

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan <u>DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>006</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>07/01/1961</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>006</u>	1c	Effective date of plan <u>07/01/1961</u>		
1b	Three-digit plan number (PN) ▶ <u>006</u>						
1c	Effective date of plan <u>07/01/1961</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER</u> <u>DES MOINES UNIVERSITY</u> <u>ATTN MARK PEIFFER</u> <u>3200 GRAND AVE</u> <u>DES MOINES, IA 50312-4104</u> <u>ATTN MARK PEIFFER</u> <u>3200 GRAND AVE</u> <u>DES MOINES, IA 50312-4104</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>42-0730347</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>515-271-1475</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>611000</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>42-0730347</u>	2c	Plan Sponsor's telephone number <u>515-271-1475</u>	2d	Business code (see instructions) <u>611000</u>
2b	Employer Identification Number (EIN) <u>42-0730347</u>						
2c	Plan Sponsor's telephone number <u>515-271-1475</u>						
2d	Business code (see instructions) <u>611000</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/30/2022	MARK PEIFFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/30/2022	MARK PEIFFER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 683
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 329
a(2) Total number of active participants at the end of the plan year		6a(2) 333
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 343
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 676
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 12
f Total. Add lines 6d and 6e		6f 688
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 671
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		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: 2F 2G 2L 2M 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>3</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER	D Employer Identification Number (EIN) 42-0730347	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	441	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **CUSTODIAL GUARANTEED INTEREST CONTRACT**

b	Balance at the end of the previous year	7b	3625177
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c	Additions: (1) Contributions deposited during the year	7c(1)	205741	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	54777	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	492789	

▶ **ROLLOVER, OUTSIDE INVESTMENT TRANSFER**

(6) Total additions	7c(6)	753307
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	4378484
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	520976	
	(2) Administration charge made by carrier.....	7e(2)	3773	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	336273	

▶ **OUTSIDE INVESTMENT TRANSFER**

(5) Total deductions	7e(5)	861022
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3517462
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER	D Employer Identification Number (EIN) 42-0730347	

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	150533	373	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	9484778
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	1082834

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	9775500
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	334004	
	(4) Transferred from separate account.....	7c(4)	1379963	
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	1713967
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	11489467
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	552590	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	1323187	
	(4) Other (specify below)	7e(4)	128912	
	▶ OUTSIDE INVESTMENT TRANSFER			

(5) Total deductions	7e(5)	2004689
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	9484778
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER	D Employer Identification Number (EIN) 42-0730347	

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

(a) Name of insurance carrier
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	004977	43	01/01/2021	12/31/2021

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 2117523**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **N/A - THIS PLAN IS FULLY FUNDED WITH ALLOCATED FUNDS****b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED INTEREST OPTION****b** Balance at the end of the previous year **7b** 2120759**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 62383
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 62383**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2183142**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 65547
(2) Administration charge made by carrier..... **7e(2)** 73
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 65620**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2117522

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER	D Employer Identification Number (EIN) 42-0730347	

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
EQUITABLE FINANCIAL LIFE INSURANCE
13-5570651

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

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

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

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

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

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

EQUITABLE FINANCIAL LIFE INSURANCE

13-5570651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 25 59 60 62 63 67 37 58	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	43984	Yes ☐ No ☒

(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 50 64	CONTRACT ADMINISTRATOR	68890	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>42-0730347</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
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)	
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	9478261082834
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	7793206489933274
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	1552143615119762
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	94401326 106135870
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	94401326 106135870

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2531834
	(B) Participants	2a(1)(B)	3064575
	(C) Others (including rollovers).....	2a(1)(C)	1380523
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	6976932
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	35155
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	35155
(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)	1722517
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1722517
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		584010
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		10014460
c Other income.....	2c		26717
d Total income. Add all income amounts in column (b) and enter total.....	2d		19359791
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7556251	
(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)		7556251
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	68996	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		68996
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7625247
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		11734544
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN	B Three-digit plan number (PN) ► 006
C Plan sponsor's name as shown on line 2a of Form 5500 DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER	D Employer Identification Number (EIN) 42-0730347

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290 13-1624203		
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	35

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Des Moines University Defined Contribution 403(b) Plan

Financial Report
December 31, 2021

Contents

Independent auditor's report	1-3
Financial statements	
Statements of net assets available for benefits, December 31, 2021 and 2020	4
Statement of changes in net assets available for benefits, year ended December 31, 2021	5
Notes to financial statements	6-14
Supplemental schedule	
Schedule H—Part IV, Line 4i—Schedule of assets (held at year-end), December 31, 2021	15-17

