Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- ☐ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRINCIPAL EASE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 334

1c Effective date of plan 01/01/2021

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FUTUREPLAN FIDUCIARY SERVICES, LLC

P.O. BOX 55757
BOSTON, MA 02205

2b Employer Identification Number (EIN)
82-3719843

2c Plan Sponsor's telephone number
855-711-5283

2d Business code (see instructions)
524140

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	ANDY LOVELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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:

a Sponsor's name PRINCIPAL LIFE INSURANCE COMPANY

c Plan Name PRINCIPAL EASE 401(K) PLAN

4b EIN 42-0127290

4d PN 334

5	Total number of participants at the beginning of the plan year	**5**	161855
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)**	156543
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	196164
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	3971
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	200136
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	25
f	Total. Add lines **6d** and **6e**.	**6f**	200161
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)**	25431
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)**	38131
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	1905
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 Characteristic Codes in the instructions:

2A 2E 2J 2K 2G 3D 2S 2T 2W

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRINCIPAL EASE 401(K) PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
FUTUREPLAN FIDUCIARY SERVICES, LLC

D Employer Identification Number (EIN)
82-3719843

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	4528	07/01/2025	12/31/2025

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
3983	193

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3918			3

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

NATIONAL BENEFIT SERVICES LLC
430 W 7TH ST STE 219494
KANSAS CITY, MO 64105-1407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	193	REFERRAL/SERVICE FEE	3

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

PRINCIPAL SECURITIES INC

711 HIGH ST
DES MOINES, IA 50392-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
65			3

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

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

(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	52635
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1119		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	69882		
	▶ ROLLOVER, OUTSIDE INVESTMENT TRANSFER, LOAN PAYMENT, MERGER				
	(6)Total additions			7c(6)	71001
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	123636
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18195		
	(2) Administration charge made by carrier	7e(2)	533		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	18257		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			7e(5)	36985
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	86651

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRINCIPAL EASE 401(K) PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
FUTUREPLAN FIDUCIARY SERVICES, LLC

D Employer Identification Number (EIN)
82-3719843

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	820202	199640	12/01/2025	12/31/2025

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
103166	21981

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

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

PRINCIPAL SECURITIES INC
711 HIGH ST
DES MOINES, IA 50392-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17833			3

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

PARK AVENUE SECURITIES
10 HUDSON YARDS
NEW YORK, NY 10001-2157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13747			3

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

LPL FINANCIAL LLC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12474			3

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

ASCENSUS

PO BOX 734602
CHICAGO, IL 60673

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	11259	REFERRAL/SERVICE FEE	3

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

NATIONAL BENEFIT SERVICES LLC

430 W 7TH ST STE 219494
KANSAS CITY, MO 64105-1407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	10722	REFERRAL/SERVICE FEE	3

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

PURSHE KAPLAN STERLING INVESTMENTS

80 STATE ST
ALBANY, NY 12207-2541

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10010			3

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

AMERIPRISE FINANCIAL SERVICES INC

70911 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9902			3

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

NORTHWESTERN MUTUAL INVESTMENT SERV

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4676			3

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

OSAIC WEALTH INC

18700 N HAYDEN RD STE 255
SCOTTSDALE, AZ 85255-6787

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3890			3

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

HILLTOP SECURITIES INSURANCE AGENCY

717 N HARWOOD ST STE 3400
DALLAS, TX 75201-6534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3265			3

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

EQUITABLE NETWORK LLC

ATTN COMM ACCTG
4135 N FRONT ST
HARRISBURG, PA 17110-1616

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2974			3

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

CETERA ADVISOR NETWORKS INSURANCE S

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2970			3

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

RBC CAPITAL MARKETS LLC

ATTN COMMISSION ACCOUNTING
250 NICOLLET MALL STE 1600
MINNEAPOLIS, MN 55401-7582

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2199			3

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

MML INSURANCE AGENCY LLC

ATTN COMMISSIONS
1295 STATE ST
SPRINGFIELD, MA 01111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1841			3

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

TBS AGENCY INC

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556-8757

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1784			3

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

HIGHTOWER SECURITIES LLC

ATTN FINANCE AND ACCOUNTING
200 W MADISON ST STE 2500
CHICAGO, IL 60606-3497

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1701			3

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

BELL-ANDERSON AGENCY, INC.

ATTN KATHY WATSON
19401 40TH AVE W STE 440
LYNNWOOD, WA 98036-5600

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1614			3

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

TRUIST INVESTMENT SERVICES INC

303 PEACHTREE CENTER AVE NE
ATLANTA, GA 30303-1216

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

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

STIFEL NICOLAUS & CO INC

ATTN ADVISORY BILLING
600 N HURSTBOURNE PKWY STE 100
LOUISVILLE, KY 40222-5386

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1382			3

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

SANCTUARY SECURITIES INC

3815 RIVER CROSSING PKWY STE 200
INDIANAPOLIS, IN 46240-7758

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1158			3

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

CENTAURUS TEXAS INC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
877			3

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

CETERA ADVISORS LLC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
690			3

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

NEW YORK LIFESECURITIES

ATTN ROGER CORTEZ
3000 ATRIUM WAY STE 330
MOUNT LAUREL, NJ 08054-3929

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
612			3

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

BAIRD INSURANCE SERVICES INC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
472			3

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

MT & W ASSOCIATES, INC.

