

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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 ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PRINCIPAL EASE 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 334
1c	Effective date of plan 01/01/2021
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) PRINCIPAL LIFE INSURANCE COMPANY 711 HIGH STREET DES MOINES, IA 50392
2b	Employer Identification Number (EIN) 42-0127290
2c	Plan Sponsor's telephone number 800-986-3343
2d	Business code (see instructions) 524140

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.	02/25/2024	SEAN M. JORDAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/25/2024	SEAN M. JORDAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 37112
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) 36054
a(2) Total number of active participants at the end of the plan year		6a(2) 54001
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 987
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 54988
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 4
f Total. Add lines 6d and 6e		6f 54992
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 10704
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 361
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2G 2J 2K 2S 2T 3D 2W		
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) ☒ 2 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan PRINCIPAL EASE 401(K) PLAN	B Three-digit plan number (PN) ► 334
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCIPAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 42-0127290

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	467968	54992	01/01/2022	12/31/2022

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.
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(a) Total amount of commissions paid 17268	(b) Total amount of fees paid 299
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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 PRINCIPAL SECURITIES INC 711 HIGH ST DES MOINES, IA 50392-0001
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5679	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid AMERIPRISE FINANCIAL SERVICES INC 70911 AMERIPRISE FINANCIAL CTR MINNEAPOLIS, MN 55474-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3602	0		3

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

KESTRA INVESTMENT SERVICES LLC

5707 SOUTHWEST PKWY BLDG 2 STE 400
AUSTIN, TX 78735-6213

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1921	0		3

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

SECURIAN FINANCIAL SERVICES INC

400 ROBERT ST N
SAINT PAUL, MN 55101-2037

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1724	0		3

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

SAGEPOINT FINANCIAL INC

PO BOX 842643
LOS ANGELES, CA 90084-2643

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1550	0		3

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

CETERA INVESTMENT SERVICES LLC

400 1ST ST S STE 300
SAINT CLOUD, MN 56301-3661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1439	0		3

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

LPL FINANCIAL LLC

ATTN ACCOUNTS RECEIVABLE
4707 EXECUTIVE DR
SAN DIEGO, CA 92121-3091

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
567	0		3

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

WOODBURY FINANCIAL SERVICES

500 BIELENBERG DR
WOODBURY, MN 55125-4447

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
357	0		3

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

SANCTUARY SECURITIES INC

250 W 96TH ST STE 300
INDIANAPOLIS, IN 46260-1329

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
190	0		3

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

FIRST CITIZENS INVESTOR SERVICES, I

ATTN JENNIFER FOSTER
PO BOX 27131
RALEIGH, NC 27611-7131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51	0		3

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

BELL-ANDERSON AGENCY, INC.

ATTN KATHY WATSON
600 SW 39TH ST STE 200
RENTON, WA 98057-4919

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33	0		3

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

MML INSURANCE AGENCY LLC

ATTN COMMISSIONS
1295 STATE ST
SPRINGFIELD, MA 01111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30	0		3

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

TRUIST INVESTMENT SERVICES INC

303 PEACHTREE CENTER AVE NE
ATLANTA, GA 30303-1216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23	0		3

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

FBL MARKETING SERVICES, LLC

5400 UNIVERSITY AVE
WEST DES MOINES, IA 50266-5950

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22	0		3

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

CENTAURUS TEXAS INC

2300 E KATELLA AVE STE 200
ANAHEIM, CA 92806-6047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20	0		3

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

PARK AVENUE SECURITIES

10 HUDSON YARDS
NEW YORK, NY 10001-2157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20	0		3

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

NORTHWESTERN MUTUAL INVESTMENT SERV

ATTN IPS COMPENSATION
720 E WISCONSIN AVE
MILWAUKEE, WI 53202-4703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16	0		3

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

QUINT CAPITAL CORPORATION

ATTN ILINA STAMOVA
230 PARK AVE RM 908
NEW YORK, NY 10169-0900

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13	0		3

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

UNITED BROKERAGE SERVICES INC

ATTN KIM MIDDLETON
514 MARKET ST
PARKERSBURG, WV 26101-5144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0		3

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

ONE AMERICA SECURITIES INC

ONE AMERICAN SQUARE
PO BOX 1984
INDIANAPOLIS, IN 46206-1984

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3	0		3

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

JANNEY MONTGOMERY SCOTT LLC

ATTN MUTUAL FUND OPERATIONS
1717 ARCH ST
PHILADELPHIA, PA 19103-2713

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		3

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

STIFEL INDEPENDENT ADVISORS LLC

501 N BROADWAY
SAINT LOUIS, MO 63102-2131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

NATIONAL BENEFIT SERVICES LLC

8523 S REDWOOD RD
WEST JORDAN, UT 84088

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	299	REFERRAL/SERVICE FEE	3

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

BURCH-HODGES-STONE INC

231 E
CHURCH ST
MARTINSVILLE, VA 24112-2840

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

CETERA ADVISOR NETWORKS INSURANCE S

200 N PACIFIC COAST HWY STE 1200
EL SEGUNDO, CA 90245-5605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

GARY, GILBERT R.

PO BOX 1772
MARYLAND HEIGHTS, MO 63043-0772

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

GWN SECURITIES INC.

11440 N JOG RD
PALM BEACH GARDENS, FL 33418-1765

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

NEW YORK LIFE SECURITIES

ATTN ROGER CORTEZ
51 MADISON AVE RM 251
NEW YORK, NY 10010-1603

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

SECURANCE CORPORATION AGENCY

PO BOX 420390
HOUSTON, TX 77242-0390

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

SECURITIES AMERICA, INC

12325 PORT GRACE BLVD
LA VISTA, NE 68128-8204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

TBS AGENCY INC

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556-8757

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

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

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 OPTION GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 3284440

c	Additions: (1) Contributions deposited during the year	7c(1)	2064124	
	(2) Dividends and credits.....	7c(2)	6	
	(3) Interest credited during the year.....	7c(3)	142745	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	6614912	
	▶ INVESTMENT TRANSFERS, ROLLOVERS, LOAN PAYMENTS, EARNINGS ALLOCATION, EARNINGS ADJUSTMENT			

(6) Total additions..... **7c(6)** 8821787

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 12106227

e Deductions:

(1)	Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	689908	
(2)	Administration charge made by carrier.....	7e(2)	68697	
(3)	Transferred to separate account.....	7e(3)		
(4)	Other (specify below)	7e(4)	774592	

▶ INVESTMENT TRANSFERS, MISTAKE OF FACT REFUND, LOAN
WITHDRAWAL RETURN OF BENEFIT

(5) Total deductions..... **7e(5)** 1533197

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 10573030

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan PRINCIPAL EASE 401(K) PLAN	B Three-digit plan number (PN) ► 334
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCIPAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 42-0127290

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

1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	820202	54992	01/01/2022	12/31/2022

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 15161	(b) Total amount of fees paid 21245
---	--

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 AMERIPRISE FINANCIAL SERVICES INC 70911 AMERIPRISE FINANCIAL CTR MINNEAPOLIS, MN 55474-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4117	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid PRINCIPAL SECURITIES INC 711 HIGH ST DES MOINES, IA 50392-0001
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3960	0		3