Independent Auditor's Report

RSM US LLP

Fiduciary and Investment Committee
Des Moines University Defined Contribution 403(b) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Des Moines University Defined Contribution 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, a custodian, TIAA and CREF, a custodian for certain other investments, and Equitable Financial Life Insurance Company, a custodian, as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2021 Financial Statements

We do not express an opinion on the accompanying 2021 financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2021 Financial Statements

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2008. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 3 to the financial statements, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (U.S. GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H—Part IV, Line 4i—Schedule of assets (held at year-end) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, a custodian, TIAA and CREF, as issuers for certain investments and as agent for TIAA, FSB, a custodian for certain other investments, and Equitable Financial Life Insurance Company, a custodian. Further, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2008. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

The Plan has excluded from the 2020 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded from the 2020 financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. U.S. GAAP require that these accounts and the related income and distributions be included in the 2020 financial statements.

In our report dated June 24, 2021, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.

RSM US LLP

Des Moines, Iowa
June 27, 2022

Des Moines University Defined Contribution 403(b) Plan

**Statements of Net Assets Available for Benefits
December 31, 2021 and 2020**

	2021	2020
Assets		
Investments, at fair value	\$ 99,896,727	\$ 87,981,857
Investments, at contract value, fixed annuity contracts	6,239,143	6,419,469
Total assets	106,135,870	94,401,326
Liabilities	-	-
Net assets available for benefits	\$ 106,135,870	\$ 94,401,326

See notes to financial statements.

Des Moines University Defined Contribution 403(b) Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value/contract value of investments

\$ 10,625,187

Interest and dividends

1,757,672

12,382,859

Contributions:

Participant

3,064,575

Employer

2,531,834

Rollover

1,380,523

6,976,932

Total additions

19,359,791

Deductions from net assets attributed to:

Benefits paid to participants

7,556,251

Administrative fees

68,996

Total deductions

7,625,247

Net increase

11,734,544

Net assets available for benefits:

Beginning of year

94,401,326

End of year

\$ 106,135,870

See notes to financial statements.

Des Moines University Defined Contribution 403(b) Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of the Des Moines University Defined Contribution 403(b) Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General and eligibility: The Plan, as restated January 1, 2020, is a defined contribution plan covering substantially all employees of Des Moines University Osteopathic Medical Center (University or Plan Sponsor) who work 20 hours or more per week and are not student employees, as well as former plan participants later rehired by the University. Employees may enter the Plan and are also eligible for University matching contributions upon their date of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the applicable current Internal Revenue Code (IRC) provisions.

Contributions: Each year, participants may elect to contribute a portion of their eligible compensation, as defined by the Plan, subject to certain IRC limitations. Deferrals may be made using pre-tax, Roth or a combination of both. The University provides matching contributions based on the employee group the participant belongs to. The University matching contributions are limited as follows:

Salaried/exempt employees: the lesser of 100% of deferrals (up to 10% of eligible earnings) or \$1,625 per month; and

Hourly/nonexempt employees: the lesser of 100% of deferrals (up to 10% of eligible earnings) or \$750 per bi-weekly pay period.

Rollover contributions are also allowed by the Plan.

Participant accounts: Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, the University's matching contributions and an allocation of Plan earnings, and is charged with withdrawals and fees applicable to early withdrawal, if any. Allocations are based on participant account balances or specific participant transactions, as defined in the Plan.

Investment options: Effective July 1, 2014, participants direct the investment of their contributions into various investment options offered by the Plan through Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company. For the period January 1, 2009 through June 30, 2014, contributions could be directed into various investment options offered by the Plan through TIAA and CREF. Prior to January 1, 2009, contributions could also be directed into various investment options offered by the Plan through Equitable Financial Life Insurance Company (Equitable Financial). The amounts contributed are currently deposited into one or more of 30 investment options offered by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company.

Vesting: Participants are immediately vested in their contributions, rollover contributions and University matching contributions plus actual earnings thereon.

Payment of benefits: Upon a participant's termination from the Plan, the participant may elect to receive either a lump sum payment equal to the vested value of his or her account or installment payments over various periods as elected by the participant. Participants may also request hardship or in-service withdrawals.

Des Moines University Defined Contribution 403(b) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

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

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

Investment valuation and income recognition: The Plan's investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Fiduciary and Investment Committee determines the Plan's valuation policies, utilizing information provided by the issuer and/or custodians of the Plan. See Note 8 for discussion of fair value measurements.

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

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Administrative expenses: Certain administrative functions are performed by officers or employees of the University. No such officer or employee receives compensation from the Plan. Certain other administrative expenses of the Plan, including third party administrator fees and audit fees, are paid by the Plan Sponsor.

Payment of benefits: Benefit payments to participants are recorded when paid.