729 W ANN ARBOR TRL
PLYMOUTH, MI 48170-6225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
437			3

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

LPL ENTERPRISE, LLC

4707 EXECUTIVE DR
SAN DIEGO, CA 92121-3091

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
363			3

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

KESTRA INVESTMENT SERVICES LLC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
351			3

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

THRIVENT INSURANCE AGENCY INC

600 PORTLAND AVE STE 100
MINNEAPOLIS, MN 55415-4402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
335			3

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

JANNEY MONTGOMERY SCOTT LLC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
325			3

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

GWN SECURITIES INC.

11440 N JOG RD
PALM BEACH GARDENS, FL 33418

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
315			3

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

N P A INS AGENCY INC

32-16 BROADWAY STE 2
FAIR LAWN, NJ 07410-4600

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
306			3

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

MML INVESTORS SERVICES LLC

PO BOX 9500
SPRINGFIELD, MA 01102-9500

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
303			3

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

M HOLDINGS SECURITIES

1125 NW COUCH ST
PORTLAND, OR 97209-4142

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
285			3

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

FBL MARKETING SERVICES, LLC

5400 UNIVERSITY AVE
WEST DES MOINES, IA 50266-5950

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
281			3

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

ASSOCIATED AGENCIES INC

1701 GOLF RD STE 700
ROLLING MEADOWS, IL 60008-4227

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
259			3

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

FIRST CITIZENS INVESTOR SERVICES, I

FEE CLERK-FCB MAIL CODE DAC-61
8641 NEUSE CLUB LN APT 110
RALEIGH, NC 27646-8389

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
225			3

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

LION STREET FINANCIAL LLC

300 COLORADO ST UNIT 2600
AUSTIN, TX 78701-0150

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
221			3

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

CETERA WEALTH SERVICES LLC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
217			3

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

QUINT CAPITAL CORPORATION

ATTN ALEXANDER QUINT
230 PARK AVE STE 361W
NEW YORK, NY 10169-0005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
207			3

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

LEONARD ADAMS INSURANCE INC

5201 SW WESTGATE DR STE 300
PORTLAND, OR 97221-2424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
138			3

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

MWA FINANCIAL SERVICES INC

1701 1ST AVE
ROCK ISLAND, IL 61201-8724

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
137			3

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

OSAIC INSTITUTIONS, INC.

538 PRESTON AVE
MERIDEN, CT 06450-4851

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
117			3

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

AVANTAX INSURANCE AGENCY LLC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
115			3

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

HARBOUR INVESTMENTS, INC.

575 DONOFRIO DR STE 300
MADISON, WI 53719-2832

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
115			3

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

RICH, MICHAEL L.

333 S STATE ST STE V-271
LAKE OSWEGO, OR 97034-3988

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
98			3

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

EQUITY SERVICES, INC.

1 NATIONAL LIFE DR
MONTPELIER, VT 05602-3377

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
90			3

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

STIFEL INDEPENDENT ADVISORS LLC

501 N BROADWAY
SAINT LOUIS, MO 63102-2131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
86			3

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

GARY, GILBERT R.
5330 HIGHWAY N
SAINT CHARLES, MO 63304-7648

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

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

SECURANCE CORPORATION AGENCY
PO BOX 420390
HOUSTON, TX 77242-0390

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
35			3

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

VARIABLE CONTRACT AGENCY LLC
5900 O ST
LINCOLN, NE 68510-2234

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
29			3

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

CADARET GRANT AGENCY INC
ONE LINCOLN CENTER
100 MADISON ST STE 1300
SYRACUSE, NY 13202-2701

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

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

SIGMA FINANCIAL CORPORATION
300 PARKLAND PLZ
ANN ARBOR, MI 48103-6201

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

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

WELLS FARGO ADVISORS INS AGENCY LLC

SBIA WACHOVIA PROCESSING
13700 REIMER DR N STE 200
MAPLE GROVE, MN 55311-4598

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18			3

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

LINCOLN INVESTMENT PLANNING INC

601 OFFICE CENTER DR STE 150
FORT WASHINGTON, PA 19034-3200

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

RAYMOND JAMES INSURANCE GROUP INC

TOWER 4
880 CARILLON PKWY FL 5
SAINT PETERSBURG, FL 33716-1112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10			3

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

OAKWOOD CAPITAL SECURITIES, INC.

