| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2023**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [x] 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:
- [x] 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
DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN

**1b** Three-digit plan number (PN) ▶ 006

**1c** Effective date of plan 07/01/1961

**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)
DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER
DES MOINES UNIVERSITY

ATTN MARK PEIFFER
8025 GRAND AVE
WEST DES MOINES, IA 50266-5360

ATTN MARK PEIFFER
8025 GRAND AVE
WEST DES MOINES, IA 50266-5360

**2b** Employer Identification Number (EIN) 42-0730347

**2c** Plan Sponsor's telephone number 515-271-1475

**2d** Business code (see instructions) 611000

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 06/29/2024 | MARK PEIFFER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 06/29/2024 | MARK PEIFFER |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] 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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 683 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 320 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 334 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 315 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 649 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 10 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 659 |
| **g(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 665 |
| **g(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 638 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2L 2M 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) | Insurance Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.**<br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

**1** Coverage Information:

**(a)** Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | **(g)** To |
|---|---|---|---|---|---|
| 42-0127290 | 61271 | 613953 | 448 | 01/01/2023 | 12/31/2023 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

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

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

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

**(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 **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | | | |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 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. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

| | | | | |
|---|---|---|---|---|
| b | Balance at the end of the previous year | | 7b | 3355702 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 170557 | |
| | (2) Dividends and credits | 7c(2) | | |
| | (3) Interest credited during the year | 7c(3) | 58852 | |
| | (4) Transferred from separate account | 7c(4) | | |
| | (5) Other (specify below) | 7c(5) | 166359 | |
| | ▶ OUTSIDE INVESTMENT TRANSFER | | | |
| | (6)Total additions | | 7c(6) | 395768 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | 7d | 3751470 |
| e | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 161422 | |
| | (2) Administration charge made by carrier | 7e(2) | 2687 | |
| | (3) Transferred to separate account | 7e(3) | | |
| | (4) Other (specify below) | 7e(4) | 78093 | |
| | ▶ OUTSIDE INVESTMENT TRANSFER | | | |
| | (5) Total deductions | | 7e(5) | 242202 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | 7f | 3509268 |

## 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) | Insurance Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.**<br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

**1** Coverage Information:

**(a)** Name of insurance carrier

TIAA-CREF

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | **(g)** To |
|---|---|---|---|---|---|
| 13-1624203 | 69345 | 150533 | 310 | 01/01/2023 | 12/31/2023 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

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

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

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

**(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 **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | | | |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 7527749 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 727607 |

**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. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | |
|---|---|---|---|---|
| b | Balance at the end of the previous year | | 7b | 9444374 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 15000 | |
| | (2) Dividends and credits | 7c(2) | | |
| | (3) Interest credited during the year | 7c(3) | 393483 | |
| | (4) Transferred from separate account | 7c(4) | 653084 | |
| | (5) Other (specify below) ▶ | 7c(5) | | |
| | (6)Total additions | | 7c(6) | 1061567 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | 7d | 10505941 |
| e | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 2006287 | |
| | (2) Administration charge made by carrier | 7e(2) | | |
| | (3) Transferred to separate account | 7e(3) | 872785 | |
| | (4) Other (specify below) ▶ OUTSIDE INVESTMENT TRANSFER | 7e(4) | 99120 | |
| | (5) Total deductions | | 7e(5) | 2978192 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | 7f | 7527749 |

## 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) | Insurance Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.**<br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

**1** Coverage Information:

**(a)** Name of insurance carrier

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | **(g)** To |
|---|---|---|---|---|---|
| 13-5570651 | 62944 | 004977 | 36 | 01/01/2023 | 12/31/2023 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

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

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

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

**(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 **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | | | |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | 1728960 |
| **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 ▶ N/A - THIS PLAN IS FULLY FUNDED WITH ALLOCATED FUNDS