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

LPL FINANCIAL LLC

ATTN ACCOUNTS RECEIVABLE
4707 EXECUTIVE DR
SAN DIEGO, CA 92121-3091

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1566	0		3

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

SECURIAN FINANCIAL SERVICES

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1302			3

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

KESTRA INVESTMENT SERVICES LLC

5707 SOUTHWEST PKWY BLDG 2 STE 400
AUSTIN, TX 78735-6213

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1026	0		3

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

NORTHWESTERN MUTUAL INVESTMENT SERV

ATTN IPS COMPENSATION
720 E WISCONSIN AVE
MILWAUKEE, WI 53202-4703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1009	0		3

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

SAGEPOINT FINANCIAL INC

PO BOX 842643
LOS ANGELES, CA 90084-2643

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
985	0		3

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

CENTAURUS TEXAS INC

2300 E KATELLA AVE STE 200
ANAHEIM, CA 92806-6047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
182	0		3

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

FBL MARKETING SERVICES, LLC

5400 UNIVERSITY AVE
WEST DES MOINES, IA 50266-5950

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
133	0		3

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

QUINT CAPITAL CORPORATION

ATTN ILINA STAMOVA
230 PARK AVE RM 908
NEW YORK, NY 10169-0900

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
121	0		3

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

TRUIST INVESTMENT SERVICES INC

303 PEACHTREE CENTER AVE NE
ATLANTA, GA 30303-1216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
119	0		3

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

TBS AGENCY INC

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556-8757

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
94	0		3

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

PARK AVENUE SECURITIES

10 HUDSON YARDS
NEW YORK, NY 10001-2157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
91	0		3

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

BELL-ANDERSON AGENCY, INC.

ATTN KATHY WATSON
600 SW 39TH ST STE 200
RENTON, WA 98057-4919

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
83	0		3

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

FIRST CITIZENS INVESTOR SERVICES, I

ATTN JENNIFER FOSTER
PO BOX 27131
RALEIGH, NC 27611-7131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
79	0		3

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

SANCTUARY SECURITIES INC

250 W 96TH ST STE 300
INDIANAPOLIS, IN 46260-1329

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70	0		3

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

MML INSURANCE AGENCY LLC

ATTN COMMISSIONS
1295 STATE ST
SPRINGFIELD, MA 01111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60	0		3

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

NEW YORK LIFE SECURITIES

ATTN ROGER CORTEZ
51 MADISON AVE RM 251
NEW YORK, NY 10010-1603

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
52	0		3

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

JANNEY MONTGOMERY SCOTT LLC

ATTN MUTUAL FUND OPERATIONS
1717 ARCH ST
PHILADELPHIA, PA 19103-2713

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34	0		3

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

STIFEL NICOLAUS & COMPANY INC

ATTN ADVISORY BILLING
501 N BROADWAY
SAINT LOUIS, MO 63102-2131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27	0		3

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

AVANTAX INSURANCE AGENCY LLC

6333 STATE HWY 161 FL 4
IRVING, TX 75038-2219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25	0		3

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

AURORA INSURANCE SERVICES INC

100 ENTERPRISE DR STE 504
ROCKAWAY, NJ 07866-2116

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		3

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

WOODBURY FINANCIAL SERVICES

500 BIELENBERG DR
WOODBURY, MN 55125-4447

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		3

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

GARY, GILBERT R.

PO BOX 1772
MARYLAND HEIGHTS, MO 63043-0772

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3	0		3

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

MWA FINANCIAL SERVICES INC

1701 1ST AVE
ROCK ISLAND, IL 61201-8724

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3	0		3

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

ONE AMERICA SECURITIES INC

ONE AMERICAN SQUARE
PO BOX 1984
INDIANAPOLIS, IN 46206-1984

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3	0		3

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

CETERA INVESTMENT SERVICES LLC

400 1ST ST S STE 300
SAINT CLOUD, MN 56301-3361

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		3

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

SECURANCE CORPORATION AGENCY

PO BOX 420390
HOUSTON, TX 77242-0390

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		3

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

BAIRD INSURANCE SERVICES INC

ATTN COMMISSIONS
777 E WISCONSIN AVE
MILWAUKEE, WI 53202-5300

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

BURCH-HODGES-STONE INC

231 E CHURCH ST
MARTINSVILLE, VA 24112-2840

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

CONCOURSE FINANCIAL GROUP SECURITIE

2801 HIGHWAY 280 S
BIRMINGHAM, AL 35223-2479

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

GWN SECURITIES INC

11440 N JOG RD
PALM BEACH GARDENS, FL 33418-1765

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

UNITED BROKERAGE SERVICES INC

ATTN KIM MIDDLETON
514 MARKET ST
PARKERSBURG, WV 26101-5144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

NATIONAL BENEFIT SERVICES LLC

8523 S REDWOOD RD
WEST JORDAN, UT 84088

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	21245	REFERRAL/SERVICE FEE	3

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

CETERA ADVISOR NETWORKS INSURANCE S

200 N PACIFIC COAST HWY STE 1200
EL SEGUNDO, CA 90245-5605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

SECURITIES AMERICA, INC

12325 PORT GRACE BLVD
LA VISTA, NE 68128-8204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

STIFEL INDEPENDENT ADVISORS LLC

501 N BROADWAY
SAINT LOUIS, MO 63102-2131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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	8742757

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 ▶ **FLEXIBLE INVESTMENT ANNUITY**

b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions.....	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions.....	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PRINCIPAL EASE 401(K) PLAN	B Three-digit plan number (PN) ▶	334
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCIPAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 42-0127290	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	1002497	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SAGEPOINT FINANCIAL INC

20-1741754

(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?
17 27 49 50 55 99	CONSULTANT	10239	Yes ☒ No ☐	Yes ☐ No ☒	3715	Yes ☐ No ☒

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

PRICEKUBECCA PLLC

75-2783674

(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?
10 50	ACCOUNTANT	7000	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)

GIRARD ADVISORY SERVICES, LLC

23-2802378

(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?
27 50	INVESTMENT ADVISORY	6149	Yes ☒ No ☐	Yes ☐ No ☒	1	Yes ☐ No ☒

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

NATIONAL BENEFIT SERVICES, LLC

20-3886993

(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 14 49 50 99	CONTRACT ADMINISTRATOR	5700	Yes ☒ No ☐	Yes ☐ No ☒	1202	Yes ☐ No ☒

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

CAMBRIDGE INVESTMENT RESEARCH ADVIS

20-1665305

(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?
27 50	INVESTMENT ADVISORY	5422	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

WOODBURY FINANCIAL SERVICES

41-0944586

(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?
27 49 50 55 99	INVESTMENT ADVISORY	21	Yes ☒ No ☐	Yes ☐ No ☒	5601	Yes ☐ No ☒

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

PRINCIPAL SECURITIES INC

42-0941553

(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?
49 55 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	45012	Yes ☐ No ☒

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

AMERIPRISE FINANCIAL SERVICES INC

41-0973005

(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?
49 55	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	30843	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)

NEW YORK LIFE SECURITIES

27-0145686

(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?
49 55 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	22794	Yes ☐ No ☒

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

NORTHWESTERN MUTUAL INVESTMENT SERV

52-2114207

(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?
49 55 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	15213	Yes ☐ No ☒

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

LPL FINANCIAL LLC

95-2834236

(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?
49 55 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	13461	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)