Subsequent events: The Plan Administrator has evaluated subsequent events through June 27, 2022, which is the date the financial statements were available to be issued.

Note 3. Excluded Investments

The Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's (DOL) Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. Investment income and distributions related to such accounts have also been excluded from the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021. The total amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Des Moines University Defined Contribution 403(b) Plan

Notes to Financial Statements

Note 4. Information Certified and Provided by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, TIAA and CREF and Equitable Financial

The following is a summary of the Plan's asset information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, a custodian, TIAA and CREF, as issuers for certain investments and as agent for TIAA, FSB, a custodian for certain other investments, and Equitable Financial, custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, TIAA and CREF and Equitable Financial that information provided to the Plan Administrator by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, TIAA and CREF and Equitable Financial related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with the respect to the information which appears throughout the financial statements and ERISA-required supplemental schedule related to the following assets as of December 31, 2021 and 2020:

	2021	2020
Investments, at fair value:		
Mutual funds	\$ 77,213,248	\$ 65,968,680
Variable annuity contracts	12,720,026	11,963,384
Pooled separate accounts	1,082,834	947,826
Fixed annuity contracts, non benefit-responsive	8,880,619	9,101,967
Investments, at contract value:		
TIAA-CREF fixed annuity contracts	604,158	673,533
Equitable Financial fixed annuity contracts	2,117,523	2,120,759
Principal fixed annuity contracts	3,517,462	3,625,177
	<u>\$ 106,135,870</u>	<u>\$ 94,401,326</u>

Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, TIAA and CREF and Equitable Financial, as applicable, also certified to the completeness and accuracy of \$10,625,187 in net appreciation in the fair value/contract value of investments and \$1,757,672 in interest and dividends for the year ended December 31, 2021.

Note 5. Plan Termination

Although it has not expressed any intention to do so, the University has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Note 6. Tax Status

The Plan has been drafted to satisfy the requirements under the IRC as they pertain to 403(b) Plans. The Plan is required to operate in conformity with the IRC to maintain the exclusion from tax for plan participants. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC.

Des Moines University Defined Contribution 403(b) Plan

Notes to Financial Statements

Note 6. Tax Status (Continued)

The Plan applies the standards on accounting for uncertainty in income taxes. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustments to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 7. Risks and Uncertainties

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 statement of net assets available for benefits.

Note 8. Fair Value Measurements

The Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification (ASC), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the topic are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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 December 31, 2021 and 2020:

Mutual funds: Mutual funds are reported at the daily closing price as reported by each fund, based on daily net asset value, and are classified within Level 1 of the valuation hierarchy.

Des Moines University Defined Contribution 403(b) Plan

Notes to Financial Statements

Note 8. Fair Value Measurements (Continued)

Variable annuity contracts: Invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives and are valued at the net asset value (NAV) of units held by the Plan in each account at year end. The NAV is used as a practical expedient to determine fair value for non-CREF variable annuity contracts. Non-CREF investments measured at NAV per share used as a practical expedient are not required to be classified in the fair value hierarchy. The CREF variable annuity contract funds are valued at the daily unit value published on NASDAQ. The fund is not traded on this exchange. The value of the unit holder's investment increases and decreases with the returns on the underlying assets in the fund.

Pooled separate accounts: Daily unit values are published on NASDAQ. The fund is not traded on this exchange. The value of the unit holder's investment increases and decreases with the return on the underlying assets in the account.

Fixed annuity contracts, non benefit-responsive: This account represents allocated fixed-rate annuity contracts with TIAA and CREF. Contributions to the annuity purchase a contractual or guaranteed amount of future benefits for the participant. Fixed annuity contracts that are non benefit-responsive are reported at contract value which approximates fair value. This determination is based on TIAA and CREF's credit rating and yield during 2021 and 2020 being comparable to similar alternative investments and the interest rate, which re-sets annually, being comparable to a 10-year treasury bond.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021				
	(Level 1)	(Level 2)	(Level 3)	Total
Assets:				
Mutual funds	\$ 77,213,248	\$ -	\$ -	\$ 77,213,248
Pooled separate accounts, real estate	-	1,082,834	-	1,082,834
Variable annuity contracts—CREF	-	10,383,994	-	10,383,994
Fixed annuity contracts, non benefit-responsive	-	-	8,880,619	8,880,619
Total assets in the fair value hierarchy	<u>\$ 77,213,248</u>	<u>\$ 11,466,828</u>	<u>\$ 8,880,619</u>	<u>97,560,695</u>
Investments measured at net asset value:*				
Variable annuity contracts—Equitable Financial				2,336,032
Total investments, at fair value				<u>\$ 99,896,727</u>

