEDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>John H Kennedy</i>	<i>10/15/25</i>	JOHN KENNEDY
	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	147
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)	117
	6a(2)	106
	6b	0
	6c	25
	6d	131
	6e	0
	6f	131
	6g(1)	135
	6g(2)	129
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:
2A 2E 2F 2H 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>1</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 checked="" 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 _____

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
	BLF FedFund Cash Reserve	\$ 528,313				\$ 528,313	\$ 528,313	\$ -
	BLF FedFund Cash Reserve		\$ 526,733			\$ 526,733	\$ 526,733	\$ -

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

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

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Interest-bearing cash:			
	Cash	Cash	\$ 2,549	\$ 2,549
	BLF FedFund Cash Reserve	Money market	39,874	39,874
	Federated Hermes Government Fund	Money market	10,780	10,780
			<u>53,203</u>	<u>53,203</u>
	Common stocks:			
	ANSYS INC.	Common stock	3,223	3,373
	ABB LTD	Common stock	1,967	3,008
	ABBOTT LABS	Common stock	11,412	11,763
	ABBVIE INC.	Common stock	9,935	10,662
	ACCENTURE PLC	Common stock	8,956	10,202
	ADIDAS AG	Common stock	1,602	2,070
	AES CORP	Common stock	2,161	1,351
	AIA GROUP LTD	Common stock	3,968	2,824
	AIR LIQUIDE	Common stock	3,207	2,935
	AIRBNB INC	Common stock	2,613	2,628
	AIRBUS SE	Common stock	2,538	3,107
	AKAMAI TECHNOLOGIES INC.	Common stock	2,886	2,774
	ALBANY INTL CRP	Common stock	1,840	1,679
	ALBEMARLE CORP	Common stock	3,453	1,808
	ALLSTATE CORP.	Common stock	3,199	4,049
	ALPHABET INC CL C	Common stock	5,373	8,760
	ALPHABET INC CL A	Common stock	4,573	4,922
	AMADEUS IT GROUP SA	Common stock	2,613	2,822
	AMAZON COM INC.	Common stock	13,199	19,306
	AMERICAN EXPRESS COMPANY	Common stock	5,303	8,310
	AMETEK INC.	Common stock	2,504	3,064
	ANALOG DEVICES INC.	Common stock	6,627	7,436
	ANHEUSER-BUSCH	Common stock	2,555	2,153
	AON PLC	Common stock	10,028	11,493
	APPLE INC.	Common stock	14,284	19,282
	ARCHROCK INC.	Common stock	2,120	5,277
	ARROW ELECTRONICS	Common stock	2,591	2,715
	ASML HLDG	Common stock	9,596	8,317
	ASTRAZENECA PLC	Common stock	9,507	8,845
	AUTODESK INC.	Common stock	3,498	4,434
	B AND M EUROPEAN VALUE	Common stock	1,756	1,162
	BEIGENE LTD	Common stock	1,446	1,478
	BIO RAD LABS	Common stock	3,900	3,285
	BLACKROCK INC.	Common stock	5,295	7,176
	BLUE OWL CAP INC.	Common stock	1,534	2,489
	BOEING COMPANY	Common stock	8,148	7,434
	BORG WARNER INC.	Common stock	2,791	2,416
	BOX INC.	Common stock	2,971	3,602