600 HIGHWAY 169 S STE 1410
MINNEAPOLIS, MN 55426-1218

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

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

I DIAMANT & ASSOC LLC

1700 AVENUE OF THE STATES STE 401
LAKEWOOD, NJ 08701

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	52475992

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 ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRINCIPAL EASE 401(K) PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
FUTUREPLAN FIDUCIARY SERVICES, LLC

D Employer Identification Number (EIN)
82-3719843

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	467968	199640	01/01/2025	12/31/2025

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
30050	2374

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

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

PRINCIPAL SECURITIES INC
711 HIGH ST
DES MOINES, IA 50392-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6151			3

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

CETERA ADVISOR NETWORKS INSURANCE S
200 N PACIFIC COAST HWY STE 1200
EL SEGUNDO, CA 90245-5605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4956			3

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

LPL FINANCIAL LLC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2760			3

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

AMERIPRISE FINANCIAL SERVICES INC

70911 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2585			3

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

NATIONAL BENEFIT SERVICES LLC

430 W 7TH ST STE 219494
KANSAS CITY, MO 64105-1407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	2373	REFERRAL/SERVICE FEE	3

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

OSAIC WEALTH INC

18700 N HAYDEN RD STE 255
SCOTTSDALE, AZ 85255-6787

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2282			3

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

CETERA ADVISORS LLC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1809			3

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

RBC CAPITAL MARKETS LLC

ATTN COMMISSION ACCOUNTING
250 NICOLLET MALL STE 1600
MINNEAPOLIS, MN 55401-7582

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1689			3

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

TBS AGENCY INC

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556-8757

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1364			3

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

THRIVENT INSURANCE AGENCY INC

600 PORTLANT AVE STE 100
MINNEAPOLIS, MN 55415-4402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1095			3

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

NORTHWESTERN MUTUAL INVESTMENT SERV

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

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

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

MML INSURANCE AGENCY LLC

ATTN COMMISSIONS
1295 STATE ST
SPRINGFIELD, MA 01111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
895			3

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

BAIRD INSURANCE SERVICES INC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
751			3

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

MT & W ASSOCIATES, INC.

729 W ANN ARBOR TRL
PLYMOUTH, MI 48170-6225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
506			3

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

SANCTUARY SECURITIES INC

3815 RIVER CROSSING PKWY STE 200
INDIANAPOLIS, IN 46240-7758

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
456			3

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

PARK AVENUE SECURITIES

10 HUDSON YARDS
NEW YORK, NY 10001-2157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
345			3

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

HILLTOP SECURITIES INSURANCE AGENCY

717 N HARWOOD ST STE 3400
DALLAS, TX 75201-6534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
280			3

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

TRUIST INVESTMENT SERVICES INC

303 PEACHTREE CENTER AVE NE
ATLANTA, GA 30303-1216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
185			3

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

EQUITABLE NETWORK LLC

ATTN COMM ACCTG
4135 N FRONT ST
HARRISBURG, PA 17110-1616

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
153			3

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

PURSHE KAPLAN STERLING INVESTMENTS

80 STATE ST
ALBANY, NY 12207-3541

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
131			3

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

FBL MARKETING SERVICES, LLC

5400 UNIVERSITY AVE
WEST DES MOINES, IA 50266-5950

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
98			3

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

HIGHTOWER SECURITIES LLC

ATTN FINANCE AND ACCOUNTING
200 W MADISON ST STE 2500
CHICAGO, IL 60606-3497

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
88			3

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

THE NUTTER GROUP INC

1111 N PLAZA DR STE 500
SCHAUMBURG, IL 60173-4982

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
85			3

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

GWN SECURITIES INC.

11440 N JOG RD
PALM BEACH GARDENS, FL 33418

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
61			3

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

NEW YORK LIFE SECURITIES

ATTN ROGER CORTEZ
3000 ATRIUM WAY STE 330
MOUNT LAUREL, NJ 08054-3929

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
56			3

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

QUINT CAPITAL CORPORATION

ATTN ALEXANDER QUINT
230 PARK AVE STE 361W
NEW YORK, NY 10169-0005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
48			3

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

FIRST CITIZENS INVESTOR SERVICES, I

FEE CLERK-FCB MAIL CODE DAC-61
8641 NEUSE CLUB LN APT 110
RALEIGH, NC 27616-8389

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
47			3

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

BELL-ANDERSON AGENCY, INC.

ATTN KATHY WATSON
19401 40TH AVE W STE 440
LYNNWOOD, WA 98036-5600

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

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

JANNEY MONTGOMERY SCOTT LLC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
29			3

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

MWA FINANCIAL SERVICES INC

1701 1ST AVE
ROCK ISLAND, IL 61201-8724

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
28			3

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

STIFEL INDEPENDENT ADVISORS LLC

501 N BROADWAY
SAINT LOUIS, MO 63102-2131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
28			3

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

LEONARD ADAMS INSURANCE INC

5201 SW WESTGATE DR STE 300
PORTLAND, OR 97221-2424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
15			3

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

STIFEL NICOLAUS & CO INC

ATTN ADVISOR BILLING
600 N HURSTBOURNE PKWY STE 100
LOUISVILLE, KY 40222-5386

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14			3

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

RICH, MICHAEL L.

333 S STATE ST STE V-271
LAKE OSWEGO, OR 97034-3988

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12			3

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

KESTRA INVESTMENT SERVICES LLC

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10			3

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

N P A INS AGENCY INC

32-16 BROADWAY STE 2
FAIR LAWN, NJ 07410-4600

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6			3

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

GARY, GILBERT R.