Assets at Fair Value as of December 31, 2020				
	(Level 1)	(Level 2)	(Level 3)	Total
Assets:				
Mutual funds	\$ 65,968,680	\$ -	\$ -	\$ 65,968,680
Pooled separate accounts, real estate	-	947,826	-	947,826
Variable annuity contracts—CREF	-	9,817,252	-	9,817,252
Fixed annuity contracts, non benefit-responsive	-	-	9,101,967	9,101,967
Total assets in the fair value hierarchy	<u>\$ 65,968,680</u>	<u>\$ 10,765,078</u>	<u>\$ 9,101,967</u>	<u>85,835,725</u>
Investments measured at net asset value:*				
Variable annuity contracts—Equitable Financial				2,146,132
Total investments, at fair value				<u>\$ 87,981,857</u>

Des Moines University Defined Contribution 403(b) Plan

Notes to Financial Statements

Note 8. Fair Value Measurements (Continued)

*In accordance with ASC 820-10, certain investments that were measured at net asset value per share have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2021 and 2020, there were no transfers in or out of Level 3.

The table below sets forth a summary of purchases of the Plan's Level 3 assets for the years ended December 31, 2021 and 2020:

	Fixed Annuity Contracts	
	2021	2020
Purchases	\$ 1,379,963	\$ 854,470

Des Moines University Defined Contribution 403(b) Plan

Notes to Financial Statements

Note 8. Fair Value Measurements (Continued)

The following table presents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

2021					
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Value	Weighted Average
Fixed annuity contracts, non benefit-responsive, TIAA Traditional Annuity	\$ 8,880,619	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.00%-4.45%	3.58%
2020					
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Value	Weighted Average
Fixed annuity contracts, non benefit-responsive, TIAA Traditional Annuity	\$ 9,101,967	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.00%-4.45%	4.00%

The following table sets forth additional disclosure of the Plan's investments whose fair value is estimated using net asset value per share as of December 31, 2021 and 2020:

Investment	2021 Fair Value	2020 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Variable annuity contracts:					
International equity (a)	\$ 100,883	\$ 100,333	\$ -	Daily	None
U.S. equity (b)	1,915,469	1,734,703	-	Daily	None
Fixed income (c)	76,287	81,984	-	Daily	None
Money market (d)	519	1,946	-	Daily	None
Balanced (e)	242,874	227,166	-	Daily	None
	<u>\$ 2,336,032</u>	<u>\$ 2,146,132</u>			

- (a) This category seeks a favorable long-term rate of return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of common stocks.
- (b) This category seeks a favorable long-term rate of return through investing in U.S. equity securities of companies with small to large market capitalization.

Des Moines University Defined Contribution 403(b) Plan

Notes to Financial Statements

Note 8. Fair Value Measurements (Continued)

- (c) This category seeks a favorable long-term rate of return through high current income consistent with preserving capital and a favorable long-term rate of return that outpaces inflation, primarily through investment in inflation-indexed bonds—fixed income securities whose returns are designed to track a specified inflation index over the life of the bond.
- (d) This category seeks high current income consistent with maintaining liquidity and preserving capital.
- (e) This category seeks a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria.

Note 9. Investment Contracts with Insurance Companies

The Plan has fixed annuity investment contracts with Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, TIAA and CREF and Equitable Financial. Contributions made to the investment contracts are maintained in the general accounts of the respective insurance companies. The contracts are credited with earnings on the underlying investments and are charged for participant withdrawals and applicable withdrawal charges.

The Plan has certain investment contracts that are fully benefit-responsive and contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract as contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. These contracts are included in the financial statements at contract value as reported to the Plan by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, TIAA and CREF and Equitable Financial. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. The issuers' ability to meet their financial obligations may be affected by future economic and regulatory developments.

For the Principal Fixed Income Guaranteed Option Accounts, there are no reserves against the contract values for credit risk of the contract issuers or otherwise. The crediting interest rate is based on a formula agreed upon with Principal Life, but generally may not be less than 1.55%, depending on the underlying contract. Such interest rates are reviewed for resetting on an annual basis, and more frequently, as appropriate.

For the TIAA and CREF Traditional Annuity, there are no reserves against the contract values for credit risk of the contract issuers or otherwise. The crediting interest rate is based on a formula agreed upon with TIAA and CREF, but generally may not be less than 3%, depending on the underlying contract. Such interest rates are reviewed for resetting on an annual basis, and more frequently, as appropriate.

For the Equitable Financial Guaranteed Interest Accounts, the crediting interest rate is based on a formula agreed upon with Equitable Financial and varies based on the underlying contract type, contract series and state in which the contract is issued, but may not be less than a range of 1% to 3%. Such interest rates are reviewed for resetting on an annual basis, and more frequently, as appropriate.

