

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- 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: KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 11/01/2023
2a Plan sponsor's name (employer, if for a single-employer plan): KORN FERRY
2b Employer Identification Number (EIN): 95-2623879
2c Plan Sponsor's telephone number: 310-552-1834
2d Business code (see instructions): 541600

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

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

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 | 1299 |
| 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) | 1292 |
| | 6a(2) | 818 |
| | 6b | 0 |
| | 6c | 102 |
| | 6d | 920 |
| | 6e | 0 |
| | 6f | 920 |
| | 6g(1) | 392 |
| 6g(2) | 660 | |
| 6h | 0 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached 0
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

| | | |
|--|--|---|
| SCHEDULE 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 **05/01/2024** and ending **04/30/2025**

| | | |
|--|--|------------|
| A Name of plan KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 KORN FERRY | D Employer Identification Number (EIN) 95-2623879 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

CHARLES SCHWAB & CO, INC.

94-1737782

(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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 37 50 64 | CONTRACT ADMINISTRATOR | 48985 | 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"/> |

(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. | OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection. |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

| | | |
|--|--|------------|
| A Name of plan <u>KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>004</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KORN FERRY</u> | D Employer Identification Number (EIN) <u>95-2623879</u> | |

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

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

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>52-2250951-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>662396</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US INFL PRO BD IX NL FD C

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>90-0337987-168</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>199693</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTNTL EQ C CIT

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>82-6258259-012</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>236366</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE PLUS BOND FD 6

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>23-6994310-165</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>232453</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: ARISTOTLE SM/MD CAP EQ W CIT

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>81-2704975-095</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PART US SEL QUAL EQU C CIT

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>83-6352671-026</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>713542</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: KORN FERRY MASTER TRUST

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

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>93-6653849-001</u> | d Entity code <u>M</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6278739</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)

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
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| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025 | |
| A Name of plan KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN | B Three-digit plan number (PN) ▶ 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 KORN FERRY | D Employer Identification Number (EIN) 95-2623879 |

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

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) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | 48492 |
| (9) Value of interest in common/collective trusts | 1c(9) | 858575 |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | 3040900 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 6278739 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 2195479 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 4179553 |
| (15) Other..... | 1c(15) | 7023 |
| | | 91704 |
| | | 2044450 |
| | | 139024 |

| 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 | 6150469 | 12733470 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 6150469 | 12733470 |

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) | | |
| (B) Participants..... | 2a(1)(B) | 5729976 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 1334990 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 7064966 |
| 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) | 7031 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 7031 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 67618 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 67618 |
| (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) | | 0 |
| (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) | | 0 |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 46370 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 378648 |
| (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) | | 205797 |
| c Other income | 2c | | -4691 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 7765739 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2297064 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 2297064 |
| f Corrective distributions (see instructions) | 2f | | 1253 |
| 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) | 49045 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (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) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 49045 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 2347362 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 5418377 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 1188684 |
| (2) From this plan | 2l(2) | | 24060 |

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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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 | | 10000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| 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) |
|--------------------------------|---------------------|--------------------|
| KORN FERRY 401(K) SAVINGS PLAN | 95-2623879 | 003 |
| | | |
| | | |
| | | |

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 05/01/2024 and ending 04/30/2025

| | | |
|--|--|------------|
| A Name of plan <u>KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>004</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>KORN FERRY</u> | D Employer Identification Number (EIN) <u>95-2623879</u> | |

| | |
|---------------|----------------------|
| Part I | 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 | <u>0</u> |
|---|----------|----------|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-0127290

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 Q702477A.

**KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K)
SAVINGS PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**AS OF APRIL 30, 2025 AND 2024, AND
FOR THE YEAR ENDED APRIL 30, 2025 AND
THE SIX-MONTH PERIOD ENDED APRIL 30, 2024**



CPAs | CONSULTANTS | WEALTH ADVISORS

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**KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
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AS OF APRIL 30, 2025 AND 2024, AND
FOR THE YEAR ENDED APRIL 30, 2025 AND THE SIX-MONTH PERIOD ENDED
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INDEPENDENT AUDITORS' REPORT

Administrative Committee
Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan
Los Angeles, California

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the year ended April 30, 2025 and the six-month period ended April 30, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of April 30, 2025 and 2024, and for the year ended April 30, 2025 and the six-month period ended April 30, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

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 Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

Administrative Committee
Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan

- 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 Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of April 30, 2025 and 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Administrative Committee
Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan

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

In our opinion:

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

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Irvine, California
February 6, 2026

**KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
APRIL 30, 2025 AND 2024**

| ASSETS | 2025 | 2024 |
|--|----------------------|---------------------|
| INVESTMENTS (at Fair Value) | | |
| Mutual Funds | \$ 4,179,553 | \$ 2,195,478 |
| Collective Trust Funds | 2,044,450 | 858,575 |
| Self-Directed Brokerage Accounts | 139,024 | 7,023 |
| Total Investments (at Fair Value) | 6,363,027 | 3,061,076 |
| INVESTMENT IN MASTER TRUST | 6,278,739 | 3,040,901 |
| RECEIVABLES | | |
| Notes Receivable from Participants | 91,704 | 48,492 |
| Total Receivables | 91,704 | 48,492 |
| Total Assets | 12,733,470 | 6,150,469 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 12,733,470 | \$ 6,150,469 |

See accompanying Notes to Financial Statements.

**KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED APRIL 30, 2025 AND SIX-MONTH PERIOD ENDED APRIL 30, 2024**

ADDITIONS:

| | 2025 | 2024 |
|--|---------------|--------------|
| INVESTMENT INCOME OF INVESTMENTS AT FAIR VALUE | | |
| Interest and Dividends | \$ 67,618 | \$ 15,484 |
| Net Appreciation in Fair Value of Investments | 252,167 | 195,094 |
| Other Income (Loss) | (4,691) | (208) |
| Total Investment Income Of Investments At Fair Value | 315,094 | 210,370 |
| NET INVESTMENT INCOME OF THE MASTER TRUST | 378,648 | 137,335 |
| INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS | 7,031 | 997 |
| CONTRIBUTIONS | | |
| Employee Deferrals | 5,729,976 | 3,032,493 |
| Employee Rollovers | 1,334,990 | 2,907,625 |
| Total Contributions | 7,064,966 | 5,940,118 |
| Total Additions | 7,765,739 | 6,288,820 |
| DEDUCTIONS: | | |
| BENEFITS PAID TO PARTICIPANTS | 2,298,317 | 117,115 |
| ADMINISTRATIVE EXPENSES | 49,045 | 21,236 |
| Total Deductions | 2,347,362 | 138,351 |
| NET INCREASE BEFORE TRANSFERS | 5,418,377 | 6,150,469 |
| TRANSFER IN OF PLAN ASSETS, NET | 1,164,624 | - |
| NET INCREASE | 6,583,001 | 6,150,469 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of Year | 6,150,469 | - |
| End of Year | \$ 12,733,470 | \$ 6,150,469 |

See accompanying Notes to Financial Statements.

KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

NOTE 1 DESCRIPTION OF PLAN

The following description of Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan is a defined contribution plan established by Korn Ferry (the Company), effective November 1, 2023, under the provisions of sections 401(a) and 401(k) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Substantially all employees of Korn Ferry Interim Staff Professionals are eligible to participate in the Plan on the entry date coinciding with or next following completion of three months of employment, provided the employees are not leased employees or covered by a collective bargaining agreement. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation, unless they elect a different deferral rate. Participants become eligible for the employer matching contribution (if any) upon entry into the Plan.

Plan Administration

Principal is the custodian of all investments held in the Plan and the trustee of the portion of the trust that invests in the collective funds and mutual funds. Officers of the Company are appointed by the Company's board of directors to act as trustees for the common stock of the Company (Common Stock) held in the Plan. The Company is the Plan Sponsor. The Plan Sponsor also created the Korn Ferry Master Trust for the purpose of holding certain assets of the Plan.

Contributions

Eligible employees are able to contribute in pretax and/or Roth from 1% to 80% (in whole percentage points) of their base compensation to the Plan, subject to certain limitations under the IRC. In addition, the Company may contribute a portion of its profits to the Plan each year. The Company's board of directors has complete discretion as to the amount of the Company's contributions.

For the year ended April 30, 2025 and the six-month period ended April 30, 2024, the Company elected not to make contributions to the Plan.

Vesting

Participants are fully vested in all contributions and earnings thereon.

KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Forfeited Amounts

The nonvested portions of former participants' account balances are used to fund future contributions made by the Company or pay Plan-related expenses. As of April 30, 2025 and 2024, there were no forfeitures available to be used to fund future contributions or pay Plan-related expenses. During the year ended April 30, 2025 and six-month period ended April 30, 2024, there were no forfeitures used to fund contributions or pay Plan-related expenses.