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

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST OPTION

| | | | | |
|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | **7b** | 1729255 |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | |
| | (2) Dividends and credits | **7c(2)** | | |
| | (3) Interest credited during the year | **7c(3)** | 52316 | |
| | (4) Transferred from separate account | **7c(4)** | | |
| | (5) Other (specify below) ▶ | **7c(5)** | | |
| | (6)Total additions | | **7c(6)** | 52316 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | **7d** | 1781571 |
| **e** | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | 52509 | |
| | (2) Administration charge made by carrier | **7e(2)** | 102 | |
| | (3) Transferred to separate account | **7e(3)** | | |
| | (4) Other (specify below) ▶ | **7e(4)** | | |
| | (5) Total deductions | | **7e(5)** | 52611 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | **7f** | 1728960 |

## 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) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). | 2023 |
| Department of Labor Employee Benefits Security Administration | ▶ File as an attachment to Form 5500. | This Form is Open to Public Inspection. |
| Pension Benefit Guaranty Corporation | | |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 006

**C** Plan sponsor's name as shown on line 2a of Form 5500
DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER

**D** Employer Identification Number (EIN)
42-0730347

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

EQUITABLE FINANCIAL LIFE INSURANCE

13-5570651

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

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

EQUITABLE FINANCIAL LIFE INSURANCE

13-5570651

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 37 58 28 25 59 60 62 63 67 | RECORDKEEPER | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 35053 | Yes [ ] No [X] |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 50 64 | CONTRACT ADMINISTRATOR | 53478 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| SCHEDULE D (Form 5500) | DFE/Participating Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 006

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER

**D** Employer Identification Number (EIN)
42-0730347

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATTE

**b** Name of sponsor of entity listed in (a): TIAA-CREF

**c** EIN-PN 13-1624203-004 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 727607

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**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

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 006

**C** Plan sponsor's name as shown on line 2a of Form 5500
DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER

**D** Employer Identification Number (EIN)
42-0730347

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| **c** General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | 873167 | 727607 |
| (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) | 74569611 | 88268926 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 14529331 | 12765977 |
| (15) Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 89972109 | 101762510 |
| **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 through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 89972109 | 101762510 |

## 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) | 2670718 | |
| **(B)** Participants | 2a(1)(B) | 3430783 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 740645 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 6842146 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | 114669 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 114669 |
| **(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) | 1687745 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1687745 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | -121622 |
| (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) | | 11964351 |
| c Other income | 2c | | 389983 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 20877272 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 9026845 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | 6136 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 9032981 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 53890 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 53890 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 9086871 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 11790401 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

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

**(1)** Name: RSM US LLP **(2)** EIN: 42-0714325

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 3000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

| SCHEDULE R (Form 5500) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
DES MOINES UNIVERSITY DEFINED CONTRIBUTION 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 006

**C** Plan sponsor's name as shown on line 2a of Form 5500
DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER

**D** Employer Identification Number (EIN)
42-0730347

## Part I Distributions

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

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

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

EIN(s): 42-0127290 13-1624203

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

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 73

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500882A .

# Des Moines University Defined Contribution 403(b) Plan

Financial Report
December 31, 2023

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RSM

RSM US LLP

# Independent Auditor's Report

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

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

We were engaged to perform audits of the financial statements of Des Moines University Defined Contribution 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions, as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

## Disclaimer of Opinion

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

## Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.



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

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

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

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

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

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

**Other Matter—Supplemental Schedule Required by ERISA**
The supplemental schedule, Schedule H, line 4i—schedule of assets (held at end of year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

RSM US LLP

Des Moines, Iowa
June 28, 2024

**Des Moines University Defined Contribution 403(b) Plan**

**Statements of Net Assets Available for Benefits**
**December 31, 2023 and 2022**

| | **2023** | 2022 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value | **$ 96,307,617** | $ 84,320,449 |
| Investments, at contract value, fixed annuity contracts | **5,454,893** | 5,651,660 |
| **Total assets** | **101,762,510** | 89,972,109 |
| **Liabilities** | **-** | - |
| **Net assets available for benefits** | **$ 101,762,510** | $ 89,972,109 |

See notes to financial statements.

