

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: PRINCIPAL SMALL-MIDCAP DIVIDEND INCOME SEPARATE ACCOUNT
1b Three-digit plan number (PN): 138
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): PRINCIPAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 42-0127290
2c Plan Sponsor's telephone number: 515-362-1107
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>PRINCIPAL LIFE INSURANCE COMPANY</p> <p>711 HIGH STREET DES MOINES, IA 50392-1000</p>	<p>3b Administrator's EIN 42-0127290</p> <p>3c Administrator's telephone number 515-362-1107</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PRINCIPAL SMALL-MIDCAP DIVIDEND INCOME SEPARATE ACCOUNT</u>	B Three-digit plan number (PN)	<u>138</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>42-0127290</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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:		
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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 ATC HEALTHCARE SERVICES, INC. 401K PLAN	
b	Name of plan sponsor ATC HEALTHCARE SERVICES, INC.	c EIN-PN 58-1642356-001
a	Plan name ACCURATE FELT AND GASKET MFG CO MONEY PURCHASE PLAN	
b	Name of plan sponsor ACCURATE FELT AND GASKET MFG. CO.	c EIN-PN 36-2170303-003
a	Plan name AMERICAN SOY PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AMERICAN SOY PRODUCTS, INC.	c EIN-PN 38-2616481-001
a	Plan name SCHWARTZ AND ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SCHWARTZ AND ASSOCIATES, INC.	c EIN-PN 61-1021698-001
a	Plan name BEBER SILVERSTEIN 401K SAVINGS PLAN	
b	Name of plan sponsor BEBER SILVERSTEIN AND PARTNERS ADVERTISING, INC	c EIN-PN 59-1401652-002
a	Plan name HOTEL EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CONCOURSE HOTEL INC	c EIN-PN 39-1730575-001
a	Plan name VALLEY PAVING INC 401K RETIREMENT PLAN	
b	Name of plan sponsor VALLEY PAVING INC	c EIN-PN 41-1348160-001
a	Plan name HAAS LIVESTOCK SELLING AGENCY, INC. EMPLOYEE TAX/SAVINGS PLAN	
b	Name of plan sponsor HAAS LIVESTOCK SELLING AGENCY, INC.	c EIN-PN 41-0632450-002
a	Plan name SOUTHERN MUTUAL CHURCH INSURANCE COMPANY 401K RETIREMENT PLAN	
b	Name of plan sponsor SOUTHERN MUTUAL CHURCH INSURANCE COMPANY	c EIN-PN 57-0251155-002
a	Plan name ENHANCED MACHINE LLC 401K PLAN	
b	Name of plan sponsor ENHANCED MACHINE LLC	c EIN-PN 99-0750714-001
a	Plan name IOWA TANKLINES, INC. ET AL EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor IOWA TANKLINES, INC.	c EIN-PN 88-0335618-001
a	Plan name MIDWEST GRINDING 401K PLAN	
b	Name of plan sponsor MIDWEST GRINDING CO INC	c EIN-PN 39-0984141-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	MILLER BROS. CONSTRUCTION INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	MILLER BROS. CONSTRUCTION INC.
c	EIN-PN	23-2346551-001
a	Plan name	HAMMOND MANUFACTURING COMPANY, INC. PENSION PLAN
b	Name of plan sponsor	HAMMOND MANUFACTURING COMPANY, INC.
c	EIN-PN	16-1192421-001
a	Plan name	MID-ATLANTIC BUSINESS COMMUNICATIONS, INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	MID-ATLANTIC BUSINESS COMMUNICATIONS, INC.
c	EIN-PN	54-1609294-001
a	Plan name	MSC DEVELOPMENT, INC. 401K PLAN
b	Name of plan sponsor	MSC DEVELOPMENT, INC.
c	EIN-PN	56-2115711-001
a	Plan name	THE DELPORT GROUP PROFIT SHARING PLAN
b	Name of plan sponsor	AUTOPORT INC.
c	EIN-PN	51-0255836-001
a	Plan name	CREATORS SYNDICATE, INC. 401K PLAN
b	Name of plan sponsor	CREATORS SYNDICATE INC
c	EIN-PN	95-4088038-001
a	Plan name	H.I.S. 401K
b	Name of plan sponsor	H.I.S. INTERNATIONAL TOURS NY INC.
c	EIN-PN	13-3452641-001
a	Plan name	MALLOY 401K PLAN
b	Name of plan sponsor	MALLOY LINCOLN MERCURY, INC.
c	EIN-PN	54-1619073-001
a	Plan name	BRUER S CONTRACT CUTTING RETIREMENT PLAN
b	Name of plan sponsor	BRUER S CONTRACT CUTTING
c	EIN-PN	93-0788309-001
a	Plan name	EMPLOYEES OF TRI-VIN IMPORTS 401K PLAN
b	Name of plan sponsor	TRI-VIN IMPORTS, INC.
c	EIN-PN	13-3498966-001
a	Plan name	JIM PIONTEK TRUCKING 401K PLAN
b	Name of plan sponsor	JIM PIONTEK TRUCKING INC
c	EIN-PN	39-1731657-001
a	Plan name	CONCEPT ALLOYS, INC. 401K PLAN
b	Name of plan sponsor	CONCEPT ALLOYS, INC., A CLOSE CORPORATION
c	EIN-PN	26-3331096-001