Benefits

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

In the event of a mandatory distribution greater than \$1,000 and not exceeding \$7,000, in accordance with the provisions of the Plan, if the participant does not elect a direct rollover or to receive the distribution directly, then the Plan administrator will pay the distribution in a direct rollover to an individual retirement account designated by the Plan administrator. In the event of a mandatory distribution less than \$1,000, in accordance with the provisions of the Plan, if the participant does not elect a direct rollover, then the Plan administrator will pay the distribution in the form of a lump-sum cash payment.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's net investment income and administrative expenses. Allocations of the Plan's net investment income and administrative expenses are based on the proportion of each participant's account balance to the total of all participants' account balances. Participants can direct their contributions into mutual and collective fund investment options, a self-directed brokerage account feature, or target date unitized funds.

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

Notes Receivable From Participants

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

KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of April 30, 2025 or 2024. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments and certain investment fees are charged directly to the participant account and are included as administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

Management has evaluated events through February 6, 2026, the date the financial statements were available to be issued.

KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

NOTE 3 TAX STATUS

The Plan is placing reliance on an opinion letter received from the Internal Revenue Service (IRS) on the plan indicating that the Plan is qualified under Section 401 of the IRC and is therefore not subject to tax under current income tax law. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes 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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4 PLAN TERMINATION

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

NOTE 5 INFORMATION CERTIFIED OR PROVIDED BY THE TRUSTEE

Principal Trust Company, the trustee of the Plan and the qualified institution, has supplied the Plan administrator with a certification as to the completeness and accuracy of the notes receivable from participants and all investment information presented on the accompanying statements of net assets available for benefits as of April 30, 2025 and 2024, the statements of changes in net assets available for benefits for the year ended April 30, 2025 and the six-month period ended April 30, 2024, and the ERISA-required supplemental schedules of assets (held at end of year) as of April 30, 2025 and 2024.

NOTE 6 RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan engages in certain transactions involving the trustee that are considered parties in interest as defined by ERISA. These transactions involve investing Plan monies in certain target-date mutual funds and a collective fund managed by the trustee and, therefore, qualify as party-in-interest transactions for which a statutory exemption exists.

KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

NOTE 7 FAIR VALUE MEASUREMENTS

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

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

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

- quoted prices for similar assets and liabilities in active markets
- quoted prices for identical or similar assets or liabilities in markets that are not active
- observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2025 and 2024.

Mutual Funds

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

KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024

NOTE 7 FAIR VALUE MEASUREMENTS (CONTINUED)

Collective Trust Funds

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

Self-Directed Brokerage Accounts

This investment account consists of mutual funds and cash equivalents that are valued at fair value as described.

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

| | 2025 | | | |
|---|--------------|---------|---------|--------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds | \$ 4,179,553 | \$ - | \$ - | \$ 4,179,553 |
| Self-Directed Brokerage Accounts | 139,024 | - | - | 139,024 |
| Total | \$ 4,318,577 | \$ - | \$ - | 4,318,577 |
| Investment Measured at Net Assets Value* | | | | 2,044,450 |
| Total Investments at Fair Value | | | | \$ 6,363,027 |

| | 2024 | | | |
|---|--------------|---------|---------|--------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds | \$ 2,195,478 | \$ - | \$ - | \$ 2,195,478 |
| Self-Directed Brokerage Accounts | 7,023 | - | - | 7,023 |
| Total | \$ 2,202,501 | \$ - | \$ - | 2,202,501 |
| Investment Measured at Net Assets Value* | | | | 858,575 |
| Total Investments at Fair Value | | | | \$ 3,061,076 |

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

**KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 7 FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes the collective trust funds for which fair value is measured using the net asset value per share practical expedient as of April 30, 2025 and 2024. There are no participant redemption restrictions for the collective trust funds; the redemption notice period is applicable only to the Plan.

| | Fair Value | | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|------------------------|--------------|------------|-------------------------|-------------------------|-----------------------------|
| | April 30 | | | | |
| | 2025 | 2024 | | | |
| Collective Trust Funds | \$ 2,044,450 | \$ 858,575 | None | Daily | None |

NOTE 8 INVESTMENT IN MASTER TRUST

The Plan's investments are in a Master Trust which was established on November 1, 2023 for the investment of assets of the Plan and other Korn Ferry sponsored retirement plans. The Master Trust is valued based on the beginning of year value of the Plan's interest in the master trust plus actual contributions and allocated investment income or losses, less actual distributions and allocated administrative expenses. Each participating retirement plan has a divided interest in the Master Trust. The assets of the Master Trust are held by Principal, the trustee. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

The following is a summary of investments in the Master Trust as of April 30, 2025 and 2024, which is certified as complete and accurate by the trustee:

| | 2025 | |
|--|--------------------------|--|
| | Master Trust Balances | Plan's Interest in Master Trust Balances |
| Mutual Funds | \$ 97,999,133 | \$ 2,891,454 |
| Collective Trust Funds | 114,628,375 | 3,387,285 |
| Total Investments at Fair Value | 212,627,508 | 6,278,739 |
| Less: | | |
| Due to Broker for Securities Purchased | - | - |
| Total | \$ 212,627,508 | \$ 6,278,739 |

**KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 8 INVESTMENT IN MASTER TRUST (CONTINUED)

| | 2024 | |
|--|--------------------------|--|
| | Master Trust Balances | Plan's Interest in Master Trust Balances |
| Mutual Funds | \$ 47,355,884 | \$ 776,386 |
| Collective Trust Funds | 139,220,518 | 2,282,430 |
| Total Investments at Fair Value | 186,576,402 | 3,058,816 |
| Less: | | |
| Due to Broker for Securities Purchased | 1,092,741 | 17,915 |
| Total | \$ 185,483,661 | \$ 3,040,901 |

Investment income for the Master Trust is as follows for the year ended April 30, 2025 and six-month period ended 2024:

| | 2025 | 2024 |
|---|---------------|---------------|
| Net Appreciation in Fair Value | \$ 17,971,001 | \$ 23,301,784 |
| Interest and Dividend Income | 919,015 | 650,773 |
| Total Increase in Master Trust Investment | \$ 18,890,016 | \$ 23,952,557 |

Refer to Note 7 for description of valuation methodologies used.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets carried at fair value as of April 30, 2025 and 2024:

| | 2025 | | | |
|---------------------------------|---------------|---------|---------|---------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds | \$ 97,999,133 | \$ - | \$ - | \$ 97,999,133 |
| Total Investments at Fair Value | \$ 97,999,133 | \$ - | \$ - | \$ 97,999,133 |
| | 2024 | | | |
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds | \$ 47,355,884 | \$ - | \$ - | \$ 47,355,884 |
| Total Investments at Fair Value | \$ 47,355,884 | \$ - | \$ - | \$ 47,355,884 |

**KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024**

NOTE 8 INVESTMENT IN MASTER TRUST (CONTINUED)

The following table summarizes the collective trust funds for which fair value is measured using the net asset value per share practical expedient as of April 30, 2025 and 2024. There are no participant redemption restrictions for the collective trust funds; the redemption notice period is applicable only to the Plan.

| | Fair Value | | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|------------------------|----------------|----------------|-------------------------|-------------------------|-----------------------------|
| | April 30 | | | | |
| | 2025 | 2024 | | | |
| Collective Trust Funds | \$ 114,628,375 | \$ 139,220,518 | None | Daily | None |

NOTE 9 RISKS AND UNCERTAINTIES

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

NOTE 10 TRANSFER TO (FROM) AFFILIATED PLAN

The Korn Ferry Interim Staff Professionals (ISP) 401(k) Savings Plan allows participant balances in the Korn Ferry 401(k) Savings Plan to transfer to and from the Plan, depending on employee transfers at the Plan Sponsors. During the year ended April 30, 2025, amounts of \$1,164,264, net, were transferred from the Korn Ferry 401(k) Savings Plan to this Plan.

KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
E.I.N. 95-2623879 PLAN NO. 003
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
APRIL 30, 2025

| (a) | (b) | (c) | (d) | (e) |
|-----|---|---|--------|----------------------------|
| | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost** | Current Value |
| | | <u>Mutual Funds:</u> | | |
| | Vanguard Group | Vanguard Instl Idx Instl Fund | \$ | 1,754,640 |
| | Dodge and Cox Funds | Dodge and Cox Stock X Fund | | 535,049 |
| | DFA | U.S. Targeted Value Portfolio I Fund | | 154,551 |
| | Vanguard Group | Vanguard Ext Mk Index Inst Fd | | 406,609 |
| | Vanguard Group | Vdg Ttl Intl Stk Idx Inst Fund | | 491,436 |
| | Vanguard Group | Vanguard Ttl Bd Mkt Idx Inst | | 837,268 |
| | | Total Mutual Funds | | <u>4,179,553</u> |
| | | <u>Collective Trust Funds:</u> | | |
| | Reliance Trust Company | GQG Partners Intntl Eq C CIT | | 236,366 |
| | Reliance Trust Company | GQG Part US Sel Qual Equ C CIT | | 713,542 |
| | Prudential Trust Company | Prudential Core Plus Bond FD 6 | | 232,453 |
| * | SEI Trust Company | Galliard Stable Return Fund E | | 662,396 |
| | State Street Bank and Trust | SSGA US Infl Pro BD IX NL FD C | | 199,693 |
| | | Total Collective Trust Funds | | <u>2,044,450</u> |
| | Schwab Funds | Self-Directed Brokerage Accounts | | 139,024 |
| * | Participants | Participant Loans Rates from 4.00% to 10.50% | - | <u>91,704</u> |
| | | | | <u><u>\$ 6,454,731</u></u> |