**Des Moines University Defined Contribution 403(b) Plan**

**Statement of Changes in Net Assets Available for Benefits**
**Year Ended December 31, 2023**

| | |
|---|---|
| Additions to net assets attributed to: | |
| Investment income: | |
| Net appreciation in fair value/contract value of investments | $ 12,232,712 |
| Interest and dividends | 1,802,414 |
| **Total investment income** | 14,035,126 |
| Contributions: | |
| Participant | 3,430,783 |
| Employer | 2,670,718 |
| Rollover | 740,645 |
| **Total contributions** | 6,842,146 |
| | 20,877,272 |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 9,032,981 |
| Administrative fees | 53,890 |
| **Total deductions** | 9,086,871 |
| **Net increase in net assets available for benefits** | 11,790,401 |
| Net assets available for benefits: | |
| Beginning of year | 89,972,109 |
| End of year | $ 101,762,510 |

See notes to financial statements.

## Note 1. Plan Description

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

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

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

- Salaried/exempt employees: the lesser of 100% of deferrals (up to 10% of eligible earnings) or $1,875 per month; and

- Hourly/nonexempt employees: the lesser of 100% of deferrals (up to 10% of eligible earnings) or $865 per biweekly pay period.

Rollover contributions are also allowed by the Plan.

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

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

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

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

## Note 2. Summary of Significant Accounting Policies

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

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

**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.

**Contributions:** Contributions from Plan participants and the matching contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation.

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

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

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

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

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

**Subsequent events:** The Plan Administrator has evaluated subsequent events through June 28, 2024, which is the date the financial statements were available to be issued.

## Note 3. Excluded Investments

The Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's (DOL) Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. Investment income and distributions related to such accounts have also been excluded from the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2023. The total amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

## Note 4. Information Certified and Provided by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, TIAA and CREF, and Equitable Financial Life Insurance Company (the Custodians)

The following is a summary of the Plan's asset information as of December 31, 2023 and 2022, and for the year ended December 31, 2023, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified as complete and accurate by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, a custodian, TIAA and CREF, a custodian, and Equitable Financial Life Insurance Company, a custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications the Custodians that information provided to the Plan Administrator by the Custodians related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with the respect to the information which appears throughout the financial statements and ERISA-required supplemental schedule related to the following assets as of December 31, 2023 and 2022:

| | 2023 | 2022 |
|---|---|---|
| Investments, at fair value: | | |
| Mutual funds | $ 78,983,684 | $ 65,350,920 |
| Variable annuity contracts | 9,285,242 | 9,218,691 |
| Pooled separate accounts | 727,607 | 873,167 |
| Fixed annuity contracts, nonbenefit-responsive | 7,311,084 | 8,877,671 |
| Investments, at contract value: | | |
| TIAA-CREF fixed annuity contracts | 216,665 | 566,703 |
| Equitable Financial Life Insurance Company fixed annuity contracts | 1,728,960 | 1,729,255 |
| Principal fixed annuity contracts | 3,509,268 | 3,355,702 |
| | $ 101,762,510 | $ 89,972,109 |

Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, TIAA and CREF, and Equitable Financial Life Insurance Company, as applicable, also certified to the completeness and accuracy of $12,232,712 in net appreciation in the fair value/contract value of investments and $1,802,414 in interest and dividends for the year ended December 31, 2023.