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 BIG ARCHITECTURE D.P.C. 401K PLAN	
b	Name of plan sponsor BIG ARCHITECTURE D.P.C.	c EIN-PN 45-2558265-001
a	Plan name SPRING VALLEY CO., INC. RETIREMENT PLAN	
b	Name of plan sponsor SPRING VALLEY TELEPHONE CO INC	c EIN-PN 39-0962222-001
a	Plan name EDGE PUBLICATIONS, INC. 401K PLAN	
b	Name of plan sponsor EDGE PUBLICATIONS, INC.	c EIN-PN 04-3838342-001
a	Plan name WHITE PLAINS DRAPERY AND UPHOLSTERY 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WHITE PLAINS DRAPERY AND UPHOLSTERY, INC.	c EIN-PN 13-2649075-001
a	Plan name CAUSEWAY CONTRACTING 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CAUSEWAY CONTRACTING	c EIN-PN 45-4272042-001
a	Plan name URBAN MO S BAR AND GRILL 401K PLAN	
b	Name of plan sponsor DCSS, INC. DBA URBAN MO S BAR AND GRILL	c EIN-PN 33-0495939-001
a	Plan name API 401K PLAN	
b	Name of plan sponsor API PROCESSING-LICENSING, INC.	c EIN-PN 46-0985713-001
a	Plan name D AND E CONSULTING SOLUTIONS, INC. 401K PLAN	
b	Name of plan sponsor D AND E CONSULTING SOLUTIONS, INC.	c EIN-PN 26-3596896-001
a	Plan name CREATIVE SPA MANAGEMENT, LLC 401K PLAN	
b	Name of plan sponsor CREATIVE SPA MANAGEMENT, LLC	c EIN-PN 22-3625593-001
a	Plan name PAPE AND SONS CONSTRUCTION, INC. 401K PLAN	
b	Name of plan sponsor PAPE AND SONS CONSTRUCTION, INC.	c EIN-PN 91-1043352-002
a	Plan name HUSS BREWING 401K PLAN	
b	Name of plan sponsor HUSS BREWING COMPANY, LLC	c EIN-PN 46-1050765-001
a	Plan name MBM LOGISTICS 401K PLAN	
b	Name of plan sponsor MBM LOGISTICS INC	c EIN-PN 39-1958013-001