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

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

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	BP PLC SPON ADR	Common stock	3,244	2,720
	BRISTOL-MEYERS SQUIBB CO	Common stock	2,858	3,054
	BROADCOM INC.	Common stock	8,995	23,416
	BUILDERS FIRST SOURCE INC	Common stock	1,682	1,429
	BXP INC	Common stock	3,068	3,049
	CABOT CORP.	Common stock	2,031	2,922
	CARLSBERG	Common stock	2,812	1,869
	CARRIER GLOBAL CORP.	Common stock	2,072	2,526
	CBRE GROUP INC.	Common stock	3,593	5,908
	CENTENE CORP.	Common stock	2,599	2,544
	CF INDS HOLDINGS INC.	Common stock	2,945	4,437
	CHARLES RIVER LABS INTL	Common stock	5,182	4,430
	CHARTER COMMUNICATIONS	Common stock	2,176	2,057
	CHEVRON CORP.	Common stock	2,960	2,752
	CHIPOTLE MEXICAN GRILL	Common stock	1,512	1,508
	CHUBB LTD	Common stock	4,624	6,079
	CIGNA CORP.	Common stock	11,912	11,322
	CINTAS CORP.	Common stock	1,661	2,192
	CIRRUS LOGIC INC.	Common stock	2,448	2,987
	CITIGROUP INC.	Common stock	3,837	5,279
	CME GROUP INC.	Common stock	2,107	2,322
	COMCAST CORP.	Common stock	4,702	4,353
	CONMED CORP	Common stock	2,959	2,327
	CONOCOPHILLIPS	Common stock	11,267	10,810
	CONSOLIDATED EDISON INC.	Common stock	3,608	3,569
	CONSTELLATION ENERGY	Common stock	2,054	1,790
	COPT DEFENSE PROPERTIES	Common stock	1,808	2,228
	CROWDSTRIKE HOLDINGS INC.	Common stock	2,823	5,475
	CSX CORP.	Common stock	3,962	4,066
	D R HORTON INC.	Common stock	4,519	5,313
	DAIKIN INDUSTRIES	Common stock	1,871	1,343
	DANAHER CORP.	Common stock	3,038	2,984
	DANONE	Common stock	3,182	3,428
	DARDEN RESTAURANTS INC.	Common stock	2,401	3,174
	DBS GROUP HLDGS SPN ADR	Common stock	2,973	3,329
	DIAGEO PLC	Common stock	6,662	4,958
	DIGITAL REALTY TRUST	Common stock	4,248	6,029
	DIODES INC.	Common stock	1,995	1,480
	DNB BANK	Common stock	1,887	1,851
	DOCUSIGN INC.	Common stock	992	899
	DOMINION ENERGY INC.	Common stock	8,396	7,917
	DOXIMITY INC REG SHS	Common stock	601	1,175
	DUKE ENERGY CORP.	Common stock	6,791	7,542
	EASTMAN CHEMICAL CO.	Common stock	2,796	2,831
	EATON CORP.	Common stock	7,296	10,952

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

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

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	ELF BEAUTY INC SHS	Common stock	1,688	1,381
	ELI LILLY & CO.	Common stock	4,263	5,404
	EMERSON ELEC CO	Common stock	4,199	5,329
	ENGIE	Common stock	3,177	3,327
	EPIROC AKTIEBOLAG-UNSP	Common stock	2,275	1,944
	EQUINIX INC.	Common stock	2,244	2,829
	ESSILORLUXOTTICA SA	Common stock	3,174	4,223
	EXXON MOBIL CORP.	Common stock	16,117	15,598
	FEDEX CORP.	Common stock	3,924	4,220
	FIRSTCASH HOLDINGS INC.	Common stock	1,944	2,279
	FORMFACTOR INC.	Common stock	2,576	2,772
	FREEMPORT-MCMORAN INC.	Common stock	7,349	5,826
	FUJITSU LTD	Common stock	2,859	3,459
	GATX CORPORATION	Common stock	3,367	5,114
	GE AEROSPACE	Common stock	3,773	4,003
	GE VERNOVA LLC	Common stock	2,295	2,960
	GENERAL DYNAMICS CORP.	Common stock	8,070	8,695
	GILEAD SCIENCES INC COM	Common stock	4,273	4,434
	GLOBANT S A	Common stock	1,882	1,715
	HCA HEALTHCARE INC.	Common stock	1,973	1,801
	HEICO CORPORATION CL A	Common stock	3,080	3,536
	HEWLETT PACKARD	Common stock	2,827	3,694
	HEXCEL CORP.	Common stock	2,424	2,884
	HILTON WORLDWIDE	Common stock	3,884	5,932
	HOLOGIC INC.	Common stock	3,390	3,388
	HOME DEPOT INC.	Common stock	2,031	2,334
	HONEYWELL INTL INC.	Common stock	1,896	2,155
	HOULIHAN LOKEY INC.	Common stock	3,235	5,210
	HP INC.	Common stock	2,856	3,067
	HUBSPOT INC.	Common stock	3,170	4,181
	HUNTINGTON INGALLS INDS	Common stock	2,436	1,890
	ICON PLC	Common stock	639	629
	IDEXX LAB INC	Common stock	1,976	1,654
	ILLINOIS TOOL WORKS INC.	Common stock	4,690	5,071
	INDUSTRIA DE DISENO	Common stock	2,948	4,260
	INGERSOLL RAND INC	Common stock	2,968	2,895
	INSPERITY INC.	Common stock	3,420	2,325
	INSULET CORP	Common stock	967	1,044
	INTERNATIONAL BUSINESS MACHINES	Common stock	4,678	6,595
	INTERPUBLIC GROUP OF COMPANIES	Common stock	1,965	1,541
	INTUIT INC.	Common stock	3,411	3,771
	INTUITIVE SURGICAL INC.	Common stock	1,881	3,132
	ITOCHU CORP ADR	Common stock	1,944	1,873
	JOHNSON & JOHNSON	Common stock	7,455	6,942
	JOHNSON CONTROLS INTER	Common stock	1,586	2,052