5330 HIGHWAY N
SAINT CHARLES, MO 63304-7648

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

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

OSAIC INSTITUTIONS, INC.

538 PRESTON AVE
MERIDEN, CT 06450-4851

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

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

WELLS FARGO ADVISORS INS AGENCY LLC

SBIA EACHOVIA PROCESSING
13700 REIMER DR N STE 200
MAPLE GROVE, MN 55311-4598

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

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

ASSOCIATED AGENCIES INC

1701 GOLF RD STE 700
ROLLING MEADOWS, IL 60008-4227

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

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

NETWORK 1 FINANCIAL ASSUR CORP

2BRIDGE AVE FL 4
RED BANK, NJ 07701-4604

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

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

RAYMOND JAMES INSURANCE GROUP INC

TOWER 4
880 CARILLON PKWY FL 5
SAINT PETERSBURG, FL 33716-1112

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

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

ASCENSUS

PO BOX 734602
CHICAGO, IL 60673

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

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

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

(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 OPTION GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	17301560
c	Additions: (1) Contributions deposited during the year	7c(1)	3257699		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	745706		
	(4) Transferred from separate account	7c(4)	202345		
	(5) Other (specify below)	7c(5)	8466268		
	▶ ROLLOVERS, INVESTMENT TRANSFERS, LOAN PAYMENTS				
	(6)Total additions			7c(6)	12672018
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	29973578
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2647514		
	(2) Administration charge made by carrier	7e(2)	145464		
	(3) Transferred to separate account	7e(3)	536803		
	(4) Other (specify below)	7e(4)	3886190		
	▶ INVESTMENT TRANSFERS, MISTAKE OF FACT REFUND, LOAN WITHDRAWALS				
	(5) Total deductions			7e(5)	7215971
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	22757607

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** [X] 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)	0
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)	0
(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)	0
(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 [X] 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 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRINCIPAL EASE 401(K) PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
FUTUREPLAN FIDUCIARY SERVICES, LLC

D Employer Identification Number (EIN)
82-3719843

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	5714643	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ASCENSUS

21-0783600

(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?
14 50	PLAN ADMINISTRATOR	522065	Yes [X] No [ ]	Yes [ ] No [X]	1751	Yes [ ] No [X]

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

PRINCIPAL SECURITIES INC

42-0941553

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	280981	Yes [ ] No [X]

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)

PURSHE KAPLAN STERLING INVESTMENTS

13-3749682

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	165414	Yes [ ] No [X]

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

LPL FINANCIAL LLC

95-2834236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	140427	Yes [ ] No [X]

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

OSAIC WEALTH INC

93-0987232

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 49 50 55 99	CONSULTANT	80395	Yes [X] No [ ]	Yes [ ] No [X]	54191	Yes [ ] No [X]

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)

PARK AVENUE SECURITIES

13-4023176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 49 50 55 99	INVESTMENT ADVISORY	16515	Yes [X] No [ ]	Yes [ ] No [X]	85703	Yes [ ] No [X]

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

AMERIPRISE FINANCIAL SERVICES INC

41-0973005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	91034	Yes [ ] No [X]

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

LPL FINANCIAL LLC - RPCP

04-3046611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	76401	Yes [X] No [ ]	Yes [ ] No [X]	37	Yes [ ] No [X]

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)

NORTHWESTERN MUTUAL INVESTMENT SERV

52-2114207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	65295	Yes [ ] No [X]

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

RBC CAPITAL MARKETS LLC

41-1416330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	59765	Yes [ ] No [X]

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

EQUITABLE NETWORK LLC

06-1555494

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	54236	Yes [ ] No [X]

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)

SYNOVOUS SECURITIES, INC.

58-1625031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTANT	53509	Yes [X] No [ ]	Yes [ ] No [X]	39	Yes [ ] No [X]

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

CETERA ADVISOR NETWORKS INSURANCE S

33-0232417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	49114	Yes [ ] No [X]

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

NEW YORK LIFE SECURITIES

27-0145686

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	43988	Yes [ ] No [X]

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)

NORTHWESTERN MUTUAL WEALTH MGMT

39-2018056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	39655	Yes [X] No [ ]	Yes [ ] No [X]	28	Yes [ ] No [X]

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

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	36800	Yes [X] No [ ]	Yes [ ] No [X]	34	Yes [ ] No [X]

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

COMPASS ADVISORY GROUP LLC

82-1499251

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	36666	Yes [X] No [ ]	Yes [ ] No [X]	6	Yes [ ] No [X]

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)

WELLS FARGO ADVISORS FIN NETWORK

48-1305000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	36323	Yes [X] No [ ]	Yes [ ] No [X]	22	Yes [ ] No [X]

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

CETERA WEALTH SERVICES LLC

95-3845382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 49 50 55 99	INVESTMENT ADVISORY	1000	Yes [X] No [ ]	Yes [ ] No [X]	34277	Yes [ ] No [X]

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

GALLAGHER FIDUCIARY ADVISORS, LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	33601	Yes [X] No [ ]	Yes [ ] No [X]	8	Yes [ ] No [X]

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)