Des Moines University Defined Contribution 403(b) Plan

Notes to Financial Statements

Note 9. Investment Contracts with Insurance Companies (Continued)

Certain events limit the Plan's ability to transact at contract value with the issuers. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion or equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestiture or spin-offs of a subsidiary) that cause a significant withdrawal from the plan or (d) failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA of 1974. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

Note 10. Related-Party Transactions

Certain Plan investments are managed by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, TIAA and CREF and Equitable Financial. Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, TIAA and CREF and Equitable Financial are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 11. Net Assets Available for Benefits

In November 2007, the DOL issued amended regulations eliminating an exemption granted to 403(b) Plans from annual Form 5500 reporting, disclosure and audit requirements under Title I of ERISA. The removal of this exemption subjected the Plan to audit and expanded Form 5500 reporting requirements for the first time beginning with the Plan's year ended December 31, 2009. The Plan and TIAA and CREF have not maintained sufficiently detailed accounting records relating to the Plan's annuity and custodial accounts issued to current and former employees prior to January 1, 2008. Accordingly, the completeness of the Plan's net assets available for benefits as of December 31, 2021 and 2020, and changes in net assets available for benefits for the year ended December 31, 2021, could not be verified.

Des Moines University Defined Contribution 403(b) Plan**Employer Identification Number: 42-0730347****Plan Number: 006****Schedule of Assets (Held at Year-End)****December 31, 2021**

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Fair/Contract Value
<i>Mutual funds</i>		
*TIAA-CREF	TIAA-CREF Lifecycle 2010-Rtmt	\$ 611,542
*TIAA-CREF	TIAA-CREF Lifecycle 2015-Rtmt	174,983
*TIAA-CREF	TIAA-CREF Lifecycle 2020-Rtmt	1,798,186
*TIAA-CREF	TIAA-CREF Lifecycle 2025-Rtmt	652,150
*TIAA-CREF	TIAA-CREF Lifecycle 2030-Rtmt	819,472
*TIAA-CREF	TIAA-CREF Lifecycle 2035-Rtmt	763,779
*TIAA-CREF	TIAA-CREF Lifecycle 2040-Rtmt	1,495,365
*TIAA-CREF	TIAA-CREF Lifecycle 2045-Rtmt	365,236
*TIAA-CREF	TIAA-CREF Lifecycle 2050-Rtmt	107,795
*TIAA-CREF	TIAA-CREF Lifecycle 2055-Rtmt	1,940
*TIAA-CREF	TIAA-CREF Lfcyle Rtmt Inc-Rtmt	242,390
*TIAA-CREF	TIAA-CREF Intl Eq-Rtmt	471,315
*TIAA-CREF	TIAA-CREF Lg-Cap Val-Rtmt	448,669
*TIAA-CREF	TIAA-CREF Mid-Cap Gr-Rtmt	285,704
*TIAA-CREF	TIAA-CREF Mid-Cap Val-Rtmt	263,345
*TIAA-CREF	TIAA-CREF Qt Sm-Cap Eq-Rtmt	383,280
*Principal Life Insurance Company	Metropolitan Retirement Bond	1,724,230
*Principal Life Insurance Company	Vangaard Total Bond Market Index Adm Fd	1,081,958
*Principal Life Insurance Company	Vanguard Institutional Target Retirement Inc Inv Fund	80,299
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2015 Inv Fund	515,794
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2020 Inv Fund	3,213,208
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2025 Inv Fund	4,581,911
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2030 Inv Fund	7,818,788
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2035 Inv Fund	7,475,872
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2040 Inv Fund	4,732,835
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2045 Inv Fund	7,229,095
*Principal Life Insurance Company	Vanguard Target Retirement 2050 Inv Fund	102,697
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2050 Inv Fund	4,752,129
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2055 Inv Fund	1,288,129
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2060 Inv Fund	582,027
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2065 Inv Fund	70,697
*Principal Life Insurance Company	John Hancock Disc VI R6 Fund	2,227,648
*Principal Life Insurance Company	T. Rowe Price/Brown Advisory LargeCap Growth I Fund	2,682,430
*Principal Life Insurance Company	TIAA-CREF Equity Index Inst Fd	705,093
*Principal Life Insurance Company	TIAA-CREF Soc Ch Eq I Fund	302,241
*Principal Life Insurance Company	Vanguard 500 Index Admiral Fund	4,824,847
*Principal Life Insurance Company	Fidelity Adv Small Cap Growth Fund	546,365
*Principal Life Insurance Company	Goldman Sachs Small Cap Value Fund	719,488
*Principal Life Insurance Company	Voya Mid Cap OPPS I Fund	673,130
*Principal Life Insurance Company	MFS Mid Cap Value Fund	1,447,793
*Principal Life Insurance Company	Vanguard Mid Cap Index Adm Fund	2,274,475
*Principal Life Insurance Company	Vanguard Small Cap Index Adm Fund	1,579,873
*Principal Life Insurance Company	Capital Research Am Funds EuroPacific Growth Fund	882,501
*Principal Life Insurance Company	MFS International Intrinsic Value Fund	1,075,154
*Principal Life Insurance Company	Vanguard Total International Stock Index Fund	1,977,293
*Principal Life Insurance Company	Principal Real Estate Securities R6 Fund	1,160,097
Total mutual funds		77,213,248