SECURIAN FINANCIAL SERVICES INC

41-1486060

(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?
49 55 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	6281	Yes ☐ No ☒

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

KESTRA INVESTMENT SERVICES LLC

74-2794194

(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?
49 55 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	3912	Yes ☐ No ☒

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

MORNINGSTAR INVESTMENT MGMT LLC

36-4317381

(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?
26 70	INV ADV, PARTICIPANTS	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

WILSHIRE ADVISORS LLC

95-2755361

(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?
27 72	INVESTMENT ADVISORY	0	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 ☐

(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
SAGEPOINT FINANCIAL INC	17 27 49 50 55 99	3715
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW YORK LIFE SECURITIES	49 55 99	22794
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR INVESTMENT MGMT LLC	26 70	0
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MGMT	

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
WOODBURY FINANCIAL SERVICES	27 49 50 55 99	5601
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERIPRISE FINANCIAL SERVICES INC	49 55	30843
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SECURIAN FINANCIAL SERVICES INC	49 55 99	6281
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	

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
PRINCIPAL SECURITIES INC	49 55 99	45012
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NORTHWESTERN MUTUAL INVESTMENT SERV	49 55 99	15213
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KESTRA INVESTMENT SERVICES LLC	49 55 99	3912
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	

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
WILSHIRE ADVISORS LLC	27 72	0
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	5 BASIS POINTS ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(38) FIDUCIARY SERVICE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL LLC	49 55 99	13461
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PRINCIPAL EASE 401(K) PLAN	B Three-digit plan number (PN) ►	334
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PRINCIPAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 42-0127290	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 93-6274328-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88202
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1864336
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP GROWTH I SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3304370
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2140746
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2010 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1563323
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2015 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2885746
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2020 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3926510

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2025 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11500296
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2030 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17206133
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2035 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12058125
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2040 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13646231
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2045 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11928512
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2050 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9390273
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2055 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7683985
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR INC CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 146561
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL OVERSEAS SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-116	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 995956
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN GL REAL EST SEC SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 437349

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2060 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4468855
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2065 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1258244
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>PRINCIPAL EASE 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>42-0127290</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	1687480	6395202
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	154539	861936
(2) Participant contributions.....	1b(2)	242015	1185774
(3) Other.....	1b(3)	66976	
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)	475037	2261122
(9) Value of interest in common/collective trusts.....	1c(9)	24239289	97750996
(10) Value of interest in pooled separate accounts	1c(10)	2962248	8742757
(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)	9592358	25885796
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3284440	10573029
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	42704382	153656612

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	42704382	153656612
---	-----------	----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	11717730	
(B) Participants	2a(1)(B)	28515138	
(C) Others (including rollovers)	2a(1)(C)	16710024	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		56942892
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)	64031	
(F) Other	2b(1)(F)	1679	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		65710
(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)	369000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		369000
(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)		-8067037
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-1234449
(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)		-2495863
c Other income	2c		38376
d Total income. Add all income amounts in column (b) and enter total	2d		45618629
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11625973	
(2) To insurance carriers for the provision of benefits	2e(2)	52056	
(3) Other	2e(3)	163518	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11841547
f Corrective distributions (see instructions)	2f		238697
g Certain deemed distributions of participant loans (see instructions)	2g		116669
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	11596	
(2) Contract administrator fees	2i(2)	1011392	
(3) Investment advisory and management fees	2i(3)	42007	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1064995
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13261908
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		32356721
l Transfers of assets:			
(1) To this plan	2l(1)		80558384
(2) From this plan	2l(2)		1962875

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

d The opinion of an independent qualified public accountant is **not attached** 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		4703238

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GHID RETIREMENT PLAN	27-3127735	002
PETERSEN PET HOSPITAL PC 401(K) PLAN	02-0685684	001
RAMPART COMMUNICATIONS, INC. 401(K) PLAN	81-1722022	001
THRIFT INTERMEDIATE HOLDINGS I, INC.	84-3008233	001

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PRINCIPAL EASE 401(K) PLAN		B Three-digit plan number (PN) ► 334
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCIPAL LIFE INSURANCE COMPANY		D Employer Identification Number (EIN) 42-0127290
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		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) 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 _____

PRINCIPAL EASE 401(K) PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
AS OF DECEMBER 31, 2022 AND 2021, AND
FOR THE YEAR ENDED DECEMBER 31, 2022



CPAs | CONSULTANTS | WEALTH ADVISORS

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**PRINCIPAL EASE 401(K) PLAN
TABLE OF CONTENTS
AS OF DECEMBER 31, 2022 AND 2021, AND
FOR THE YEAR ENDED DECEMBER 31, 2022**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES (ATTACHMENTS TO FORM 5500)	
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS	15
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)	16



INDEPENDENT AUDITORS' REPORT

PEP Governance Committee
Principal EASE 401(k) Plan
Des Moines, Iowa

Report on the Audit of the Financial Statements

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

We have performed an audit of the accompanying financial statements of Principal EASE 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Principal EASE 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Principal EASE 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Principal EASE 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Principal EASE 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions and as of and for the year ended December 31, 2022 are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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



CliftonLarsonAllen LLP

Minneapolis, Minnesota
January 17, 2024

**PRINCIPAL EASE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ASSETS		
NONINTEREST-BEARING CASH	\$ 6,395,202	\$ 1,687,480
INVESTMENTS (at Fair Value)	132,379,549	36,793,688
INVESTMENTS (at Contract Value)	10,573,029	3,284,439
RECEIVABLES		
Employee Contributions	1,185,774	242,015
Employer Contributions	861,936	154,539
Notes Receivable from Participants	2,261,122	475,021
Assets Due from Other Qualified Plans	-	66,976
Total Receivables	<u>4,308,832</u>	<u>938,551</u>
Total Assets	153,656,612	42,704,158
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	<u>169,653</u>	<u>69,044</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 153,486,959</u></u>	<u><u>\$ 42,635,114</u></u>

See accompanying Notes to Financial Statements.

PRINCIPAL EASE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2022

ADDITIONS:

INVESTMENT INCOME (LOSS)

Net Depreciation in Fair Value of Investments	\$ (11,797,349)
Interest and Dividends	<u>370,679</u>
Total Investment Loss	(11,426,670)

OTHER INCOME	38,600
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INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	64,031
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CONTRIBUTIONS

Employee Contributions	28,345,485
Employer Contributions	11,717,730
Employee Rollover Contributions	<u>16,710,024</u>
Total Contributions	<u>56,773,239</u>

Total Additions	45,449,200
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DEDUCTIONS:

BENEFITS PAID TO PARTICIPANTS	12,127,869
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ADMINISTRATIVE EXPENSES	<u>1,064,995</u>
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Total Deductions	<u>13,192,864</u>
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NET INCREASE BEFORE TRANSFERS IN	32,256,336
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TRANSFERS IN FROM OTHER QUALIFIED PLANS	80,558,384
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TRANSFERS OUT TO OTHER QUALIFIED PLANS	<u>1,962,875</u>
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NET INCREASE	110,851,845
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year	<u>42,635,114</u>
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End of Year	<u><u>\$ 153,486,959</u></u>
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See accompanying Notes to Financial Statements.

**PRINCIPAL EASE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 DESCRIPTION OF PLAN

The following description of Principal EASE 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document and the applicable participation agreement for the participant's employer (Participating Employer), for a more complete description of the Plan's provisions.