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

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

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	JP MORGAN CHASE & CO.	Common stock	17,223	26,848
	KENVUE INC.	Common stock	5,201	4,932
	KEYENCE CORP.	Common stock	2,988	2,467
	KINDER MORGAN INC	Common stock	4,271	6,384
	KKR & CO. INC.	Common stock	3,416	6,656
	KLA CORP.	Common stock	4,713	6,301
	KRAFT (THE) HEINZ CO	Common stock	1,917	1,628
	L'OREAL CO.	Common stock	4,439	3,591
	LIBERTY MEDIA CORP.	Common stock	694	927
	LONDON STOCK EXCHANGE	Common stock	3,770	4,711
	LOWE'S COMPANIES	Common stock	5,150	5,923
	L3HARRIS TECHNOLOGIES	Common stock	1,834	1,893
	MARRIOTT INTL INC.	Common stock	4,681	6,416
	MARSH & MCLENNAN COS INC.	Common stock	8,130	9,558
	MASTERCARD INC.	Common stock	3,340	4,213
	MCDONALDS CORP	Common stock	1,420	1,449
	MCKESSON CORPORATION	Common stock	7,038	10,258
	MEDTRONIC PLC	Common stock	3,887	3,834
	META PLATFORMS INC.	Common stock	9,237	12,296
	MICROSOFT CORP.	Common stock	19,587	24,447
	MIDDLEBY CORP COM	Common stock	3,316	3,251
	MONDELEZ INTERNATIONAL	Common stock	5,639	4,778
	MONGODB INC CL A	Common stock	1,419	931
	MONOLITHIC POWER SYSTEMS	Common stock	2,695	2,959
	MONSTER BEVERAGE	Common stock	1,892	1,892
	MOOG INC.	Common stock	2,559	5,118
	MORGAN STANLEY	Common stock	6,026	8,172
	MYRIAD GENETICS INC.	Common stock	2,010	1,385
	NASDAQ OMX GRP INC.	Common stock	3,731	5,102
	NESTLE SA	Common stock	9,486	6,699
	NETFLIX	Common stock	3,723	8,022
	NOMURA RESEARCH INSTITUTE LTD	Common stock	1,738	1,822
	NORTHROP GRUMMAN CORP.	Common stock	4,141	4,224
	NOVO NORDISK	Common stock	6,360	6,365
	NVIDIA	Common stock	10,863	16,652
	NXP SEMICONDUCTORS	Common stock	4,553	4,365
	ON SEMICONDUCTOR CORP.	Common stock	3,253	2,648
	PACCAR INC.	Common stock	7,483	7,906
	PALO ALTO NETWORKS INC.	Common stock	2,520	3,275
	PAPA JOHN'S INTERNATIONAL INC.	Common stock	4,172	2,464
	PAYPAL HOLDINGS INC.	Common stock	2,126	2,646
	PENN ENTERTAINMENT INC	Common stock	1,260	1,189
	PEPSICO INC.	Common stock	11,530	10,340
	PFIZER INC	Common stock	7,827	6,235
	PHILIP MORRIS INTL INC.	Common stock	3,311	4,092