BARNES WEALTH MANAGEMENT GROUP

80-0067281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	30172	Yes [X] No [ ]	Yes [ ] No [X]	13	Yes [ ] No [X]

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

KESTRA ADVISORY SERVICES, LLC

35-2552359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	28913	Yes [X] No [ ]	Yes [ ] No [X]	59	Yes [ ] No [X]

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

SANCTUARY SECURITIES INC

36-2957364

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	25738	Yes [ ] No [X]

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)

FBL MARKETING SERVICES, LLC

42-1411715

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 49 50 55 99	INVESTMENT ADVISORY	4640	Yes [X] No [ ]	Yes [ ] No [X]	20376	Yes [ ] No [X]

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

TRUIST INVESTMENT SERVICES INC

58-1648698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	24881	Yes [ ] No [X]

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

CREATIVEONE SECURITIES, LLC

27-1408998

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	23005	Yes [X] No [ ]	Yes [ ] No [X]	3	Yes [ ] No [X]

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)

THURSTON SPRINGER ADVISORS

84-3586652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	21914	Yes [X] No [ ]	Yes [ ] No [X]	3	Yes [ ] No [X]

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

WILMINGTON TRUST FEE

16-1486454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	20191	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HIGHTOWER SECURITIES LLC

36-4454225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	19032	Yes [ ] No [X]

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)

CETERA ADVISORS LLC

84-0858799

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	18884	Yes [ ] No [X]

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

MML INSURANCE AGENCY LLC

04-3109325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	17790	Yes [ ] No [X]

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

WELLS FARGO CLEARING SERVICES LLC

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 49 50 99	INVESTMENT ADVISORY	17356	Yes [X] No [ ]	Yes [ ] No [X]	105	Yes [ ] No [X]

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)

ALERA INVESTMENT ADVISORS, LLC

82-1301701

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	16086	Yes [X] No [ ]	Yes [ ] No [X]	8	Yes [ ] No [X]

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

IMA ADVISORY SERVICES, INC.

48-1233289

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	15998	Yes [X] No [ ]	Yes [ ] No [X]	6	Yes [ ] No [X]

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

STIFEL NICOLAUS & CO INC

43-0538770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 49 50 55 99	INVESTMENT ADVISORY	7865	Yes [X] No [ ]	Yes [ ] No [X]	8116	Yes [ ] No [X]

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)

VALMARK SECURITIES INC

34-1724087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	15811	Yes [X] No [ ]	Yes [ ] No [X]	12	Yes [ ] No [X]

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

MMA SECURITIES

22-3570392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	15567	Yes [X] No [ ]	Yes [ ] No [X]	49	Yes [ ] No [X]

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

GWN SECURITIES INC.

65-0939556

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	15211	Yes [ ] No [X]

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)

WEALTH ADVISORY GROUP, INC.

23-2739506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	14396	Yes [X] No [ ]	Yes [ ] No [X]	3	Yes [ ] No [X]

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

SAGEVIEW ADVISORY GROUP, LLC

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	14078	Yes [X] No [ ]	Yes [ ] No [X]	2	Yes [ ] No [X]

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

EQUITY SERVICES, INC.

03-0221141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 14 17 26 27 37 49 50 55 64 70 72 99	CONTRACT ADMINISTRATOR	5155	Yes [X] No [ ]	Yes [ ] No [X]	8726	Yes [ ] No [X]

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)

SAX WEALTH ADVISORS, LLC

22-3645620

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	13762	Yes [X] No [ ]	Yes [ ] No [X]	1	Yes [ ] No [X]

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

SANCTUARY ADVISORS, LLC

47-3162022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	13122	Yes [X] No [ ]	Yes [ ] No [X]	3	Yes [ ] No [X]

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

LPL ENTERPRISES, LLC

25-1395109

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	12899	Yes [ ] No [X]

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)

SOVRAN ADVISORS, LLC

93-4004787

(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 27 50	CONTRACT ADMINISTRATOR	11992	Yes [X] No [ ]	Yes [ ] No [X]	16	Yes [ ] No [X]

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

HILLTOP SECURITIES INSURANCE AGENCY

75-1653811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	11437	Yes [ ] No [X]

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

WORLD INVESTMENT ADVISORS

61-1758632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	10517	Yes [X] No [ ]	Yes [ ] No [X]	1	Yes [ ] No [X]

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)

MWM ADVISORY GROUP, LLC

85-1587756

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	10333	Yes [X] No [ ]	Yes [ ] No [X]	3	Yes [ ] No [X]

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

EQUITABLE ADVISORS, LLC

13-4071393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	10252	Yes [ ] No [X]

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

LINDSEY FINANCIAL SOLUTIONS, LLC

47-3183265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	9944	Yes [X] No [ ]	Yes [ ] No [X]	9	Yes [ ] No [X]

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

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

GIRARD ADVISORY SERVICES, LLC

23-2802378

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	9367	Yes [X] No [ ]	Yes [ ] No [X]	1	Yes [ ] No [X]

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

HAUSER RETIREMENT SOLUTIONS 2 LLC

36-4906731

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	9279	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