(Continued)

Des Moines University Defined Contribution 403(b) Plan**Employer Identification Number: 42-0730347****Plan Number: 006****Schedule of Assets (Held at Year-End) (Continued)****December 31, 2021**

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Fair/Contract Value
<i>Variable annuity contracts</i>		
*TIAA-CREF	CREF Stock Account	\$ 3,837,658
*TIAA-CREF	CREF Money Market Account	175,716
*TIAA-CREF	CREF Social Choice Account	701,558
*TIAA-CREF	CREF Bond Market Account	1,216,102
*TIAA-CREF	CREF Global Equities Account	752,175
*TIAA-CREF	CREF Growth Account	1,851,490
*TIAA-CREF	CREF Equity Index Account	1,532,074
*TIAA-CREF	CREF Inflation-Linked Bond Account	317,221
*Equitable Financial	EQ/Global Equity Managed Volatility Portfolio	2,465
*Equitable Financial	EQ/International Core Managed Volatility Portfolio	936
*Equitable Financial	EQ/International Value Managed Volatility Portfolio	48,748
*Equitable Financial	EQ/Large Cap Growth Managed Volatility Portfolio	177,891
*Equitable Financial	EQ/Large Cap Value Managed Volatility Portfolio	266,783
*Equitable Financial	EQ/Mid Cap Value Managed Volatility Portfolio	13,989
*Equitable Financial	EQ/Moderate Allocation Portfolio	242,038
*Equitable Financial	EQ/Moderate-Plus Allocation Portfolio	836
*Equitable Financial	EQ/Fidelity Institutional AM LgC	13,704
*Equitable Financial	Multimanager Aggressive Equity Portfolio	83,376
*Equitable Financial	Multimanager Core Bond Portfolio	1,476
*Equitable Financial	Multimanager Technology Portfolio	3,274
*Equitable Financial	EQ/AllianceBernstein Small Cap Growth Portfolio	131,742
*Equitable Financial	EQ/American Century Mid Cap Value Portfolio	1,602
*Equitable Financial	EQ/Value Equity Portfolio	301
*Equitable Financial	1290 VT Socially Responsible Portfolio	912
*Equitable Financial	EQ/Capital Group Research	1,346
*Equitable Financial	EQ/Common Stock Index Portfolio	492,413
*Equitable Financial	EQ/Equity 500 Index Portfolio	704,211
*Equitable Financial	1290 VT GAMCO Small Company Value Portfolio	16,951
*Equitable Financial	1290 VT Small Cap Value Portfolio	1,411
*Equitable Financial	EQ/Intermediate Government Bond Index Portfolio	5,093
*Equitable Financial	EQ/International Equity Index Portfolio	48,326
*Equitable Financial	EQ/JP Morgan Value Opportunities Portfolio	8,469
*Equitable Financial	EQ/Large Cap Growth Index Portfolio	4,452
*Equitable Financial	EQ/MFS International Growth Portfolio	408
*Equitable Financial	EQ/Mid Cap Index Portfolio	3,907
*Equitable Financial	EQ/Money Market Portfolio	519
*Equitable Financial	EQ/Janus Enterprise	3,542
*Equitable Financial	EQ/Quality Bond PLUS Portfolio	27,307
*Equitable Financial	EQ/Small Company Index Portfolio	73
*Equitable Financial	EQ/T. Rowe Price Growth Stock Portfolio	2,071
*Equitable Financial	EQ/Core Plus Bond	25,460
Total variable annuity contracts		12,720,026

(Continued)

Des Moines University Defined Contribution 403(b) Plan**Employer Identification Number: 42-0730347****Plan Number: 006****Schedule of Assets (Held at Year-End) (Continued)****December 31, 2021**