General

The Plan a Pooled Employer Plan (PEP) established by Principal Life Insurance Company, the Pooled Plan Provider (PPP). The Plan was established under the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) on January 1, 2021. The Plan a defined contribution plan covering eligible employees of the Participating Employers, and is intended to qualify under Internal Revenue Code of 1986, as amended (IRC or Code), sections 401(a) and 501(a). The Plan is intended to constitute a multiple employer plan, as described under Code sections 410(a), 411, 413, and 415. Each Participating Employer elects their own provisions related to eligibility, contributions, notes receivable from participants, and payments of benefits. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

Only those employees of any particular Participating Employer who are designated by the Participating Employer in its participation agreement as eligible employees shall be eligible to participate in the Plan. Participating Employers may define eligibility requirements based on factors such as age, service, or employee type. Eligible employees shall be eligible to make participant contributions and receive allocations of employer contributions if and to the extent specified in the applicable adoption agreement or otherwise provided by the Plan.

Contributions

Each year eligible participants may make pre-tax, Roth, and/or after-tax contributions of their eligible compensation, as defined by the Plan and Participating Employer participation agreement, subject to applicable limits established by law. Participating Employers may elect safe harbor or nonsafe harbor contribution provisions as well as compensation definitions. Under certain circumstances, eligible employees may make rollover contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct their contributions into various investment options offered by the Plan.

The Participating Employers in the Plan may elect automatic enrollment and escalation features. Accordingly, the Participating Employer will automatically withhold a defined percentage of an eligible participant's compensation based on the Participating Employer's participation agreement, unless the participant affirmatively opts out.

Under the terms of the Participating Employer participation agreements, the Participating Employers may elect to make matching contributions, nonelective contributions, prevailing wage contributions, qualified nonelective contributions (QNECs) or qualified matching contributions (QMACs) to the Plan. Participating Employers may also elect to make true-up matching contributions.

**PRINCIPAL EASE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions, Participating Employer contributions (if applicable), and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Participating Employer contribution portion of their accounts, plus actual earnings thereon, is based on years of service ranging from immediate to six years graded or cliff vesting, as elected by each Participating Employer.

Notes Receivable from Participants

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

Benefit Payments

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in their account in the form of a lump sum distribution or installments based on the Participating Employer's participation agreement. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to the Participating Employer's participation agreement. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the benefit payment is paid without the participant's consent and is paid in the form of a single lump sum. As defined in the Participating Employer's participation agreement, if the balance of the terminated participant's account is between \$1,000 and \$5,000, the PPP may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

Forfeited Accounts

Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Participating Employer contributions. Forfeited nonvested accounts as of December 31, 2022 and 2021 totaled \$144,293 and \$22,697, respectively. There were \$179,347 of forfeitures used to reduce Participating Employer contributions for the year ended December 31, 2022.

**PRINCIPAL EASE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires 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 reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 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 depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Reasonable expenses of the Plan, including, trustee, attorneys, advisors, fiduciaries, and service providers are paid by the Plan, unless otherwise paid by the PPP or the Participating Employers. Expenses that are paid by the PPP or the Participating Employers are excluded from these financial statements. Investment related expenses are included in net depreciation in fair value of investments.

**PRINCIPAL EASE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

The Plan has evaluated subsequent events through January 17, 2024, the date the financial statements were available to be issued.

NOTE 3 TRANSFER OF FUNDS

Upon termination or new entrance of a Participating Employer, funds may be transferred to or from other qualified plans. During the year ended December 31, 2022, transfers into the Plan from other qualified plans totaled \$80,558,384. During the year ended December 31, 2022, transfers to other qualified plans totaled \$1,962,875.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

Delaware Charter Guarantee and Trust Company dba: Principal Trust Company, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, the statement of changes in net assets available for benefits for the year ended December 31, 2022, and the supplemental schedule of assets (held at end of year) as of December 31, 2022.

NOTE 5 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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; or
- 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.

**PRINCIPAL EASE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2022.

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

Collective Investment Trusts – Investments in the collective investment trusts are valued using the NAV of units, as determined by the trustee using the published NAV of the underlying holding. NAV is a readily determinable fair value and is the basis for current transactions.

Pooled Separate Accounts – Investments in the pooled separate accounts are valued using the NAV of units, as determined by the insurance company using the published NAV of the underlying mutual fund holding. NAV is a readily determinable fair value and is the basis for current transactions.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

2022				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 25,885,796	\$ -	\$ -	\$ 25,885,796
Collective Investment Trusts	97,750,996	-	-	97,750,996
Pooled Separate Accounts	8,742,757	-	-	8,742,757
Total Investments at Fair Value	<u>\$ 132,379,549</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 132,379,549</u>

2021				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 9,592,161	\$ -	\$ -	\$ 9,592,161
Collective Investment Trusts	24,239,282	-	-	24,239,282
Pooled Separate Accounts	2,962,245	-	-	2,962,245
Total Investments at Fair Value	<u>\$ 36,793,688</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 36,793,688</u>

**PRINCIPAL EASE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 6 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

The Plan has a traditional fully benefit-responsive guaranteed investment contract with Principal Life Insurance Company (Insurance Company) which totaled \$10,573,029 and 3,284,439 at December 31, 2022 and 2021, respectively. The Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the Insurance Company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan. Contract value, as reported to the Plan by the Insurance Company, 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 is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

The guaranteed investment contract does not permit the Insurance Company to terminate the agreement prior to the schedule maturity date.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

**PRINCIPAL EASE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 7 RISKS AND UNCERTAINTIES

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

NOTE 8 PLAN TERMINATION

Although it has not expressed any intent to do so, PPP has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their adopting employer's contributions.

NOTE 9 PLAN TAX STATUS

The Plan is placing reliance on an opinion letter from the IRS on the prototype plan indicating that the Plan is designed in accordance with the applicable section of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

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

NOTE 10 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the qualified institution of the Plan; therefore, the investment transactions qualify as party-in-interest transactions. The plan issues notes to participants, which are secured by the balances in the participants accounts, which also qualify as party-in-interest transaction.

**PRINCIPAL EASE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2022</u>	<u>2021</u>
Net Assets Available for Benefits Per Financial Statements	\$ 153,486,959	\$ 42,635,114
Plus: Miscellaneous Income	-	224
Plus: Excess Contributions Payable	169,653	69,044
Net Assets Available for Benefits Per Form 5500	<u>\$ 153,656,612</u>	<u>\$ 42,704,382</u>

The following is a reconciliation of net income per the financial statements to Form 5500 for the year ended December 31, 2022:

Total Increase Per Financial Statement	\$ 110,851,845
Less: Miscellaneous Income	(224)
Less: 2021 Excess Contributions Payable	(69,044)
Plus: 2022 Excess Contributions Payable	169,653
Net Income Per Form 5500	<u>\$ 110,952,230</u>

NOTE 12 DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended December 31, 2022 there were instances where Participating Employers failed to timely remit to the Plan of employee 401(k) deferral contributions and loan repayments for certain payroll periods within the timeframe prescribed by the Department of Labor. This is deemed a prohibited transaction in accordance with ERISA and the IRC. During the year ended December 31, 2022 prohibited transactions totaling \$844,414 were corrected by the Participating Employers by contributing the contributions and loan payments and depositing lost earnings. As of December 31, 2022, \$3,858,826 in participant contributions and loan repayments remain to be corrected by the Plan.