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 COOL BLEW, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor COOL BLEW, INC.	c EIN-PN 74-3044418-001
a	Plan name METRO SERVICES GROUP, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor METRO SERVICES GROUP, INC.	c EIN-PN 20-0584950-001
a	Plan name GREYSTEEL COMPANY 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GREYSTEEL COMPANY LLC	c EIN-PN 45-4030854-001
a	Plan name REYCO ELECTRICAL SERVICES, INC. 401K PLAN	
b	Name of plan sponsor REYCO ELECTRICAL SERVICES, INCORPORATED	c EIN-PN 30-0231316-001
a	Plan name SKYWAVE COMMUNICATIONS 401K PLAN	
b	Name of plan sponsor SKYWAVE COMMUNICATIONS, INC.	c EIN-PN 16-1561156-001
a	Plan name FLUID LIFE LTD.	
b	Name of plan sponsor FLUID LIFE LTD.	c EIN-PN 46-0524060-001
a	Plan name SC AUTOSPORTS, LLC 401K PLAN	
b	Name of plan sponsor SC AUTOSPORTS, LLC	c EIN-PN 81-4735886-001
a	Plan name SUPERIOR INSURANCE PARTNERS, LLC 401K PLAN	
b	Name of plan sponsor SUPERIOR INSURANCE PARTNERS, LLC	c EIN-PN 85-1889503-001
a	Plan name PAPPAS PROPERTIES LLC 401K PLAN	
b	Name of plan sponsor PAPPAS PROPERTIES LLC	c EIN-PN 56-2132499-001
a	Plan name MALLTAIL, INC. 401K PLAN AND TRUST	
b	Name of plan sponsor MALLTAIL, INC.	c EIN-PN 75-3254521-001
a	Plan name JAMES H. ADAMS AND SON CONSTRUCTION CO., INC. 401-K PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES H ADAMS AND SON CONSTRUCTION CO INC	c EIN-PN 63-0773670-001
a	Plan name E-TITAN LLC 401K PLAN	
b	Name of plan sponsor E-TITAN LLC	c EIN-PN 46-2472121-001

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	WTJB 401K PLAN	
b	Name of plan sponsor	WTJB	c EIN-PN 85-3051192-001
a	Plan name	WOLF, MCDERMOTT, DEPUE, SABOTT, BUTZ AND PORTO 401K PLAN	
b	Name of plan sponsor	WOLF, MCDERMOTT, DEPUE, SABOTT, BUTZ AND PORTO,	c EIN-PN 85-1597316-001
a	Plan name	SERVE ELECTRIC 401K RETIREMENT PLAN	
b	Name of plan sponsor	SERVE ELECTRIC LLC	c EIN-PN 83-1897614-001
a	Plan name	DREISBACH WHOLESALE FLORISTS, INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DREISBACH WHOLESALE FLORISTS, INC.	c EIN-PN 61-0627744-001
a	Plan name	CUNEO COMMUNICATIONS GROUP SAVINGS PLAN	
b	Name of plan sponsor	CUNEO AND ASSOCIATES ADVERTISING, INC.	c EIN-PN 41-1292473-001
a	Plan name	SILVER CREEK SPECIALTY MEATS, INC. 401K SAFE HARBOR PLAN	
b	Name of plan sponsor	SILVER CREEK SPECIALTY MEATS, INC.	c EIN-PN 52-1638601-001
a	Plan name	NELCO PRODUCT INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	NELCO PRODUCTS, INC.	c EIN-PN 04-2837729-001
a	Plan name	BRIAN TREMATORE PLUMBING AND HEATING INC. PRO FIT SHARING AND 401K PLAN	
b	Name of plan sponsor	BRIAN TREMATORE PLUMBING AND HEATING INC.	c EIN-PN 22-2583727-001
a	Plan name	MARITIME ENDEAVORS 401K RETIREMENT PLAN	
b	Name of plan sponsor	MARITIME ENDEAVORS SHIPPING COMPANY, LTD	c EIN-PN 72-1222297-001
a	Plan name	BUILDING EVALUATION 401K PLAN	
b	Name of plan sponsor	BUILDING EVALUATION SERVICES AND TECHNOLOGY	c EIN-PN 52-1765754-001
a	Plan name	AUDIO IMAGES RETIREMENT PLAN	
b	Name of plan sponsor	HENRY S AUDIO VISUAL SOLUTIONS, INC.	c EIN-PN 33-0936525-001
a	Plan name	TANAGER INC 401K PLAN	
b	Name of plan sponsor	TANAGER INC.	c EIN-PN 52-1992937-001