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Fair/Contract Value
<i>Pooled Separate Accounts</i>		
*TIAA-CREF	TIAA Real Estate Account	\$ 1,082,834
<i>Fixed Annuity Contracts</i>		
*TIAA-CREF	TIAA Traditional Annuity Benefit-Responsive	604,158
*TIAA-CREF	TIAA Traditional Annuity Non Benefit-Responsive	8,880,619
*Principal Life Insurance Company	Principal Fixed Income Guaranteed Option	3,517,462
*Equitable Financial	Guaranteed Interest Account	2,117,523
Total fixed annuity contracts		<u>15,119,762</u>
		<u><u>\$ 106,135,870</u></u>

*Indicates party-in-interest to the Plan

The above information was certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, a custodian TIAA and CREF, as issuer for certain investments and as agent for TIAA, FSB, a custodian for certain other investments, and Equitable Financial Life Insurance Company, a custodian, as complete and accurate.

Des Moines University Defined Contribution 403(b) Plan**Employer Identification Number: 42-0730347****Plan Number: 006****Schedule of Assets (Held at Year-End)****December 31, 2021**

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Fair/Contract Value
<i>Mutual funds</i>		
*TIAA-CREF	TIAA-CREF Lifecycle 2010-Rtmt	\$ 611,542
*TIAA-CREF	TIAA-CREF Lifecycle 2015-Rtmt	174,983
*TIAA-CREF	TIAA-CREF Lifecycle 2020-Rtmt	1,798,186
*TIAA-CREF	TIAA-CREF Lifecycle 2025-Rtmt	652,150
*TIAA-CREF	TIAA-CREF Lifecycle 2030-Rtmt	819,472
*TIAA-CREF	TIAA-CREF Lifecycle 2035-Rtmt	763,779
*TIAA-CREF	TIAA-CREF Lifecycle 2040-Rtmt	1,495,365
*TIAA-CREF	TIAA-CREF Lifecycle 2045-Rtmt	365,236
*TIAA-CREF	TIAA-CREF Lifecycle 2050-Rtmt	107,795
*TIAA-CREF	TIAA-CREF Lifecycle 2055-Rtmt	1,940
*TIAA-CREF	TIAA-CREF Lfcyle Rtmt Inc-Rtmt	242,390
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*TIAA-CREF	TIAA-CREF Lg-Cap Val-Rtmt	448,669
*TIAA-CREF	TIAA-CREF Mid-Cap Gr-Rtmt	285,704
*TIAA-CREF	TIAA-CREF Mid-Cap Val-Rtmt	263,345
*TIAA-CREF	TIAA-CREF Qt Sm-Cap Eq-Rtmt	383,280
*Principal Life Insurance Company	Metropolitan Retirement Bond	1,724,230
*Principal Life Insurance Company	Vangaard Total Bond Market Index Adm Fd	1,081,958
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*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2020 Inv Fund	3,213,208
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2025 Inv Fund	4,581,911
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2030 Inv Fund	7,818,788
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2035 Inv Fund	7,475,872
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2040 Inv Fund	4,732,835
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2045 Inv Fund	7,229,095
*Principal Life Insurance Company	Vanguard Target Retirement 2050 Inv Fund	102,697
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2050 Inv Fund	4,752,129
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2055 Inv Fund	1,288,129
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2060 Inv Fund	582,027
*Principal Life Insurance Company	Vanguard Institutional Target Retirement 2065 Inv Fund	70,697
*Principal Life Insurance Company	John Hancock Disc VI R6 Fund	2,227,648
*Principal Life Insurance Company	T. Rowe Price/Brown Advisory LargeCap Growth I Fund	2,682,430
*Principal Life Insurance Company	TIAA-CREF Equity Index Inst Fd	705,093
*Principal Life Insurance Company	TIAA-CREF Soc Ch Eq I Fund	302,241
*Principal Life Insurance Company	Vanguard 500 Index Admiral Fund	4,824,847
*Principal Life Insurance Company	Fidelity Adv Small Cap Growth Fund	546,365
*Principal Life Insurance Company	Goldman Sachs Small Cap Value Fund	719,488
*Principal Life Insurance Company	Voya Mid Cap OPPS I Fund	673,130
*Principal Life Insurance Company	MFS Mid Cap Value Fund	1,447,793
*Principal Life Insurance Company	Vanguard Mid Cap Index Adm Fund	2,274,475
*Principal Life Insurance Company	Vanguard Small Cap Index Adm Fund	1,579,873
*Principal Life Insurance Company	Capital Research Am Funds EuroPacific Growth Fund	882,501
*Principal Life Insurance Company	MFS International Intrinsic Value Fund	1,075,154
*Principal Life Insurance Company	Vanguard Total International Stock Index Fund	1,977,293
*Principal Life Insurance Company	Principal Real Estate Securities R6 Fund	1,160,097
Total mutual funds		77,213,248