PRINCIPAL EASE 401(K) PLAN
E.I.N. 42-0127290 PLAN NO. 334
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Correct Outside VFCP	Contributions Pending Correction In VFCP	
2022 Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 3,852,826	\$ -	\$ -	\$ 131,944
2021 Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 5,998	\$ -	\$ -	\$ 712,470

PRINCIPAL EASE 401(K) PLAN
E.I.N. 42-0127290 PLAN NO. 334
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
	Collective Investment Trusts			
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid Income CIT Z	\$	146,561
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2010 CIT Z		1,563,323
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2015 CIT Z		2,885,746
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2020 CIT Z		3,926,510
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2025 CIT Z		11,500,296
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2030 CIT Z		17,206,133
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2035 CIT Z		12,058,125
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2040 CIT Z		13,646,231
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2045 CIT Z		11,928,512
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2050 CIT Z		9,390,273
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2055 CIT Z		7,683,985
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2060 CIT Z		4,468,855
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2065 CIT Z		1,255,005
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2065 CIT		3,239
*	Principal Life Insurance Company	Morley Stable Value Fund		88,202
		Total Collective Investment Trusts		97,750,996
	Registered Investment Companies			
	The American Funds	American Funds Europacific Growth R6 Fund		1,331,945
	The American Funds	American Fund Capital World Bond R6 Fund		1,327,951
	The American Funds	American Funds New World R6 Fund		1,114,128
	Dimensional Fund Advisors	DFA US Large Cap Value I Fund		3,552,271
	Dimensional Fund Advisors	DFA US Targeted Value I Fund		2,119,380
	Fidelity Investments	Fidelity Inflation-Protected Bond Index Fund		2,033,563
	Fidelity Investments	Fidelity Total International Index Fund		1,971,414
	Fidelity Investments	Fidelity US Bond Index Fund		1,656,626
	Fidelity Investments	Fidelity 500 Index Fund		7,747,107
	PGIM Investments	PGIM Total Return Bond R6 Fund		1,624,696
	T. Rowe Price Funds	T Rowe Price OM US SC GR EQ I		1,406,715
		Total Registered Investment Companies		25,885,796
	Pooled Separate Accounts			
*	Principal Life Insurance Company	Principal Global Real Estate Sec SA-Z		437,349
*	Principal Life Insurance Company	Principal Largecap Growth I SA-Z		3,304,370
*	Principal Life Insurance Company	Principal Midcap S&P 400 Index SA-Z		2,140,746
*	Principal Life Insurance Company	Principal Smallcap S&P 600 Index SA-Z		1,864,336
*	Principal Life Insurance Company	Principal Overseas Sep Acct-Z		995,956
*	Principal Life Insurance Company	Total Pooled Separate Accounts		8,742,757
	Insurance Company General Account			
*	Principal Life Insurance Company	Principal Guaranteed Option		10,573,025
*	Principal Life Insurance Company	Fixed Income Guaranteed Option		4
		Total Insurance Company General Account		10,573,029
*	Participants	Participant Loans		
		Rates from 3.25% to 9.50%	-	2,261,122
		Total Assets Held	\$	145,213,700

* Indicates party-in-interest

** Cost omitted for participant-directed accounts



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Multiple Employer Plan Participating Employer Information

Name of Participating Employer	EIN	Percentage of	Aggregate
		Total Contributions for the Plan	Account Balances at End of Year
		Year	Attributable to Participating Employer
2MC Holdings, Inc	61-1776770	0.86%	1616765
3C LLC. dba 3Chi	37-1905758	0.16%	76217
Able-Disabled Advocacy, Inc.	95-3031682	0.33%	1728697
Accolade Property Management, Inc	04-3694643	0.82%	2513216
Acute Home Healthcare	20-5645971	0.11%	153157
Advanced Contracting Group, LLC	46-5165666	0.23%	2203876
AICA Orthopedics PC	20-8666951	0.07%	26141
Algonquin Club Hexagon, LLC	82-4075584	0.55%	432118
Aloha Dental	20-2610606	0.11%	651431
Altavista Instruments & Controls, Inc.	45-2550117	0.19%	75508
ANCHOR LAW FIRM PLLC	81-1020279	0.04%	19388
Anna Lawless and Associates, Inc.	85-3528577	0.07%	27773
Arborwear LLC	34-1914556	0.77%	474109
Arthurmade Plastics Inc dba API Kirk Containers	95-3966388	0.25%	93327
Association of Property Owners of The Hideout, Inc.	23-1906210	0.16%	1392558
Atlantic Blowers	32-0209598	0.03%	406363
Automotive Avenues, LLC	38-3810446	0.27%	176771
AVAOP, LLC	88-1542857	0.52%	201239
B Street Collision Center LLC	47-0692025	0.36%	135394
Barteca Restaurants LLC	45-4613842	1.42%	553979
BEK Management Services, Inc.	27-4533125	0.51%	789098
BellaRose Nursing and Rehab Inc.	45-5051711	0.17%	67538
Bester Brothers Transfer and Storage Company, Inc.	41-1240451	0.12%	1801675
Biddeford Animal Health Center LLC	45-4895228	0.12%	231749
Big Rock Homes, LLC	27-4019567	0.01%	144334
Bikur Cholim	85-3439902	0.00%	0
Bison Metals Technologies, LLC	84-4030613	1.06%	508152
Bluestone Lane Holdings, LLC	46-2127940	0.27%	114066
Bobcat Bonnie's Enterprises, LLC	84-3240121	0.00%	0
Boulder Legal Group	47-5334701	0.01%	28459
Bright Blooms LLC	27-2596287	0.16%	286007
Britt Rice Construction Company, LP dba Britt Rice Electric, LP	20-1968466	0.56%	6849810
BURNETTE LEGAL GROUP	83-2764626	0.11%	43812
C & T Durham Trucking	56-1511224	0.57%	274315