* Indicates party-in-interest

** Cost omitted for participant-directed accounts

KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN
E.I.N. 95-2623879 PLAN NO. 003
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
APRIL 30, 2024

| (a) | (b) | (c) | (d) | (e) |
|-----|---|---|--------|----------------------------|
| | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost** | Current Value |
| | | <u>Mutual Funds:</u> | | |
| | Vanguard Group | Vanguard Instl Idx Instl Fund | | \$ 941,454 |
| | Dodge and Cox Funds | Dodge and Cox Stock X Fund | | 309,848 |
| | Vanguard Group | Vanguard Ext Mk Index Inst Fd | | 429,406 |
| | Vanguard Group | Vdg Ttl Intl Stk Idx Inst Fund | | 306,626 |
| | Vanguard Group | Vanguard Ttl Bd Mkt Idx Inst | | 208,144 |
| | | Total Mutual Funds | | <u>2,195,478</u> |
| | | <u>Collective Trust Funds:</u> | | |
| | Reliance Trust Company | GQG Partners Intntl Eq C CIT | | 161,383 |
| | Reliance Trust Company | GQG Part US Sel Qual Equ C CIT | | 343,878 |
| | SEI Trust Company | Aristotle Sm/MD Cap Eq W CIT | | 61,017 |
| | Prudential Trust Company | Prudential Core Plus Bond FD 6 | | 76,825 |
| * | SEI Trust Company | Galliard Stable Return Fund E | | 157,116 |
| | State Street Bank and Trust | SSGA US Infl Pro BD IX NL FD C | | 58,356 |
| | | Total Collective Trust Funds | | <u>858,575</u> |
| | Schwab Funds | Self-Directed Brokerage Accounts | | 7,023 |
| * | Participants | Participant Loans Rates fom 4.00% to 10.50% | - | <u>48,492</u> |
| | | | | <u><u>\$ 3,109,568</u></u> |

* Indicates party-in-interest

** Cost omitted for participant-directed accounts



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

10/24/25

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PLAN ID 5-40670

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

K F I S P (ISP)

EIN 95.2623879
 PLAN NUMBER 004
 PLAN YEAR 05/01/2024 TO 04/30/2025

| (A) Identity of issuer, borrower, lessor or similar party. | (B) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|---|--|--|-------------|----------------------|
| Dodge and Cox Funds | Registered Investment Company Dodge & Cox Stock X Fund | | \$ 0.00 | \$ 535,048.87 |
| Dimensional Fund Advisors | Registered Investment Company DFA US TARGETED VALUE I FUND | | \$ 0.00 | \$ 154,550.68 |
| SEI TRUST COMPANY | Common/Collective Trust Galliard Stable Return F | | \$ 0.00 | \$ 662,395.97 |
| RELIANCE TRUST COMPANY | Common/Collective Trust GOG Part US Sel Qual Equ C CIT | | \$ 0.00 | \$ 713,541.86 |
| Reliance Trust Company | Common/Collective Trust GOG Partners Intntl Eq C CIT | | \$ 0.00 | \$ 236,366.09 |
| Korn Ferry | Master Trusts Korn Ferry Master Trust | | \$ 0.00 | \$ 6,278,739.00 |
| Prudential Trust Company | Common/Collective Trust Prudential Core Plus Bond Fd 6 | | \$ 0.00 | \$ 232,452.65 |
| Schwab Funds | Brokerage Account Self-Directed Brokerage Acct | | \$ 0.00 | \$ 139,023.71 |
| State Street Bank and Trust Company | Common/Collective Trust SSgA US Infl Pro Bd Ix NL Fd C | | \$ 0.00 | \$ 199,693.03 |
| Vanguard Group | Registered Investment Company Vanguard Ext Mk Index Inst Fd | | \$ 0.00 | \$ 406,609.16 |
| Vanguard Group | Registered Investment Company Vanguard Instl Idx Instl Fund | | \$ 0.00 | \$ 1,754,640.24 |
| Vanguard Group | Registered Investment Company Vanguard Ttl Bd Mkt Idx Inst | | \$ 0.00 | \$ 837,268.25 |
| Vanguard Group | Registered Investment Company Vgd Ttl Intl Stk Idx Inst Fund | | \$ 0.00 | \$ 491,435.73 |
| * Participant Loans | Range of Interest Rates Rates Range From 9.50% To 10.50% | | \$ 0.00 | \$ 91,704.00 |