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	JAYS COMPANY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	JAYS COMPANY INC	c EIN-PN 41-1763010-001
a	Plan name	PACKAGE DEVELOPMENT COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PACKAGE DEVELOPMENT COMPANY	c EIN-PN 22-2324211-001
a	Plan name	WIEMAN LAND AND AUCTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WIEMAN LAND AND AUCTION	c EIN-PN 91-1788575-001
a	Plan name	XIU QIN HOU 401K PLAN	
b	Name of plan sponsor	XIU QIN HOU DBA HOU FINANCIAL GROUP	c EIN-PN 68-0637498-001
a	Plan name	RAND INDUSTRIES RETIREMENT PLAN	
b	Name of plan sponsor	RAND INDUSTRIES	c EIN-PN 36-4181517-001
a	Plan name	ALLIANCE PLASTICS, 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLIANCE PLASTICS, LLC	c EIN-PN 32-0063382-001
a	Plan name	PSKB, INC. PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	PSKB INC.	c EIN-PN 58-1535695-001
a	Plan name	PHYSICIANS CHOICE MANAGEMENT, LLC 401K PLAN	
b	Name of plan sponsor	PHYSICIANS CHOICE MANAGEMENT, LLC	c EIN-PN 20-1310957-001
a	Plan name	CALIFORNIA AUTISM CENTER 401K PLAN	
b	Name of plan sponsor	CALIFORNIA AUTISM CENTER	c EIN-PN 46-4150758-001
a	Plan name	ELECTRICAL-MECHANICAL SOLUTIONS GROUP, LLC 401K PLAN	
b	Name of plan sponsor	ELECTRICAL-MECHANICAL SOLUTIONS GROUP, LLC	c EIN-PN 47-2034328-001
a	Plan name	NORTH SHORE FEDERAL CREDIT UNION 401K PLAN	
b	Name of plan sponsor	NORTH SHORE FEDERAL CREDIT UNION	c EIN-PN 41-0840330-001
a	Plan name	THE SCREENMOBILE CORPORATION 401K PLAN	
b	Name of plan sponsor	THE SCREENMOBILE CORPORATION	c EIN-PN 95-3923456-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name TRINITY FABRICATORS 401K PLAN	
b	Name of plan sponsor TRINITY FABRICATORS	c EIN-PN 59-2478208-001
a	Plan name PATRIOT CONTRACT FLOORING, INC. 401K PLAN	
b	Name of plan sponsor PATRIOT CONTRACT FLOORING, INC	c EIN-PN 73-1628448-001
a	Plan name BABYLIST 401K PLAN	
b	Name of plan sponsor BABYLIST, INC.	c EIN-PN 45-3767218-001
a	Plan name NORTHWEST PROPELLER 401K PLAN	
b	Name of plan sponsor MHD ROCKLAND TECHNICAL OPERATIONS USA INC	c EIN-PN 88-1080263-001
a	Plan name COSTELLO CONSTRUCTION, LLC	
b	Name of plan sponsor COSTELLO CONSTRUCTION, LLC	c EIN-PN 46-3422141-001
a	Plan name WORTH GIN AND WHSE, INC. 401K PLAN	
b	Name of plan sponsor WORTH GIN AND WHSE, INC.	c EIN-PN 83-4403007-001
a	Plan name 2-CM TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor 2-CM TECHNOLOGIES, LLC	c EIN-PN 46-3660555-001
a	Plan name ROYAL BANANA COMPANY, INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor ROYAL BANANA COMPANY, INC.	c EIN-PN 38-2313960-001
a	Plan name PROASSURANCE GROUP SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor PROASSURANCE GROUP SAVINGS AND RETIREMENT PLA	c EIN-PN 63-1285505-003
a	Plan name BRUNO WESSEL, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BRUNO WESSEL, INC.	c EIN-PN 06-1497129-001
a	Plan name WAYNE WESTLAND FEDERAL CREDIT UNION 401K PLAN	
b	Name of plan sponsor WAYNE WESTLAND FEDERAL CREDIT UNION	c EIN-PN 38-1362850-002
a	Plan name KINGS RIVER TITLE 401K PLAN	
b	Name of plan sponsor KINGS RIVER TITLE AND ABSTRACT COMPANY	c EIN-PN 20-5268950-001