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

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

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	PINTEREST INC.	Common stock	2,692	2,465
*	PRINCIPAL FINANCIAL GROUP	Common stock	2,814	2,709
	PROGRESSIVE CORP.	Common stock	7,443	11,741
	PROLOGIS INC	Common stock	8,110	6,976
	PUB SVC ENTERPRISE GRP	Common stock	3,652	3,971
	QIAGEN NV	Common stock	3,012	2,939
	QUALCOMM INC.	Common stock	65	70
	RAYMOND JAMES FINANCIAL INC.	Common stock	2,879	4,815
	REALTY INCOME CORP.	Common stock	1,653	1,442
	REGENERON PHARMACEUTICALS	Common stock	3,328	2,849
	REINSURANCE GROUP AMERICA	Common stock	3,001	4,700
	REPUBLIC SERVICES INC.	Common stock	2,194	3,420
	ROLLS ROYCE GRP SPN ADR	Common stock	2,980	3,365
	ROYAL CARIBBEAN GROUP	Common stock	1,657	3,922
	RTX CORP.	Common stock	9,877	12,035
	RYANAIR HOLDINGS PLC	Common stock	1,607	1,744
	RYDER SYSTEM INC.	Common stock	2,499	4,706
	S&P GLOBAL INC	Common stock	2,297	2,988
	SAFRAN SA	Common stock	4,634	6,213
	SALESFORCE INC.	Common stock	2,149	3,343
	SAP SE	Common stock	3,690	5,909
	SBA COMMUNICATIONS CORP.	Common stock	3,539	2,853
	SERVICENOW INC.	Common stock	2,194	3,180
	SHERWIN WILLIAMS	Common stock	1,534	2,040
	SHIN-ETSU CHEM	Common stock	3,283	3,172
	SIKA AG	Common stock	2,341	1,911
	SIMON PROPERTY GROUP DEL	Common stock	3,504	3,961
	SMC CORP.	Common stock	1,673	1,187
	SMITH A O CORP.	Common stock	3,417	3,479
	SNAP ON INC.	Common stock	2,867	4,413
	SNOWFLAKE INC.	Common stock	1,238	1,235
	SONOCO PRODUCTS CO.	Common stock	2,962	2,443
	SOUTHERN COMPANY	Common stock	6,054	7,326
	STARBUCKS CORP.	Common stock	1,604	1,551
	SYNCHRONY FINANCIAL	Common stock	1,715	3,185
	TAIWAN SEMICONDUCTOR MFG	Common stock	5,266	7,307
	TARGET CORP.	Common stock	8,346	7,570
	TC ENERGY CORP.	Common stock	2,813	3,164
	TE CONNECTIVITY LTD	Common stock	2,966	3,145
	TELEDYNE TECH INC.	Common stock	3,697	4,177
	TESLA INC	Common stock	1,525	2,423
	TEXAS INSTRUMENTS	Common stock	1,451	1,500
	THERMO FISHER SCIENTIFIC	Common stock	3,824	3,642
	TJX COS INC.	Common stock	3,251	3,987
	TKO GROUP HOLDINGS INC.	Common stock	653	995