FORTRESS PRIVATE LEDGER, LLC

82-3399190

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	8478	Yes [X] No [ ]	Yes [ ] No [X]	3	Yes [ ] No [X]

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)

JANNEY MONTGOMERY SCOTT LLC

23-0731260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	8198	Yes [ ] No [X]

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

CAPITAL ASSET ADVISORY SERVICES

38-3470125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	8048	Yes [X] No [ ]	Yes [ ] No [X]	3	Yes [ ] No [X]

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

THE RETIREMENT PLANNING GROUP, LLC

92-3463660

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	7317	Yes [X] No [ ]	Yes [ ] No [X]	7	Yes [ ] No [X]

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)

N P A INS AGENCY INC

22-3421458

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	7250	Yes [ ] No [X]

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

MT & W ASSOCIATES, INC.

38-3070938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	6963	Yes [ ] No [X]

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

WELLTH ADVISORY SERVICES, LLC

99-2539506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	6793	Yes [X] No [ ]	Yes [ ] No [X]	7	Yes [ ] No [X]

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)

ROBERT W. BAIRD & CO. INCORPORATED

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	6433	Yes [ ] No [X]

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

NEWEDGE ADVISORS

46-0854203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	6307	Yes [X] No [ ]	Yes [ ] No [X]	73	Yes [ ] No [X]

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

PRECISION FINANCIAL SERVICES

71-1051571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	5720	Yes [X] No [ ]	Yes [ ] No [X]	2	Yes [ ] No [X]

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)

BELL-ANDERSON AGENCY, INC.

91-0756278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	5457	Yes [ ] No [X]

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

ALL SEASONS INVESTMENT ADVISOR, INC

26-0328980

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	5335	Yes [X] No [ ]	Yes [ ] No [X]	3	Yes [ ] No [X]

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

SILVER OAK SECURITIES INC

62-1765234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	5011	Yes [X] No [ ]	Yes [ ] No [X]	1	Yes [ ] No [X]

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)

MORNINGSTAR INVESTMENT MANAGEMENT L

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 70	INV ADV, PARTICIPANTS	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

WILSHIRE ADVISORS LLC

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EQUITY SERVICES, INC.	13 14 17 26 27 37 49 50 55 64 70 72 99	8726

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MML INSURANCE AGENCY LLC	49 55	17790

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EQUITABLE NETWORK LLC	49 55	54236

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS

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
PURSHE KAPLAN STERLING INVESTMENTS	49 55 99	165414

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PARK AVENUE SECURITIES	27 49 50 55 99	85703

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EQUITABLE ADVISORS, LLC	49 99	10252

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE

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
N P A INS AGENCY INC	49 55	7250

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JANNEY MONTGOMERY SCOTT LLC	49 55 99	8198

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LPL ENTERPRISE, LLC	49 55 99	12899

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFESECURITIES	49 55 99	43988

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CETERA ADVISOR NETWORKS INSURANCE S	49 55	49114

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SANCTUARY SECURITIES INC	49 55 99	25738

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR INVESTMENT MANAGEMENT L	26 70	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MANAGEMENT LLC FOR TARGET MY RETIREMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HIGHTOWER SECURITIES LLC	49 55 99	19032

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MT & W ASSOCIATES, INC.	49 55 99	6963

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ROBERT W. BAIRD & CO. INCORPORATED	49 99	6433

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERIPRISE FINANCIAL SERVICES INC	49 55 99	91034

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RBC CAPITAL MARKETS LLC	49 55 99	59765

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRINCIPAL SECURITIES INC	49 55 99	280981

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FBL MARKETING SERVICES, LLC	27 49 50 55 99	20376

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STIFEL NICOLAUS & CO INC	27 49 50 55 99	8116

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NORTHWESTERN MUTUAL INVESTMENT SERV	49 55 99	65295
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRUIST INVESTMENT SERVICES INC	49 55 99	24881
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GWN SECURITIES INC.	49 55 99	15211
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HILLTOP SECURITIES INSURANCE AGENCY	49 55	11437

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CETERA ADVISORS LLC	49 55 99	18884

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BELL-ANDERSON AGENCY, INC	49 55 99	5457

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
OSAIC WEALTH INC	17 27 49 50 55 99	54191

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WILSHIRE ADVISORS LLC	27 72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	5 BASIS POINTS ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(38) FIDUCIARY SERVICE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LPL FINANCIAL LLC	49 55 99	140427

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CETERA WEALTH SERVICES LLC	27 49 50 55 99	34277
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE	

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

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRINCIPAL EASE 401(K) PLAN

B Three-digit plan number (PN) ▶ 334

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FUTUREPLAN FIDUCIARY SERVICES, LLC

D Employer Identification Number (EIN)
82-3719843

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: PRINCIPAL U.S. PROPERTY SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-027	P	455755

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-028	P	9031588

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-023	P	11435915

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH I SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-066	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2015 CIT Q

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

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)
26-6447574-002	C	8908946

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2020 CIT Q

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

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)
26-6447574-003	C	21916668

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2025 CIT Q

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

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)
26-6447574-004	C	51887902

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2030 CIT Q

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

c EIN-PN 26-6447574-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85806305