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	BORNSTEIN SEAFOODS, INC. 401K P/S PLAN	
b	Name of plan sponsor	BORNSTEIN SEAFOODS, INC.	c EIN-PN 91-0150897-001
a	Plan name	DIGITALOGIC, INC. 401K PLAN	
b	Name of plan sponsor	DIGITALOGIC, INC.	c EIN-PN 52-2285161-001
a	Plan name	LYONS, BENENSON AND COMPANY, INC 401K PLAN	
b	Name of plan sponsor	LYONS, BENENSON AND COMPANY INC.	c EIN-PN 13-3482412-001
a	Plan name	CRITICAL CARE TRANSPORT 401K PLAN	
b	Name of plan sponsor	CRITICAL CARE TRANSPORT, INC.	c EIN-PN 31-1716642-001
a	Plan name	HOME FINANCING CENTER, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HOME FINANCING CENTER, INC.	c EIN-PN 59-2472569-001
a	Plan name	CLAXTON OFFICE SUPPLY AND PRINTING INC. EMPLOYEES INCENTIVE PLAN	
b	Name of plan sponsor	CLAXTON OFFICE SUPPLY AND PRINTING INC.	c EIN-PN 58-2132161-001
a	Plan name	ASI COMMUNICATIONS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ASI COMMUNICATIONS, INC.	c EIN-PN 86-0560317-001
a	Plan name	HEARTLAND OPTICAL, INC. SAFE HARBOR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HEARTLAND OPTICAL, INC.	c EIN-PN 47-0663058-001
a	Plan name	SERVICE ELECTRIC SUPPLY, INC. 401K P/S PLAN	
b	Name of plan sponsor	SERVICE ELECTRIC SUPPLY, INC.	c EIN-PN 38-2928461-001
a	Plan name	KEEGAN, LINSKOTT AND ASSOCIATES, PC 401K PLAN	
b	Name of plan sponsor	KEEGAN, LINSKOTT AND ASSOCIATES, PC	c EIN-PN 86-0750225-001
a	Plan name	HARNEY AND SONS TEA CORP. 401K RETIREMENT PLAN	
b	Name of plan sponsor	HARNEY AND SONS TEA CORP.	c EIN-PN 61-3436870-001
a	Plan name	PACIFIC GROUP RESORTS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC GROUP RESORTS, INC.	c EIN-PN 36-4778076-001

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	ONEPOINT, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ONEPOINT, INC.	c EIN-PN 86-1075447-001
a	Plan name	AMERICAN LOGISTICS AND AFFILIATES 401K PLAN	
b	Name of plan sponsor	AMERICAN LOGISTICS, LLC	c EIN-PN 20-4583766-001
a	Plan name	ACIER MANAGEMENT 401K PLAN	
b	Name of plan sponsor	ACIER MANAGEMENT DBA HANSEN PARTNERS	c EIN-PN 46-4023214-001
a	Plan name	PENDER S MUSIC COMPANY, LLC	
b	Name of plan sponsor	BETROLD ENTERPRISES DBA PENDER S MUSIC	c EIN-PN 33-1868379-001
a	Plan name	MRI SERVICES OF TEXAS 401K PLAN	
b	Name of plan sponsor	MRI SERVICES OF TEXAS, LLC	c EIN-PN 20-5370483-001
a	Plan name	DAWSON RECYCLING 401K PLAN	
b	Name of plan sponsor	DAWSON RECYCLING, INC.	c EIN-PN 74-2942918-001
a	Plan name	ENLACE NEW YORK INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ENLACE NEW YORK INC.	c EIN-PN 20-3284042-001
a	Plan name	APET, INC. RETIREMENT READINESS 401K PLAN	
b	Name of plan sponsor	APET, INC.	c EIN-PN 36-2833092-001
a	Plan name	AND SERVICES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ALEXA AIR, INC.	c EIN-PN 45-1876830-001
a	Plan name	MERIT RESOURCE SERVICES 401K PLAN	
b	Name of plan sponsor	THE VALLEY ALCOHOL COUNSEL, INC. DBA MERIT RE	c EIN-PN 91-1069078-001
a	Plan name	V SHIFT 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	V SHIFT 401K	c EIN-PN 75-3260618-002
a	Plan name	AMERICAN FIXTURE CO. INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN FIXTURE CO. INC	c EIN-PN 06-1811875-001