C Evans Consulting LLC	47-2796197	0.28%	269789
C&L Recycling, LLC	45-4453822	0.17%	65783
CAI Holdings	83-1845557	0.70%	561721
Can-One (USA), Inc	88-2409201	0.02%	7099
Caring Hands Personal Homes Agency, Inc	81-3295839	0.04%	17078
Carolina Lifestyles Senior Care, Inc. dba Home Instead	26-2722845	0.01%	513033
Casell, LTD	81-0473545	0.16%	63347
Cedars Mediterranean Foods Inc.	02-0368148	0.21%	88763
Central Chevrolet Company, Inc	71-0029230	1.64%	583570
Certus Healthcare Management	47-3118921	0.05%	289484
Champion Care Inc.	74-2764187	0.00%	1916
Child Care Answers of Central Indiana	84-4767288	0.19%	107416
Christian Preschool Centers Inc.	75-2306271	0.00%	0
Christine Ebert-Santos PC	84-1520443	0.22%	588713
CLE Enterprises	47-2002550	0.09%	38671
Climate Pro Mechanical, Inc.	20-3740979	0.02%	9499
Closeout Surplus & Salvage Inc	22-3413052	0.02%	1300331
ComAv, LLC	45-5233598	1.02%	4504914
Companion Health Services, LLC	73-1537817	0.28%	1526502
Complete Liquidations dba The Furniture X-Change	22-3548165	0.08%	31359
Conexus Insurance Partners, Inc.	87-4170846	0.20%	707673
Confident Care Corp	22-3489621	0.04%	16154
Cook Out East Inc	26-0034488	4.23%	1530405
COR Health Services LLC	47-3055148	0.26%	172193
Cordance Personnel, LLC	86-1778522	2.37%	1992837
Cordova Seafoods, Inc. dba Mrs Peters Smokehouse	84-2268945	0.04%	19714
Country Villa Assisted Living	46-4543509	0.39%	432550
Coyote's Southwestern Grill, Inc	84-1493819	0.39%	148523
CRE Vertical Advisors, LLC	84-2520284	0.05%	21158
Creative Packaging Company	61-1400889	0.03%	94119
Cummins Facility Services LLC	27-1842739	0.03%	13629
Custom Veterinary Services, LLC	35-2298854	0.20%	132840
Dame Law PC	47-5384140	0.07%	77895
Danish Bake NYC, LLC dba Ole & Steen	32-0563094	0.10%	58861
Danzeisen Dairy LLC	86-1047333	0.37%	212430
Delta Modular Construction, LLC	86-1590708	0.18%	91840
DELTA RESPONSE TEAM	27-3203979	0.39%	124177
Diem Digital Interiors, LLC.	20-1663373	0.64%	1365841
DIG in the Park, LLC	27-3416640	0.26%	0
Donald Norris Associates PLLC	81-4553051	0.04%	21822
Doug Adams Agency, Inc	46-4279558	0.13%	49526
DR Family Assets LLC	87-3569184	0.82%	589087
Drywall Services	84-1038370	0.19%	104596
DTG Enterprises, Inc.	60-2747951	2.48%	1953371

Dunlop House, LLC	54-1800963	0.01%	5273
Eastern Temporaries dba Eastern Staffing and Recruiting	16-1243717	0.15%	58518
Eclipse Automation Southeast, LLC	36-4774772	2.44%	5293237
Elite Auto Services	27-0895493	0.11%	51687
Emory Industrial Holdings, Inc	87-4170448	0.14%	158184
Empower Health Group, LLC	87-2986265	0.00%	1738
Empower Health Services LLC	36-4836722	0.31%	742622
Estel Foods, Inc.	37-1373845	0.16%	58406
Extreme Consciousness II, LLC dba Mountain High Outfitters	63-1284357	0.00%	1072
Fayette Janitorial Service, LLC	13-4321494	0.42%	452461
Fayman Group USA Inc	85-3245907	0.21%	110291
FB Partners	46-1933913	0.01%	3701
Fintech Consulting LLC DBA ApTask	27-1783746	0.01%	2172
First Class Fumigation, Inc	36-4744330	0.00%	0
First Class Limousine Services, Inc.	59-3760916	0.00%	132738
First National Property Management LLC	81-2759971	0.70%	1079051
Flood Brothers, Inc.	58-2637917	0.29%	106751
Flying Colors Academic Solutions, LLC	27-0605463	0.07%	25038
Frantz Building Services, Inc.	61-1088600	0.51%	1534020
Fulfillment.com LLC	45-1169939	0.21%	77326
G & A Baking Company, LLC	27-1868037	0.48%	1349604
G & Z Transport, LLC.	45-2838185	1.66%	983505
Garrison Hullinger Interior Design, Inc.	27-3127735	0.18%	0
Gateway Animal Medical Center LLC	27-1425757	0.19%	248239
Generator Super Center Inc	90-1078874	0.65%	418734
George Bender Incorporated	22-1711805	0.04%	833451
Gerald Inc DBA Jimmy's Food and Drink	41-0968514	0.10%	40100
Gilstrap Restaurants, LTD	43-1734225	0.16%	62562
Glenn S Shear, M.D., P.C.	58-1308055	0.00%	5882800
Government Business Results LLC	46-1648238	0.47%	866918
Grade A Construction, LLC	46-4286628	0.02%	10152
Great Lakes Law Firm LLC	82-4703758	0.00%	388
Green Legal Group LLC	84-4288949	0.02%	30846
Green Zebra Grocery, Inc.	46-4329441	0.05%	120575
Greenparc Hospitality New York, LLC	86-2862986	0.00%	1577
Gromelski & Associates, Inc.	54-1513460	3.24%	4097157
GSSi Inc	36-4842452	0.06%	61361
Haddad Plumbing & Heating Inc.	22-3639025	0.00%	0
Happy People Pizza, LLC	81-3711810	0.01%	3171
Harbor Care LLC	11-3417538	0.01%	5498
Harbor Legal Group LLC	46-5608404	0.00%	142
Harvey C Martin, MD PA	75-1825132	0.24%	97166
Heller Bros. Packing Corp.	59-1859302	0.47%	3631447
Hershberger Foods LLC	86-2710968	0.14%	53848

High Desert Automotive Supply, Inc dba Napa Auto Part	93-1216701	0.25%	586303
Hillside Nursing Center of Wake Forest, Inc	56-1772896	0.12%	44960
Hodyno & Associates PLLC	82-2452435	0.01%	5872
Holistic Hospice Inc	81-4522367	0.15%	64963
Holler Law Firm, LLC	26-3838040	0.84%	365897
Honey Smoked Fish Holdings, LLC	61-1880697	0.06%	65889
Honey Tree Inc. DBA Supercuts	01-0590186	0.20%	91871
Huali Group US LLC	84-4060732	0.49%	397748
Hubbard Garage Inc dba Hubbard Chevrolet	93-0564106	0.21%	692755
Iacofano Group, LLC	45-0488725	0.27%	152357
Independent Home Care Management Solutions	83-4702688	0.36%	134942
Integra Affordable Management	82-2672307	0.05%	22672
Integration International, Inc	22-3776981	0.03%	13505
Invisible Wires LLC dba Farrelli's Pizza	91-2184557	1.39%	683062
Involve.ai, Inc.	81-1714118	0.23%	99861
iPlacement, Inc. dba Source2	59-3585816	0.55%	734734
J. Bass & Son, Inc.	13-1952027	0.02%	693244
Jared TeBockhorst Insurance, Inc.	81-4855001	0.11%	42534
Jarvis Recruitment Group	81-4146984	0.04%	15808
JEM Air Holdings, LLC BellAir	27-0469230	0.19%	73280
JKB Francise Holdings, Inc	82-2084877	0.10%	39270
JMJ Bold, LLC	82-1385079	0.18%	64545
JN House Enterprises, Inc.	80-0431576	0.51%	1218388
John Perdue Inc.	34-1848543	0.32%	1353831
JPC, Inc.	46-3315909	0.00%	934
Jr Faulkner Excavation II, Inc	87-0795027	0.31%	240719
JRM Enterprises	83-1006292	0.08%	37635
Just Packaging, Inc.	22-2632492	0.21%	79127
Kaifer LLC d/b/a Kaifer Insurance Group	46-1616544	0.02%	577328
Kilroy Arches, Inc.	47-2168554	0.16%	322820
Kilroy Family Restaurants	88-1451572	0.03%	531462
Kitchen United, Inc.	82-1241614	0.60%	721404
Lambert & Associates, LLC	36-4855863	0.19%	92308
LandCare Innovations, dba Granite Hills Group	85-3337407	0.24%	251243
LAW OFFICE OF MELISSA MICHEL LLC	84-2891244	0.03%	17847
Lawyers for Civil Rights	04-3490614	0.13%	69264
Lee's Accu-Tech Services	77-0292099	1.23%	465208
Lenox Financial Mortgage	95-4762204	0.64%	1559471
LeTourneau & Associates, LLC	75-2847230	0.17%	821139
Level 7 Technologies, Inc dba Aspen Technologies & Electrical	20-3398349	0.19%	368502
Liberty Comfort Systems, Inc.	20-1011982	0.29%	133934
Linvilla Orchards, Inc.	23-2491246	0.51%	1099157
Lion Management Services	85-4092003	0.18%	92323