## Note 5. Plan Termination

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

## Note 6. Tax Status

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

## Note 6. Tax Status (Continued)

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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 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 investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## Note 8. Fair Value Measurements

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

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

**Level 2:** Inputs to the valuation methodology include:

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

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

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

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

## Note 8. Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022:

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

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

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

***Fixed annuity contracts, nonbenefit-responsive:*** This account represents allocated fixed-rate annuity contracts with TIAA and CREF. Contributions to the annuity purchase a contractual or guaranteed amount of future benefits for the participant. Fixed annuity contracts that are nonbenefit-responsive are reported at contract value which approximates fair value. This determination is based on TIAA and CREF's credit rating and yield during 2023 and 2022 being comparable to similar alternative investments and the interest rate, which re-sets annually, being comparable to a 10-year treasury bond.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

| | Assets at Fair Value as of December 31, 2023 | | | |
|---|---|---|---|---|
| Description | Level 1 | Level 2 | Level 3 | Total |
| Assets: | | | | |
| Mutual funds | $ 78,983,684 | $ - | $ - | $ 78,983,684 |
| Pooled separate accounts, real estate | - | 727,607 | - | 727,607 |
| Variable annuity contracts—CREF | - | 7,448,133 | - | 7,448,133 |
| Fixed annuity contracts, nonbenefit-responsive | - | - | 7,311,084 | 7,311,084 |
| Total assets in the fair value hierarchy | $ 78,983,684 | $ 8,175,740 | $ 7,311,084 | 94,470,508 |
| Investments measured at net asset value:* | | | | |
| Variable annuity contracts—Equitable Financial | | | | 1,837,109 |
| Total investments, at fair value | | | | $ 96,307,617 |

## Note 8. Fair Value Measurements (Continued)

| | Assets at Fair Value as of December 31, 2022 | | | |
|---|---|---|---|---|
| Description | Level 1 | Level 2 | Level 3 | Total |
| Assets: | | | | |
| Mutual funds | $ 65,350,920 | $ - | $ - | $ 65,350,920 |
| Pooled separate accounts, real estate | - | 873,167 | - | 873,167 |
| Variable annuity contracts—CREF | - | 7,417,537 | - | 7,417,537 |
| Fixed annuity contracts, nonbenefit-responsive | - | - | 8,877,671 | 8,877,671 |
| Total assets in the fair value hierarchy | $ 65,350,920 | $ 8,290,704 | $ 8,877,671 | 82,519,295 |
| Investments measured at net asset value:* | | | | |
| Variable annuity contracts—Equitable Financial | | | | 1,801,154 |
| Total investments, at fair value | | | | $ 84,320,449 |

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

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

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2023 and 2022, there were no transfers in or out of Level 3.

The table below sets forth a summary of purchases of the Plan's Level 3 assets for the years ended December 31, 2023 and 2022:

| | Fixed Annuity Contracts | |
|---|---|---|
| | 2023 | 2022 |
| Purchases | $ 625,941 | $ 623,246 |

## Note 8. Fair Value Measurements (Continued)

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

| | 2023 | | | | |
|---|---|---|---|---|---|
| Investment | Fair Value | Principal Valuation Technique | Unobservable Inputs | Range of Significant Input Value | Weighted Average |
| Fixed annuity contracts, nonbenefit-responsive, TIAA Traditional Annuity | $ 7,311,084 | Discounted cash flow<br>Theoretical transfer (exit value) | Risk-adjusted discount rate applied | 3.25%-6.75% | 4.85% |

| | 2022 | | | | |
|---|---|---|---|---|---|
| Investment | Fair Value | Principal Valuation Technique | Unobservable Inputs | Range of Significant Input Value | Weighted Average |
| Fixed annuity contracts, nonbenefit-responsive, TIAA Traditional Annuity | $ 8,877,671 | Discounted cash flow<br>Theoretical transfer (exit value) | Risk-adjusted discount rate applied | 3.00%-6.25% | 4.24% |