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2035 CIT Q

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

c EIN-PN 26-6447574-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88520696

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2040 CIT Q

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

c EIN-PN 26-6447574-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88665929

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2045 CIT Q

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

c EIN-PN 26-6447574-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86848546

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2050 CIT Q

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

c EIN-PN 26-6447574-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84408544

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2055 CIT Q

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

c EIN-PN 26-6447574-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67330042

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB INC CIT Q

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

c EIN-PN 26-6447574-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7506952

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL OVERSEAS SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-116	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2242503

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BLUE CHIP SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-133	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25518187

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN GL REAL EST SEC SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-136	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3792125

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

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

c EIN-PN 26-6447574-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43312621

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE Z FUND

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

c EIN-PN 93-6274328-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32919

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2065 CIT Q

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

c EIN-PN 26-6447574-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19816513

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2070 CIT Q

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

c EIN-PN 26-6447574-014	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2897012

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRINCIPAL EASE 401(K) PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
FUTUREPLAN FIDUCIARY SERVICES, LLC

D Employer Identification Number (EIN)
82-3719843

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	4892476	0
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)	9890857	13838018
(9) Value of interest in common/collective trusts	1c(9)	472805647	657859529
(10) Value of interest in pooled separate accounts	1c(10)	38836421	52475992
(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)	107098116	164707948
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	17354195	22844256
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	650877712	911725743
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	650877712	911725743

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)	44348011	
(B) Participants	2a(1)(B)	119201125	
(C) Others (including rollovers)	2a(1)(C)	29089443	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		192638579
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)	960462	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		960462
(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)	2802515	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2802515
(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)		113284062
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		
c Other income	2c		167900
d Total income. Add all **income** amounts in column (b) and enter total	2d		309853518
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	103639617	
(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)		103639617
f Corrective distributions (see instructions)	2f		1500245
g Certain deemed distributions of participant loans (see instructions)	2g		98922
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	7113735	
(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)		7113735
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		112352519
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		197500999
l Transfers of assets:			
(1) To this plan	2l(1)		123442459
(2) From this plan	2l(2)		60095427

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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		5114634
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		500000
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**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
ADVANCED CONTRACTING GROUP LLC 401K PLAN	46-5165666	002
ALTAVISTA INSTRUMENTS & CONTROLS 401(K) PLAN	45-2550117	001
ARDOOR 401(K) PLAN	47-3733378	001
BISON METALS TECHNOLOGIES, LLC 401(K) PLAN	84-4030613	001

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

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

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)
CAL-TEX ELECTRIC INC 401(K) PLAN	20-2705324	002
CAROLINA LIFESTYLES SENIOR CARE, INC	26-2722854	001

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRINCIPAL EASE 401(K) PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
FUTUREPLAN FIDUCIARY SERVICES, LLC

D Employer Identification Number (EIN)
82-3719843

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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 12 / 31 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number Q703938A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service 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) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan PRINCIPAL EASE 401(K) PLAN	**B** Three-digit Plan number (PN)..... ▶ 334
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF FUTUREPLAN FIDUCIARY SERVICES, LLC	**D** Administrator's EIN 82-3719843

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☒ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☐ other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
CONEXUS INSURANCE PARTNERS, INC.	87-4170846	0.18	1996998
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
BOULDER LEGAL GROUP	47-5334701	0.00	1468

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HODYNO & ASSOCIATES PLLC	82-2452435	0.00	14891
ALOHA DENTAL	20-2610606	0.05	1256178
JOHN PERDUE INC.	34-1848543	0.06	1843173
G & Z TRANSPORT, LLC.	45-2838185	0.43	2333045
HUALI GROUP US LLC	84-4060732	0.25	1513764
PAULINO HOME HEALTHCARE LLC	82-4158113	0.02	42471
INDEPENDENT HOME CARE MANAGEMENT SOLUTIONS	83-4702688	0.05	210584
LANDCARE INNOVATIONS, DBA GRANITE HILLS GROUP	85-3337407	0.29	1471805
BESTER BROTHERS TRANSFER AND STORAGE COMPANY, INC.	41-1240451	0.04	2757305

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COOK OUT EAST INC	26-0034488	1.34	7130825
FLOOD BROTHERS,INC.	58-2637917	0.16	1033869
COYOTE'S SOUTHWESTERN GRILL, INC	84-1493819	0.06	812369
JN HOUSE ENTERPRISES, INC.	80-0431576	0.15	2247833
BELLAROSE NURSING AND REHAB INC.	45-5051711	0.08	361701
ATLANTIC BLOWERS	32-0209598	0.07	853793
BIDDEFORD ANIMAL HEALTH CENTER LLC	45-4895228	0.04	614051
ROCKWELL HOMES LLC	82-5316206	0.15	2197134
JUST PACKAGING, INC.	22-2632492	0.03	213666