Little Guys Movers	75-2682847	0.20%	77791
Live Well Physical Therapy	26-0725950	0.36%	209192
LMD Management	85-3547052	0.00%	1392
Lone Star Parking Staffing, LLC	36-4718560	0.02%	6109
Lookout Throwing Company	82-5123729	0.03%	12134
Los Angeles Center for Ear Nose Throat and Allergy	46-5185290	0.38%	204519
M & D Capital Premier Billing, LLC	45-4214350	0.06%	24203
Manna Inc. of the Lowcountry	57-0770955	0.02%	64614
Mavencare, Inc.	81-2432898	0.07%	25302
McKinley Construction Partners, LLC	88-3142457	0.00%	1058
Mending Minds, LLC dba Walnut Creek Psychiatry	84-3645120	0.07%	27256
Midway Fast Foods, LP	20-5236299	0.04%	17433
Military Produce Group LLC	54-1898825	1.55%	6517213
Mission Management Services	20-1026550	0.25%	494487
MKT Franchise Holdings Inc.	81-4748915	0.02%	6588
MLY Investments, LLC	56-2616359	0.02%	8961
Moadon Kol Chadash	36-3843627	0.08%	41580
Mohammad Ali Zareh DDS, Inc	26-2474500	0.20%	70976
MS Ambrogio North America LLC	87-1678874	4.00%	4093964
Multipack West LLC	88-2654151	0.19%	66951
Multy Home LP	26-3722888	0.02%	151707
National Neighborhood Counseling Center, Inc.Counseling Center, Inc.	11-2657381	0.40%	997461
Natural Plant Products, LLC	71-0898315	0.20%	73072
Navarre Hospitality Group	46-4571827	0.16%	76995
New Angus LLC	46-4983941	2.37%	1267933
New Horizons Psychiatry	83-2406623	0.05%	22203
Nexa3D	32-0502379	0.60%	1443957
Northern United Brewing Company LLC	26-1908776	0.31%	120076
Northridge Addiction Treatment Center	85-2781796	0.00%	0
Nova Animal Hospital, Inc.	46-0923171	0.30%	152364
Novalis US, LLC	83-1710316	1.33%	1902776
NutraBio Labs, Inc	01-0748230	0.11%	45425
NYC Home Healthcare	46-0766777	0.00%	0
Oak Farm Solutions LLC dba Avila Home Care	47-4944865	0.25%	413352
OASIS Professional Management Group, LTD	27-1110196	0.07%	28217
Onesti Entertainment Corporation	36-4252964	0.03%	10521
Outpost Inc	47-1819663	0.40%	170719
P4 Security Solutions, LLC	82-1122387	0.03%	45376
Pacific Expressway, Inc	02-7500640	0.29%	115674
Painting By Sandman Inc.	41-1099983	0.05%	146371
PamTen, Inc	47-0873327	0.54%	1623983
Park Cities Children LLC dba Primrose School of Park Cities	82-3036660	0.11%	40541
Parking Concepts Inc	95-2909899	0.24%	139915

Patriot Transport, Inc.	20-5312386	0.49%	191784
Paulino Home Healthcare LLC	82-4158113	0.01%	1206
PBI International, LLC	84-3011536	0.75%	499371
Petersen Pet Hospital, PC	02-0685684	0.11%	0
Petra Heating & Air Conditioning, Inc.	20-4529367	0.13%	49289
Petriage, Inc.	81-3469568	0.13%	145464
Pineapple Willy's Inc.	59-3221137	0.36%	151960
Pingree Northwest LLC	20-1043404	0.14%	425130
PIONEER LAW FIRM P.C.	46-2105587	0.00%	0
Pioneer Project Services, LLC	27-1013605	1.71%	2164336
Plasti-Products Inc.	47-0641342	0.11%	47658
Platinum Dining Group LLC	26-2332396	0.13%	983877
Precision Workforce, LLC	47-5520663	0.37%	383597
ProCo, LLC	46-5715922	0.39%	180416
Prodigal Hospitality Group	61-1781087	0.00%	0
Professional Mortgage Advisors, LLC	83-0570681	0.22%	370223
Progressive Care Medical Group of MI, PLLC	82-3326091	0.02%	44217
Progressive Care Medical Group of TN, PLLC	82-2171018	0.16%	109086
Progressive Care Medical Group, PLLC	82-1347438	0.18%	311999
Progressive Care Solutions Holdco LLC	82-1991622	0.02%	66540
Promise Total Services, Inc	27-3518636	0.14%	51825
Publishers Development Services, Inc.	39-1341921	0.06%	349441
QSC Enterprises	23-2114132	0.29%	106215
Quality Industrial Construction	47-2297345	0.00%	960
R & W Welding & Machine Inc.	41-0992778	0.17%	1143988
RAGGIO & ASSOCIATES	81-4415395	0.07%	33199
RAHE Inc	54-0917418	0.54%	221963
Rainmaster Irrigation Inc	26-1451530	0.05%	19529
Rampart Communications, Inc.	81-1722022	0.00%	94
Randahl Construction Inc.	41-1616774	0.02%	5961
Rater8, LLC	81-0733834	0.37%	214553
Ray N Welter Heating Co.	41-0723215	0.04%	14083
Recruitment Alley, LLC	83-4660703	0.00%	282
Renew Management of New York, LLC	84-3357568	0.00%	1640
Renew Medical of New York PLLC	84-5080727	0.06%	25066
RestorePro Reconstruction	56-2017192	0.93%	371528
Richard DeShantz Restaurant Group	47-5220828	0.23%	83320
Rillion Inc.	35-2559346	0.46%	717277
Rivello Archbold, LLC	47-5530269	0.01%	3325
Rocket Oil Company	61-1380805	0.07%	1842463
Rockwell Homes LLC	82-5316206	0.86%	1014287
RoofOptions, LLC	90-0195289	0.07%	257331
Ryan Brothers Trucking, Inc.	83-0203603	0.26%	1536825
Sadiant, Inc.	86-3218032	0.35%	275415
Sandhills Animal Health Center LLC	27-3164870	0.01%	5849
Sardo & Sons Warehousing Inc	51-0105489	0.77%	473027
SBLG, PLLC	46-4375350	0.19%	649718