The following table sets forth additional disclosure of the Plan's investments whose fair value is estimated using net asset value per share as of December 31, 2023 and 2022:

| | Fair Value | | Unfunded | Redemption | Redemption |
|---|---|---|---|---|---|
| Investment | 2023 | 2022 | Commitment | Frequency | Notice Period |
| Variable annuity contracts: | | | | | |
| International equity (a) | $ 100,027 | $ 86,508 | $ - | Daily | None |
| U.S. equity (b) | 1,485,102 | 1,478,227 | - | Daily | None |
| Fixed income (c) | 64,179 | 66,848 | - | Daily | None |
| Money market (d) | 538 | 518 | - | Daily | None |
| Balanced (e) | 187,263 | 169,053 | - | Daily | None |
| | $ 1,837,109 | $ 1,801,154 | | | |

(a) This category seeks a favorable long-term rate of return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of common stocks.

(b) This category seeks a favorable long-term rate of return through investing in U.S. equity securities of companies with small to large market capitalization.

## Note 8. Fair Value Measurements (Continued)

(c) This category seeks a favorable long-term rate of return through high current income consistent with preserving capital and a favorable long-term rate of return that outpaces inflation, primarily through investment in inflation-indexed bonds—fixed income securities whose returns are designed to track a specified inflation index over the life of the bond.

(d) This category seeks high current income consistent with maintaining liquidity and preserving capital.

(e) This category seeks a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria.

## Note 9. Investment Contracts With Insurance Companies

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

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

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

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

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

For the Equitable Financial Life Insurance Company Guaranteed Interest Accounts, the crediting interest rate is based on a formula agreed upon with Equitable Financial Life Insurance Company and varies based on the underlying contract type, contract series and state in which the contract is issued, but may not be less than a range of 2.25% to 3%. Such interest rates are reviewed for resetting on an annual basis, and more frequently, as appropriate.

### Note 9. Investment Contracts With Insurance Companies (Continued)

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

### Note 10. Related-Party Transactions

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

### Note 11. Net Assets Available for Benefits

In November 2007, the DOL issued amended regulations eliminating an exemption granted to 403(b) Plans from annual Form 5500 reporting, disclosure and audit requirements under Title I of ERISA. The removal of this exemption subjected the Plan to audit and expanded Form 5500 reporting requirements for the first time beginning with the Plan's year ended December 31, 2009. The Plan and TIAA and CREF have not maintained sufficiently detailed accounting records relating to the Plan's annuity and custodial accounts issued to current and former employees prior to January 1, 2008. Accordingly, the completeness of the Plan's net assets available for benefits as of December 31, 2023 and 2022, and changes in net assets available for benefits for the year ended December 31, 2023, could not be verified.

**Des Moines University Defined Contribution 403(b) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)**
**December 31, 2023**