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	POWMAT, LTD. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	POWMAT, LTD.	c EIN-PN 14-1567439-001
a	Plan name	ECS, INC. 401K PLAN	
b	Name of plan sponsor	ECS, INC.	c EIN-PN 42-1413875-001
a	Plan name	OXBOW MARINA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	OXBOW MARINA	c EIN-PN 94-6259367-001
a	Plan name	FIRST STATE BANK OF THE FLORIDA KEYS PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	FIRST STATE BANK OF THE FLORIDA KEYS	c EIN-PN 65-0790413-003
a	Plan name	RENKE BUILDING MAINTENANCE INC. 401K PLAN	
b	Name of plan sponsor	RENKE BUILDING MAINTENANCE INC.	c EIN-PN 72-1454897-001
a	Plan name	ENHANCE OPERATING, LLC 401K PLAN	
b	Name of plan sponsor	ENHANCE OPERATING LLC	c EIN-PN 87-2513306-001
a	Plan name	KO MANAGEMENT 401K PLAN	
b	Name of plan sponsor	KO MANAGEMENT LLC	c EIN-PN 83-2509799-001
a	Plan name	GLASPRO, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GP MERGER SUB, INC. DBA GLASPRO, INC.	c EIN-PN 20-3289622-001
a	Plan name	CARTER MANUFACTURING CO., INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	CARTER MANUFACTURING CO., INC.	c EIN-PN 22-1699435-001
a	Plan name	LEXINGTON CARDIOLOGY ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	LEXINGTON CARDIOLOGY ASSOCIATE	c EIN-PN 06-1320930-001
a	Plan name	CAROL CLARK LAW RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	CAROL CLARK LAW	c EIN-PN 04-3846289-001
a	Plan name	OTTNO, INC. 401K PLAN	
b	Name of plan sponsor	OTTNO, INC.	c EIN-PN 27-2797174-001

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 SEER. INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SEER INC	c EIN-PN 84-1504152-001
a	Plan name AREA ERECTORS, INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor AREA ERECTORS, INC.	c EIN-PN 36-2536514-002
a	Plan name HARDSCRABBLE ENERGY, LLC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HARDSCRABBLE ENERGY, LLC	c EIN-PN 46-4105312-001
a	Plan name TURNAROUND CONSULTING SERVICES, LLC 401K PLAN	
b	Name of plan sponsor TURNAROUND CONSULTING SERVICES, LLC	c EIN-PN 45-1561687-001
a	Plan name WAGNER CONSTRUCTION, INC. 401K PLAN	
b	Name of plan sponsor WAGNER CONSTRUCTION, INC.	c EIN-PN 41-1535217-001
a	Plan name RELAXATION DENTISTRY 401K RETIREMENT	
b	Name of plan sponsor RELAXATION DENTISTRY, P.A.	c EIN-PN 20-8273574-001
a	Plan name BLAISE PYROTECHNICS LLC 401K	
b	Name of plan sponsor BLAISE PYROTECHNICS LLC	c EIN-PN 27-1671305-001
a	Plan name JIAHERB, INC. 401K PLAN	
b	Name of plan sponsor JIAHERB INC	c EIN-PN 26-1771808-001
a	Plan name BETH LEDVORA M.D., S.C. 401K RETIREMENT PLAN	
b	Name of plan sponsor BETH LEDVORA, M.D., S.C.	c EIN-PN 46-3010946-001
a	Plan name VERTICAL EARTH 401K PLAN	
b	Name of plan sponsor VERTICAL EARTH, INC.	c EIN-PN 58-2299053-001
a	Plan name VALLEY CHILDREN S CLINIC, P.L.L.C. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VALLEY CHILDREN S CLINIC P.L.L.C.	c EIN-PN 42-1729293-001
a	Plan name HOLIDAY BUILDERS, INC. 401K PLAN AND TRUST	
b	Name of plan sponsor HOLIDAY BUILDERS, INC.	c EIN-PN 59-2326805-002