Schwantes Heating and Air, Inc.	41-1535610	0.70%	273810
Sean Clines Framing, Inc.	22-3904924	0.19%	100410
Seattle Home Fitness, LLC	20-1991199	1.00%	450150
Sente Development Inc.	27-5184022	0.13%	53233
Shan's Pizza, Inc.	83-0334110	0.03%	13579
SLB of Iowa LLC dba Panera Bread of Iowa	42-1462712	0.49%	1336120
Slick Technologies LLC	81-1242572	0.01%	5385
Smiles for Health	83-2510730	0.00%	0
Specialty Staffing LLC	81-1267158	0.00%	0
Spice House, LLC	82-3627192	0.33%	533836
Spillman & Crane Financial Services, LLC	35-2477010	0.01%	4487
Stafford Brooks Consulting, LLC	85-3957814	0.10%	50252
STAT, Inc	56-1722817	0.01%	4697
Stepping Stones ELC	83-1205513	0.14%	77708
Streamline Construction	71-0944522	0.11%	36942
Sugar Creek Acquisition, LLC	45-1136654	0.03%	14020
Sulit Group, Ltd	82-4895321	0.16%	1534084
Summit LTC Management	81-4173231	0.16%	64907
Swiftcare LLC	81-5351765	0.11%	638278
Syringa Property Management, Inc	82-0429908	0.17%	77654
T&M Pork, LLC	87-1812808	0.07%	245855
Tacolicious Inc	81-3377566	0.31%	119310
Tatte Holdings, LLC	47-5653921	0.25%	2605868
TDI, LLC	46-3311080	0.05%	1049598
Templeton Group Holdings, LLC	46-2489120	1.77%	1744215
Terzo Enterprises	84-4468242	0.01%	22310
The Allen Company, Inc.	84-0616205	1.35%	528477
The DeSoto Group, LLC	27-4150304	0.11%	44813
The Good Bread Company	87-1778992	0.05%	717232
The HCS Group	20-1634323	1.31%	857300
The JPI Group	45-5595672	0.40%	164176
The Range NYC LLC	47-5683578	0.43%	182304
The Stimmel Agency Inc	83-1530435	0.06%	24703
Thrift Intermediate Holdings I, Inc.	84-3008233	0.00%	0
Trifecta Ventures, LLC	47-1352438	0.09%	36342
TritonLake, Inc.	81-4585172	0.02%	10058
TSJ Construction	27-5554672	0.08%	23287
TTW Franchise Holding, Inc.	83-0815530	0.24%	9740
Turbo Systems US Inc.	87-1881091	0.83%	4233590
Twin City Bagel, Inc.	41-1689112	0.15%	57004
Union Square Physician Services, P.C.	83-4280325	0.05%	28954
USA Fortescue Future Industries, Inc.	87-4637619	1.57%	557127
VanTrans Services, LLC	46-4036406	0.07%	54506
Vault Medical Services of New Jersey, P.C.	85-1238170	0.01%	0
Vault Medical Services, P.A.	83-2658606	0.44%	170107
Velorum Ventures, LLC	88-2820616	0.11%	350024
VIO Franchise Group	82-5343234	0.04%	16225

Visavis Health Care Medical Group of NY, PLLC	84-4767680	0.01%	2045
Visavis Services of New York, LLC	84-3850481	0.05%	20494
Visit North Platte Inc	88-2616235	0.01%	4617
Warner Tech-Care Products, LLC	81-3165818	0.10%	524885
Washington Security Services Inc	86-3580462	0.01%	3674
Watch Guard 24/7 LLC	27-0756461	0.44%	179891
Wax Center Partners Intermediate Holdco LLC	86-2296685	0.06%	2323
Wayzata Country Club	41-0778776	0.55%	3214984
Webb Custom Homes Inc	47-4188730	0.01%	5086
Wellmade Floor Coverings International Inc.	56-2328425	0.32%	126071
Westberg Eischens PLLP	41-1792388	0.51%	185816
Windcrest Animal Hospital, Inc.	51-0269407	1.09%	5143189
WinnJam, Inc. dba Comfort Keepers of Central Jersey	46-2162113	0.08%	92027
Zipps Liquor, LP	84-5011164	0.04%	16210
ZNDUS, Inc	83-4667591	0.15%	99718

**Pooled Employer Plan/Pooled Plan Provider
Information**

1a. Is the pooled plan provider currently in compliance with the requirements for filing the Form PR?

Yes

1b. AckID: e04c9d73-21e3-4636-96d7-7b144af4fec3

PRINCIPAL EASE 401(K) PLAN
E.I.N. 42-0127290 PLAN NO. 334
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Correct Outside VFCP	Contributions Pending Correction In VFCP	
2022 Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 3,852,826	\$ -	\$ -	\$ 131,944
2021 Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 5,998	\$ -	\$ -	\$ 712,470

PRINCIPAL EASE 401(K) PLAN
E.I.N. 42-0127290 PLAN NO. 334
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
	Collective Investment Trusts			
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid Income CIT Z	\$	146,561
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2010 CIT Z		1,563,323
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2015 CIT Z		2,885,746
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2020 CIT Z		3,926,510
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2025 CIT Z		11,500,296
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2030 CIT Z		17,206,133
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2035 CIT Z		12,058,125
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2040 CIT Z		13,646,231
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2045 CIT Z		11,928,512
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2050 CIT Z		9,390,273
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2055 CIT Z		7,683,985
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2060 CIT Z		4,468,855
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2065 CIT Z		1,255,005
*	Principal Global Investors Trust Co	Principal Lifetime Hybrid 2065 CIT		3,239
*	Principal Life Insurance Company	Morley Stable Value Fund		88,202
		Total Collective Investment Trusts		97,750,996
	Registered Investment Companies			
	The American Funds	American Funds Europacific Growth R6 Fund		1,331,945
	The American Funds	American Fund Capital World Bond R6 Fund		1,327,951
	The American Funds	American Funds New World R6 Fund		1,114,128
	Dimensional Fund Advisors	DFA US Large Cap Value I Fund		3,552,271
	Dimensional Fund Advisors	DFA US Targeted Value I Fund		2,119,380
	Fidelity Investments	Fidelity Inflation-Protected Bond Index Fund		2,033,563
	Fidelity Investments	Fidelity Total International Index Fund		1,971,414
	Fidelity Investments	Fidelity US Bond Index Fund		1,656,626
	Fidelity Investments	Fidelity 500 Index Fund		7,747,107
	PGIM Investments	PGIM Total Return Bond R6 Fund		1,624,696
	T. Rowe Price Funds	T Rowe Price OM US SC GR EQ I		1,406,715
		Total Registered Investment Companies		25,885,796
	Pooled Separate Accounts			
*	Principal Life Insurance Company	Principal Global Real Estate Sec SA-Z		437,349
*	Principal Life Insurance Company	Principal Largecap Growth I SA-Z		3,304,370
*	Principal Life Insurance Company	Principal Midcap S&P 400 Index SA-Z		2,140,746
*	Principal Life Insurance Company	Principal Smallcap S&P 600 Index SA-Z		1,864,336
*	Principal Life Insurance Company	Principal Overseas Sep Acct-Z		995,956
*	Principal Life Insurance Company	Total Pooled Separate Accounts		8,742,757
	Insurance Company General Account			
*	Principal Life Insurance Company	Principal Guaranteed Option		10,573,025
*	Principal Life Insurance Company	Fixed Income Guaranteed Option		4
		Total Insurance Company General Account		10,573,029
*	Participants	Participant Loans		
		Rates from 3.25% to 9.50%	-	2,261,122
		Total Assets Held		\$ 145,213,700

* Indicates party-in-interest

** Cost omitted for participant-directed accounts