(Continued)

Des Moines University Defined Contribution 403(b) Plan**Employer Identification Number: 42-0730347****Plan Number: 006****Schedule of Assets (Held at Year-End) (Continued)****December 31, 2021**

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Fair/Contract Value
<i>Variable annuity contracts</i>		
*TIAA-CREF	CREF Stock Account	\$ 3,837,658
*TIAA-CREF	CREF Money Market Account	175,716
*TIAA-CREF	CREF Social Choice Account	701,558
*TIAA-CREF	CREF Bond Market Account	1,216,102
*TIAA-CREF	CREF Global Equities Account	752,175
*TIAA-CREF	CREF Growth Account	1,851,490
*TIAA-CREF	CREF Equity Index Account	1,532,074
*TIAA-CREF	CREF Inflation-Linked Bond Account	317,221
*Equitable Financial	EQ/Global Equity Managed Volatility Portfolio	2,465
*Equitable Financial	EQ/International Core Managed Volatility Portfolio	936
*Equitable Financial	EQ/International Value Managed Volatility Portfolio	48,748
*Equitable Financial	EQ/Large Cap Growth Managed Volatility Portfolio	177,891
*Equitable Financial	EQ/Large Cap Value Managed Volatility Portfolio	266,783
*Equitable Financial	EQ/Mid Cap Value Managed Volatility Portfolio	13,989
*Equitable Financial	EQ/Moderate Allocation Portfolio	242,038
*Equitable Financial	EQ/Moderate-Plus Allocation Portfolio	836
*Equitable Financial	EQ/Fidelity Institutional AM LgC	13,704
*Equitable Financial	Multimanager Aggressive Equity Portfolio	83,376
*Equitable Financial	Multimanager Core Bond Portfolio	1,476
*Equitable Financial	Multimanager Technology Portfolio	3,274
*Equitable Financial	EQ/AllianceBernstein Small Cap Growth Portfolio	131,742
*Equitable Financial	EQ/American Century Mid Cap Value Portfolio	1,602
*Equitable Financial	EQ/Value Equity Portfolio	301
*Equitable Financial	1290 VT Socially Responsible Portfolio	912
*Equitable Financial	EQ/Capital Group Research	1,346
*Equitable Financial	EQ/Common Stock Index Portfolio	492,413
*Equitable Financial	EQ/Equity 500 Index Portfolio	704,211
*Equitable Financial	1290 VT GAMCO Small Company Value Portfolio	16,951
*Equitable Financial	1290 VT Small Cap Value Portfolio	1,411
*Equitable Financial	EQ/Intermediate Government Bond Index Portfolio	5,093
*Equitable Financial	EQ/International Equity Index Portfolio	48,326
*Equitable Financial	EQ/JP Morgan Value Opportunities Portfolio	8,469
*Equitable Financial	EQ/Large Cap Growth Index Portfolio	4,452
*Equitable Financial	EQ/MFS International Growth Portfolio	408
*Equitable Financial	EQ/Mid Cap Index Portfolio	3,907
*Equitable Financial	EQ/Money Market Portfolio	519
*Equitable Financial	EQ/Janus Enterprise	3,542
*Equitable Financial	EQ/Quality Bond PLUS Portfolio	27,307
*Equitable Financial	EQ/Small Company Index Portfolio	73
*Equitable Financial	EQ/T. Rowe Price Growth Stock Portfolio	2,071
*Equitable Financial	EQ/Core Plus Bond	25,460
Total variable annuity contracts		12,720,026

(Continued)

Des Moines University Defined Contribution 403(b) Plan**Employer Identification Number: 42-0730347****Plan Number: 006****Schedule of Assets (Held at Year-End) (Continued)****December 31, 2021**

Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment	Fair/Contract Value
<i>Pooled Separate Accounts</i>			
*TIAA-CREF		TIAA Real Estate Account	\$ 1,082,834
<i>Fixed Annuity Contracts</i>			
*TIAA-CREF		TIAA Traditional Annuity Benefit-Responsive	604,158
*TIAA-CREF		TIAA Traditional Annuity Non Benefit-Responsive	8,880,619
*Principal Life Insurance Company		Principal Fixed Income Guaranteed Option	3,517,462
*Equitable Financial		Guaranteed Interest Account	2,117,523
Total fixed annuity contracts			<u>15,119,762</u>
			<u><u>\$ 106,135,870</u></u>

*Indicates party-in-interest to the Plan

The above information was certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, a custodian TIAA and CREF, as issuer for certain investments and as agent for TIAA, FSB, a custodian for certain other investments, and Equitable Financial Life Insurance Company, a custodian, as complete and accurate.