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	SPARK 401K PLAN
b	Name of plan sponsor	SPARK BRANDING HOUSE, INC.
c	EIN-PN	59-3752732-001
a	Plan name	NEJAME LAW 401K PLAN
b	Name of plan sponsor	NEJAME LAW
c	EIN-PN	59-3403786-001
a	Plan name	INFECTIOUS DISEASE CONSULTANTS, P.A. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	INFECTIOUS DISEASE CONSULTANTS, P.A.
c	EIN-PN	51-0337247-001
a	Plan name	ALABAMA SHIPYARD, LLC 401K PLAN
b	Name of plan sponsor	ALABAMA SHIPYARD, LLC
c	EIN-PN	84-2560530-001
a	Plan name	POBAR 401K PROFIT SHARING PLAN
b	Name of plan sponsor	TIMOTHY M. BRADLEY, MD PEDIATRIC ORTHOPEDIC S
c	EIN-PN	46-4833300-001
a	Plan name	SUMMIT FAMILY DENTISTRY 401K PROFIT SHARING PLAN
b	Name of plan sponsor	SUMMIT FAMILY DENTISTRY
c	EIN-PN	81-3746527-001
a	Plan name	ANDERSON CONSTRUCTION 401K PROFIT SHARING PLAN
b	Name of plan sponsor	ANDERSON CONSTRUCTION COMPANY OF NORTH FLORID
c	EIN-PN	52-2388318-001
a	Plan name	THE EVENT GROUP RETIREMENT AND SAVINGS PLAN
b	Name of plan sponsor	THE EVENT GROUP, INCORPORATED
c	EIN-PN	41-1880079-001
a	Plan name	RUSSELL ANDERSON CONTRACTING 401K PSP
b	Name of plan sponsor	RUSSELL ANDERSON CONTRACTING, LLC
c	EIN-PN	83-2956578-001
a	Plan name	BJARKE INGELS GROUP 401K PLAN
b	Name of plan sponsor	BJARKE INGELS GROUP CALIFORNIA INC.
c	EIN-PN	83-3649085-001
a	Plan name	THE MOUNTAINEER PUBLISHING COMPANY, INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	THE MOUNTAINEER PUBLISHING COMPANY, INC.
c	EIN-PN	56-1687130-001
a	Plan name	STEEL-TECH INDUSTRIAL CORPORATION EMPLOYEES 401K RETIREMENT PLAN
b	Name of plan sponsor	STEEL-TECH INDUSTRIAL CORPORATION
c	EIN-PN	33-0058721-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	BERG INJURY LAWYERS, INC. 401K PLAN
b	Name of plan sponsor	BERG INJURY LAWYERS, INC.
c	EIN-PN	27-2492310-001
a	Plan name	BRUCE J. CORRIGAN JR. LAW OFFICES 401K PLAN
b	Name of plan sponsor	BRUCE J. CORRIGAN JR. LAW OFFICES
c	EIN-PN	06-1276704-001
a	Plan name	INTEGRATED SURFACE TECHNOLOGIES 401K PLAN
b	Name of plan sponsor	INTEGRATED SURFACE TECHNOLOGIES, INC.
c	EIN-PN	26-1186014-001
a	Plan name	THE NEW YORK BLOWER COMPANY UNION EMPLOYEES 401K PLAN
b	Name of plan sponsor	THE NEW YORK BLOWER COMPANY
c	EIN-PN	36-1545150-002
a	Plan name	INSURANCE SOLUTIONS 401K PROFIT SHARING PLAN
b	Name of plan sponsor	ALPEL INSURANCE AGENCY, INC. DBA INSURANCE SO
c	EIN-PN	33-0243846-002
a	Plan name	VARIETY MACHINE SOLUTION INC PLAN
b	Name of plan sponsor	VARIETY MACHINE SOLUTION INC
c	EIN-PN	41-1425071-001
a	Plan name	FLC CORPORATION 401KPLAN
b	Name of plan sponsor	FLC CORPORATION
c	EIN-PN	80-0549215-001
a	Plan name	EDGEWATER TECHNOLOGIES 401K
b	Name of plan sponsor	EDGEWATER TECHNOLOGIES, INC.
c	EIN-PN	20-3229118-001
a	Plan name	GREAT LAKES STAIR AND STEEL, INC. 401K PLAN
b	Name of plan sponsor	GREAT LAKES STAIR AND STEEL, INC.
c	EIN-PN	32-0165294-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF STEWART AGENCY INC D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH
b	Name of plan sponsor	STEWART AGENCY, INC. D/B/A EARL STEWART TOYOT
c	EIN-PN	59-1556109-001
a	Plan name	ENVIROSOUTH, INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	ENVIROSOUTH, INC.
c	EIN-PN	56-2235120-001
a	Plan name	DUNN S FLOOR COVERING 401K PLAN
b	Name of plan sponsor	DUNN S FLOOR COVERING, INC.
c	EIN-PN	52-0960013-001