Employer Identification Number: 42-0730347
Plan Number: 006

| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment | Fair/Contract Value |
|---|---|---|
| | Mutual funds: | |
| *TIAA-CREF | TIAA-CREF Lifecycle 2010-Rtmt | $ 105,648 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2015-Rtmt | 165,658 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2020-Rtmt | 647,722 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2025-Rtmt | 69,127 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2030-Rtmt | 558,524 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2035-Rtmt | 156,605 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2040-Rtmt | 1,070,191 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2045-Rtmt | 498,114 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2050-Rtmt | 5,130 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2055-Rtmt | 519 |
| *TIAA-CREF | TIAA-CREF Lfcyle Rtmt Inc-Rtmt | 15,318 |
| *TIAA-CREF | TIAA-CREF Intl Eq-Rtmt | 440,774 |
| *TIAA-CREF | TIAA-CREF Lg-Cap Val-Rtmt | 513,749 |
| *TIAA-CREF | TIAA-CREF Mid-Cap Gr-Rtmt | 146,941 |
| *TIAA-CREF | TIAA-CREF Mid-Cap Val-Rtmt | 376,867 |
| *TIAA-CREF | TIAA-CREF Sm-Cap Eq-Rtmt | 344,541 |
| Metropolitan Management | Metropolitan Retirement Bond | 1,260,029 |
| Vanguard Group | Vanguard Total Bond Market Index Adm Fd | 926,300 |
| Vanguard Group | Vanguard Institutional Target Retirement Inc Inv Fund | 763,435 |
| Vanguard Group | Vanguard Institutional Target Retirement 2020 Inv Fund | 2,713,112 |
| Vanguard Group | Vanguard Institutional Target Retirement 2025 Inv Fund | 4,674,214 |
| Vanguard Group | Vanguard Institutional Target Retirement 2030 Inv Fund | 8,938,438 |
| Vanguard Group | Vanguard Institutional Target Retirement 2035 Inv Fund | 8,349,335 |
| Vanguard Group | Vanguard Institutional Target Retirement 2040 Inv Fund | 5,650,305 |
| Vanguard Group | Vanguard Institutional Target Retirement 2045 Inv Fund | 8,932,596 |
| Vanguard Group | Vanguard Institutional Target Retirement 2050 Inv Fund | 5,719,916 |
| Vanguard Group | Vanguard Institutional Target Retirement 2055 Inv Fund | 1,810,629 |
| Vanguard Group | Vanguard Institutional Target Retirement 2060 Inv Fund | 898,738 |
| Vanguard Group | Vanguard Institutional Target Retirement 2065 Inv Fund | 70,484 |
| Victory Capital Management | Victory Small Co Opp R6 Fund | 609,997 |
| T. Rowe Price/Brown Advisory | LargeCap Growth I R6 Fund | 2,871,750 |
| *TIAA-CREF | TIAA-CREF Equity Index Inst Fd | 980,798 |
| *TIAA-CREF | TIAA-CREF Soc Ch Eq I Fund | 315,721 |
| Vanguard Group | Vanguard 500 Index Admiral Fund | 5,150,839 |
| Fidelity Management & Research | Fidelity Small Cap Growth Fund | 506,266 |
| Voya Investment Management | Voya Mid Cap OPPS I Fund | 629,480 |
| Massachusetts Financial Service Co | Massachusetts Financial Mid Cap Value | 1,329,122 |
| Vanguard Group | Vanguard Mid Cap Index Adm Fund | 2,126,026 |
| Vanguard Group | Vanguard Small Cap Index Adm Fund | 1,572,721 |
| Capital Research and Mgmt Co | Capital Research Am Funds EuroPacific Growth Fund | 897,719 |
| MFS Investment Management | MFS Intrinsic Value R6 Fund | 849,208 |
| Vanguard Group | Vanguard Total International Stock Index Fund | 1,857,230 |
| *Principal Real Estate Inv | Principal Real Estate Securities R6 Fund | 1,027,582 |
| John Hancock Advisors, LLC | John Hancock Disc Value R6 Fund | 2,436,266 |
| **Total mutual funds** | | 78,983,684 |

(Continued)

**Des Moines University Defined Contribution 403(b) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)**
**December 31, 2023**