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

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

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	TOTALENERGIES SE	Common stock	4,068	3,706
	TRACTOR SUPPLY	Common stock	1,673	1,592
	TRUIST FINL INC.	Common stock	4,619	5,423
	UBER TECHNOLOGIES INC.	Common stock	2,095	2,835
	UNION PACIFIC CORP.	Common stock	8,602	8,894
	UNITED AIRLINES HLDGS	Common stock	2,436	2,622
	UNITED HEALTH GROUP INC.	Common stock	12,693	12,647
	VALMONT INDUSTRIES	Common stock	2,772	3,067
	VERTEX PHARMACEUTICALS INC.	Common stock	5,510	6,041
	VISA INC.	Common stock	9,988	13,274
	W W GRAINGER INC.	Common stock	1,860	3,162
	WALMART INC	Common stock	3,474	3,343
	WEBSTER FINL	Common stock	2,319	3,092
	WEC ENERGY GROUP INC.	Common stock	2,609	2,727
	WELLS FARGO & CO	Common stock	3,346	3,161
	WELLTOWER INC.	Common stock	2,766	3,781
	WEX INC	Common stock	3,296	2,805
	WILLIAMS COMPANIES	Common stock	3,573	5,574
	WINTRUST FINL CP ILL COM	Common stock	3,165	2,868
	WOODWARD INC.	Common stock	2,871	4,161
	WORKDAY INC.	Common stock	2,089	2,064
	XCEL ENERGY INC	Common stock	4,121	4,316
			<u>965,964</u>	<u>1,114,991</u>
	Corporate bonds:			
	CATERPILLAR FINANCIAL SERVICE	Corporate bond	8,966	8,955
	3.65% DUE 8/12/25			
	MASTERCARD, INC.	Corporate bond	8,020	7,965
	2% DUE 3/3/25			
	SHELL INTERNATIONAL	Corporate bond	11,041	10,952
	3.25% DUE 5/11/25			
	AVALONBAY COMMUNITIES	Corporate bond	10,019	9,946
	3.45% DUE 6/1/25			
	LOCKHEED MARTIN CORP.	Corporate bond	8,184	7,925
	3.55% DUE 1/15/26			
	VIRGINIA ELEC & POWER CO.	Corporate bond	9,731	9,851
	3.15% DUE 1/15/26			
	BERKSHIRE HATHAWAY INC.	Corporate bond	10,064	9,847
	3.125% DUE 3/15/26			
	PEPSICO INC.	Corporate bond	8,047	7,730
	2.375% DUE 10/6/26			
	AFLAC INC.	Corporate bond	9,948	9,705
	2.875% DUE 10/15/26			
	COMCAST CORP.	Corporate bond	10,037	9,734
	3.3% DUE 2/1/27			

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

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

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	BLACKROCK INC. 3.2% DUE 3/15/27	Corporate bond	8,171	7,793
	COSTCO WHOLESALE CORP. 3% DUE 5/18/27	Corporate bond	9,845	9,712
	WELLS FARGO & COMPANY 4.3% DUE 7/22/27	Corporate bond	11,372	10,853
	ALPHABET INC. 0.8% DUE 8/15/27	Corporate bond	7,681	8,233
	JOHNSON & JOHNSON 2.9% DUE 1/15/28	Corporate bond	9,557	9,569
	CONSOLIDATED EDISON CO. 3.8% DUE 5/15/28	Corporate bond	10,032	9,695
	COMMONWEALTH EDISON CO. 3.7% DUE 8/15/28	Corporate bond	9,955	9,650
	HOME DEPOT INC. 3.9% DUE 12/6/28	Corporate bond	11,905	10,716
	PFIZER INC. 3.45% DUE 3/15/29	Corporate bond	10,084	9,533
	UNITED PARCEL SERVICE 3.4% DUE 3/15/29	Corporate bond	11,113	11,393
	KIMBERLY-CLARK CORP. 3.2% DUE 4/25/29	Corporate bond	10,061	9,436
	ENTERPRISE PRODUCTS OPER 3.125% DUE 7/31/29	Corporate bond	8,434	8,375
	BANK OF NY MELLON CORP. 3.3% DUE 8/23/29	Corporate bond	9,498	9,290
	GOLDMAN SACHS GROUP INC. 2.6% DUE 2/7/30	Corporate bond	8,854	7,972
	PROLOGIS LP 2.25% DUE 4/15/30	Corporate bond	8,940	7,873
	CAMDEN PROPERTY TRUST 2.8% DUE 5/15/30	Corporate bond	9,158	8,077
	QUALCOMM INC. 2.15% DUE 5/20/30	Corporate bond	9,192	7,899
	APPLIED MATERIALS INC. 1.75% DUE 6/1/30	Corporate bond	8,933	7,693
	AMERICAN HONDA FINANCE 1.8% DUE 1/13/31	Corporate bond	8,944	7,424
	JP MORGAN CHASE & CO. VAR % DUE 5/13/31	Corporate bond	9,220	8,051
	TJX COS INC. 1.6% DUE 5/15/31	Corporate bond	8,674	7,361
	WASTE MANAGEMENT INC 4.95 % DUE 7/03/31	Corporate bond	8,340	8,008