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	NEW JERSEY CONSERVATION FOUNDATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	THE NEW JERSEY CONSERVATION FOUNDATION	c EIN-PN 22-6065456-002
a	Plan name	DISPENZIERS AND ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	DISPENZIERS AND ASSOCIATES LLC	c EIN-PN 26-2899749-001
a	Plan name	HOXIE HUGGINS CONSTRUCTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HOXIE HUGGINS CONSTRUCTION, LLC	c EIN-PN 47-4945866-001
a	Plan name	MAXTON GROUP INC. 401K PLAN	
b	Name of plan sponsor	MAXTON GROUP INC.	c EIN-PN 46-1580313-001
a	Plan name	MCRV, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	MCRV, INC.	c EIN-PN 27-4370909-002
a	Plan name	JOHN STEVENS BERRY, P.C. 401K PLAN	
b	Name of plan sponsor	BERRY LAW, P.C., L.L.O	c EIN-PN 47-0780641-002
a	Plan name	SUNBELT GLASS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SUNBELT GLASS INC	c EIN-PN 27-2818550-001
a	Plan name	HALOGEN ENGINEERING GROUP, INC. 401K PLAN	
b	Name of plan sponsor	HALOGEN ENGINEERING GROUP, INC	c EIN-PN 47-2576399-001
a	Plan name	APPLE METRO, INC. 401K PLAN	
b	Name of plan sponsor	APPLE METRO, INC.	c EIN-PN 22-3272455-001
a	Plan name	GIVECAMPUS, INC. 401K PLAN	
b	Name of plan sponsor	GIVECAMPUS, INC.	c EIN-PN 47-2482633-001
a	Plan name	SRC VENTURES,LLC	
b	Name of plan sponsor	SRC VENTURES, LLC	c EIN-PN 27-3865699-002
a	Plan name	5TH GENERATION SERVICES 401K PLAN	
b	Name of plan sponsor	5TH GENERATION SERVICES, L.L.C. DBA WHITEHEAD	c EIN-PN 86-2505100-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PRINCIPAL SMALL-MIDCAP DIVIDEND INCOME SEPARATE ACCOUNT	B Three-digit plan number (PN) ▶ 138
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCIPAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 42-0127290

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5264264	11978395
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5264264	11978395
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	132	373
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	132	373
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5264132	11978022

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		834112
c Other income	2c		3
d Total income. Add all income amounts in column (b) and enter total.....	2d		834115

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	27019	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses.....	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		27019
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		27019

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		807096
l Transfers of assets:			
(1) To this plan.....	2l(1)		9294268
(2) From this plan	2l(2)		3387474

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:

(2) EIN:

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.)			
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.)			
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.)			
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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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