Employer Identification Number: 42-0730347
Plan Number: 006

| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment | Fair/Contract Value |
|---|---|---|
| | Variable annuity contracts: | |
| *TIAA-CREF | CREF Stock Account | $ 2,684,820 |
| *TIAA-CREF | CREF Money Market Account | 286,460 |
| *TIAA-CREF | CREF Social Choice Account | 991,165 |
| *TIAA-CREF | CREF Bond Market Account | 549,012 |
| *TIAA-CREF | CREF Global Equities Account | 747,853 |
| *TIAA-CREF | CREF Growth Account | 975,399 |
| *TIAA-CREF | CREF Equity Index Account | 1,050,169 |
| *TIAA-CREF | CREF Inflation-Linked Bond Account | 163,255 |
| *Equitable Financial Life Insurance Company | EQ/Global Equity Managed Volatility Portfolio | 2,303 |
| *Equitable Financial Life Insurance Company | EQ/ International Core Managed Volatility Portfolio | 915 |
| *Equitable Financial Life Insurance Company | EQ/International Value Managed Volatility Portfolio | 48,652 |
| *Equitable Financial Life Insurance Company | EQ/Large Cap Growth Managed Volatility Portfolio | 167,098 |
| *Equitable Financial Life Insurance Company | EQ/Large Cap Value Managed Volatility Portfolio | 261,559 |
| *Equitable Financial Life Insurance Company | EQ/Mid Cap Value Managed Volatility Portfolio | 13,153 |
| *Equitable Financial Life Insurance Company | EQ/Moderate Allocation Portfolio | 186,488 |
| *Equitable Financial Life Insurance Company | EQ/Moderate-Plus Allocation Portfolio | 775 |
| *Equitable Financial Life Insurance Company | Fidelity VIP Contrafund | 12,804 |
| *Equitable Financial Life Insurance Company | Multimanager Aggressive Equity Portfolio | 30,655 |
| *Equitable Financial Life Insurance Company | Multimanager Core Bond Portfolio | 1,321 |
| *Equitable Financial Life Insurance Company | Multimanager Technology Portfolio | 2,986 |
| *Equitable Financial Life Insurance Company | EQ/AllianceBernstein Small Cap Growth Portfolio | 99,765 |
| *Equitable Financial Life Insurance Company | EQ/American Century Mid Cap Value Portfolio | 1,650 |
| *Equitable Financial Life Insurance Company | EQ/Value Equity Portfolio | 291 |
| *Equitable Financial Life Insurance Company | 1290 VT Socially Responsible Portfolio | 882 |
| *Equitable Financial Life Insurance Company | EQ/Capital Group Research | 1,326 |
| *Equitable Financial Life Insurance Company | EQ/Common Stock Index Portfolio | 401,770 |
| *Equitable Financial Life Insurance Company | EQ/Equity 500 Index Portfolio | 467,122 |
| *Equitable Financial Life Insurance Company | 1290 VT GAMCO Small Company Value Portfolio | 17,838 |
| *Equitable Financial Life Insurance Company | 1290 VT GAMCO Small Cap Value Portfolio | 1,455 |
| *Equitable Financial Life Insurance Company | EQ/Intermediate Government Bond Index Portfolio | 1,875 |
| *Equitable Financial Life Insurance Company | EQ/International Equity Index Portfolio | 47,774 |
| *Equitable Financial Life Insurance Company | EQ/JP Morgan Value Opportunities Portfolio | 9,169 |
| *Equitable Financial Life Insurance Company | EQ/Large Cap Growth Index Portfolio | 4,368 |
| *Equitable Financial Life Insurance Company | EQ/MFS International Growth Portfolio | 383 |
| *Equitable Financial Life Insurance Company | EQ/Mid Cap Index Portfolio | 3,808 |
| *Equitable Financial Life Insurance Company | EQ/Money Market Portfolio | 538 |
| *Equitable Financial Life Insurance Company | EQ/Janus Enterprise | 3,354 |
| *Equitable Financial Life Insurance Company | EQ/Quality Bond PLUS Portfolio | 20,556 |
| *Equitable Financial Life Insurance Company | EQ/Small Company Index Portfolio | 65 |
| *Equitable Financial Life Insurance Company | EQ/JP Morgan Growth Stock Portfolio | 1,801 |
| *Equitable Financial Life Insurance Company | EQ/Core Plus Bond | 22,589 |
| *Equitable Financial Life Insurance Company | EQ/ Morgan Stanley Small Cap Growth Portfolio | 21 |
| **Total variable annuity contracts** | | 9,285,242 |

(Continued)

**Des Moines University Defined Contribution 403(b) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)**
**December 31, 2023**