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

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

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	BP CAP MARKETS AMERICA 2.721% DUE 1/12/32	Corporate bond	7,886	7,701
	AMAZON.COM INC 3.6% DUE 4/13/32	Corporate bond	7,920	7,405
	KLA CORP 4.65% DUE 7/15/32	Corporate bond	8,036	7,828
	META PLATFORMS INC 3.850% DUE 8/15/32	Corporate bond	12,040	12,081
	CITIGROUP INC. VAR % DUE 11/3/32	Corporate bond	10,956	11,674
	TOYOTA MOTOR CREDIT CORP. 4.7% DUE 1/12/33	Corporate bond	8,310	8,754
	TARGET CORP. 4.4% DUE 1/15/33	Corporate bond	7,917	7,667
	AIR PRODUCTS & CHEMICALS 4.8% DUE 3/3/23	Corporate bond	8,013	7,847
	RIO TINTO FIN USA PLC 5% DUE 3/9/33	Corporate bond	11,138	10,991
	MARSH & MCLENNAN COS INC. 5.4% DUE 9/15/33	Corporate bond	8,234	8,095
	THERMO FISHER SCIENTIFIC 5.40% DUE 1/31/34	Corporate bond	8,138	8,025
	CUMMINS INC 5.150% DUE 2/20/34	Corporate bond	8,073	8,004
	CHUBB INA HOLDINGS INC 5.00% 03/15/34	Corporate bond	11,603	11,851
	NEWMONT/NEWCREST FIN 5.350% DUE 3/15/34	Corporate bond	9,028	8,954
	PACCAR FINANCIAL CORP 5.00% DUE 3/22/34	Corporate bond	11,781	12,061
	ACCRUED INTEREST	Accrued interest	4,799	4,799
			<u>445,892</u>	<u>430,953</u>
Mutual funds:				
	Fidelity US Bond Index Fund	Mutual fund	N/R	3,462
	Fidelity Mid Cap Index Fund	Mutual fund	N/R	1,183
	Vanguard Total International Stock Index Fund	Mutual fund	N/R	2,168
	BlackRock LifePath Index 2030 Fund	Mutual fund	N/R	11,647
	BlackRock LifePath Index 2035 Fund	Mutual fund	N/R	3,696
	BlackRock LifePath Index 2040 Fund	Mutual fund	N/R	11,439
	BlackRock LifePath Index 2045 Fund	Mutual fund	N/R	1,070
	BlackRock LifePath Index 2050 Fund	Mutual fund	N/R	39,774
	BlackRock LifePath Index 2055 Fund	Mutual fund	N/R	56,344

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

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

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	BlackRock LifePath Index 2065 Fund	Mutual fund	N/R	5,728
	BlackRock LifePath Index Retirement Fund	Mutual fund	N/R	18,827
				<u>155,338</u>
	Stable value fund:			
*	Morley Financial Services, Inc. - Principal Stable Value Z Fund	Stable value fund	N/R	4,323
	Pooled separate accounts:			
*	Principal Global Investors Large Cap S&P 500 Index	Pooled separate account	N/R	3,831
*	Principal Global Investors Small Cap S&P 600 Index	Pooled separate account	N/R	1,121
				<u>4,952</u>
*	Notes receivable from participants	Interest rates: 4.5% - 9.5%, account balances pledged as collateral, maturing 2025 - 2029	\$0	104,431
		Total		<u>\$ 1,868,191</u>

* A party-in-interest, as defined by ERISA

N/R Cost omitted for participant-directed investments