Employer Identification Number: 42-0730347
Plan Number: 006

| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment | Fair/Contract Value |
|---|---|---|
| | Pooled separate accounts: | |
| *TIAA-CREF | TIAA Real Estate Account | $ 727,607 |
| | Fixed annuity contracts: | |
| *TIAA-CREF | TIAA Traditional Annuity Benefit-Responsive | 216,665 |
| *TIAA-CREF | TIAA Traditional Annuity Non Benefit-Responsive | 7,311,084 |
| *Principal Life Insurance Company | Principal Fixed Income Guaranteed Option | 3,509,268 |
| *Equitable Financial Life Insurance Company | Guaranteed Interest Account | 1,728,960 |
| **Total fixed annuity contracts** | | 12,765,977 |
| | | $ 101,762,510 |

* Indicates party-in-interest to the Plan.

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

**Des Moines University Defined Contribution 403(b) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)**
**December 31, 2023**

Employer Identification Number: 42-0730347
Plan Number: 006

| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment | Fair/Contract Value |
|---|---|---|
| | Mutual funds: | |
| *TIAA-CREF | TIAA-CREF Lifecycle 2010-Rtmt | $ 105,648 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2015-Rtmt | 165,658 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2020-Rtmt | 647,722 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2025-Rtmt | 69,127 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2030-Rtmt | 558,524 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2035-Rtmt | 156,605 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2040-Rtmt | 1,070,191 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2045-Rtmt | 498,114 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2050-Rtmt | 5,130 |
| *TIAA-CREF | TIAA-CREF Lifecycle 2055-Rtmt | 519 |
| *TIAA-CREF | TIAA-CREF Lfcyle Rtmt Inc-Rtmt | 15,318 |
| *TIAA-CREF | TIAA-CREF Intl Eq-Rtmt | 440,774 |
| *TIAA-CREF | TIAA-CREF Lg-Cap Val-Rtmt | 513,749 |
| *TIAA-CREF | TIAA-CREF Mid-Cap Gr-Rtmt | 146,941 |
| *TIAA-CREF | TIAA-CREF Mid-Cap Val-Rtmt | 376,867 |
| *TIAA-CREF | TIAA-CREF Sm-Cap Eq-Rtmt | 344,541 |
| Metropolitan Management | Metropolitan Retirement Bond | 1,260,029 |
| Vanguard Group | Vanguard Total Bond Market Index Adm Fd | 926,300 |
| Vanguard Group | Vanguard Institutional Target Retirement Inc Inv Fund | 763,435 |
| Vanguard Group | Vanguard Institutional Target Retirement 2020 Inv Fund | 2,713,112 |
| Vanguard Group | Vanguard Institutional Target Retirement 2025 Inv Fund | 4,674,214 |
| Vanguard Group | Vanguard Institutional Target Retirement 2030 Inv Fund | 8,938,438 |
| Vanguard Group | Vanguard Institutional Target Retirement 2035 Inv Fund | 8,349,335 |
| Vanguard Group | Vanguard Institutional Target Retirement 2040 Inv Fund | 5,650,305 |
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| Fidelity Management & Research | Fidelity Small Cap Growth Fund | 506,266 |
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| John Hancock Advisors, LLC | John Hancock Disc Value R6 Fund | 2,436,266 |
| **Total mutual funds** | | 78,983,684 |

(Continued)

**Des Moines University Defined Contribution 403(b) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)**
**December 31, 2023**

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Plan Number: 006

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(Continued)

**Des Moines University Defined Contribution 403(b) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)**
**December 31, 2023**

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Plan Number: 006

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| *TIAA-CREF | TIAA Traditional Annuity Non Benefit-Responsive | 7,311,084 |
| *Principal Life Insurance Company | Principal Fixed Income Guaranteed Option | 3,509,268 |
| *Equitable Financial Life Insurance Company | Guaranteed Interest Account | 1,728,960 |
| **Total fixed annuity contracts** | | 12,765,977 |
| | | $ 101,762,510 |

* Indicates party-in-interest to the Plan.

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