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LEVEL 7 TECHNOLOGIES, INC DBA ASPEN TECHNOLOGIES & ELECTRICAL	20-3398349	0.06	811432
FULFILLMENT.COM LLC	45-1169939	0.06	376500
GROMELSKI & ASSOCIATES, INC.	54-1513460	1.02	10305270
DAME LAW PC	47-5384140	0.03	265737
OASIS PROFESSIONAL MANAGEMENT GROUP, LTD	27-1110196	0.08	305707
JR FAULKNER EXCAVATION II, INC	87-0795027	0.09	756509
LOS ANGELES CENTER FOR EAR NOSE THROAT AND ALLERGY	46-5185290	0.23	1193492
COMPLETE LIQUIDATIONS DBA THE FURNITURE X-CHANGE	22-3548165	0.06	257691
HAPPY PEOPLE PIZZA, LLC	81-3711810	0.03	110120

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RIVELLO ARCHBOLD, LLC	47-5530269	0.01	37767
ZNDUS, INC	83-4667591	0.13	587600
HOLLER LAW FIRM, LLC	26-3838040	0.04	8071
ALGONQUIN CLUB HEXAGON, LLC	82-4075584	0.54	3781285
SULIT GROUP, LTD	82-4895321	0.09	1390078
STAT, INC	56-1722817	0.08	285241
WINNJAM, INC. DBA COMFORT KEEPERS OF CENTRAL JERSEY	46-2162113	0.08	520966
AUTOMOTIVE AVENUES, LLC	38-3810446	0.31	1597728
INTEGRATION INTERNATIONAL, INC	22-3776981	0.02	44001

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RANDAHL CONSTRUCTION INC.	41-1616774	0.03	118943
PETRA HEATING & AIR CONDITIONING, INC.	20-4529367	0.05	342040
SYRINGA PROPERTY MANAGEMENT, INC	82-0429908	0.14	750164
G & A BAKING COMPANY, LLC	27-1868037	0.38	4185861
THE DESOTO GROUP, LLC	27-4150304	0.06	355317
CARING HANDS PERSONAL HOMES AGENCY, INC	81-3295839	0.01	39610
RENEW MEDICAL OF NEW YORK PLLC	84-5080727	0.40	1357584
CUMMINS FACILITY SERVICES LLC	27-1842739	0.05	255277
VELORUM VENTURES, LLC	88-2820616	0.31	2728466

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OPUS MANAGEMENT GROUP, LLC	84-4226297	0.04	129976
CLOSEOUT SURPLUS & SALVAGE INC	22-3413052	0.06	1866654
CHRISTIAN PRESCHOOL CENTERS INC.	75-2306271	0.11	501071
HIGH PERFORMANCE HOMES INC	90-0817739	0.15	269988
ISOTEC INTERNATIONAL, INC.	76-0066212	0.16	798978
PRESTIGE WW LLC	84-3947266	0.06	378606
COHEN GROUP NW, LLC	82-3694198	0.01	142450
FX AIRGUNS USA LLC	82-2201304	0.00	0
TRI-STAR MOTORS	25-1818144	0.12	762839

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PCI MUNICIPAL SERVICES, LLC	86-1859096	0.09	416722
VILLANI LANDSHAPERS LAWN & LANDSCAPE MAINTENANCE INC.	39-1965476	0.15	346874
ARDENE USA INC.	61-1755517	0.03	112131
CAL-TEX ELECTRIC, INC.	20-2705324	0.35	0
FOOD & FUN INC.	33-1003118	0.09	211187
ORIGIN MATERIALS OPERATING, INC.	26-4002384	0.44	6120607
SYZYGY PLASMONICS, INC.	81-5011381	0.69	3724084
BLAZING BAGELS & BAKERY INC	91-2087726	0.07	314278
MERCY PLUS HEALTHCARE SERVICES, LLC	27-0961298	0.26	0

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PALADIN SERVICES, LLC	47-2144576	0.05	732268
FALLETTA ENTERPRISES INC.	20-4590589	0.06	748454
SUPERHOST HOSPITALITY MANAGEMENT, LLC	92-0784873	0.21	648028
DAIRYFOOD USA, INC.	39-0850672	0.38	4355468
AMERICAN BENEFITS, INC.	93-0932160	0.06	1570551
FACILITY VALUE, INC.	06-1615029	0.08	1566448
JAMES O. CARTER ENTERPRISES, INC.	75-2481442	0.08	236921
D&S PIZZA, INC	41-1860230	0.08	341966
FOREVER CLEAN PORTABLE TOILETS, INC.	20-1978135	0.52	612

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PLYMOUTH VETERINARY HOSPITAL, INC,	33-4485369	0.04	37080
FLAMINGO APPLIANCE SERVICE, INC.	26-0745736	0.47	4488478
DAN MARC APPLIANCE, INC.	22-3479492	0.12	1055207
MT. BAKER CARE CENTER, LLC	91-1919886	0.12	352267
GILMAN CHEESE CORPORATION	83-3178514	0.39	5244054
TOBOSA DEVELOPMENTAL SERVICES, INC.	85-0274551	0.17	622174
GCORP CONSULTING	45-3580178	0.24	1943335
UNIVERSAL CHURCH DIRECTORIES, LLC	35-2190708	0.26	912514
PRAIRIE PIZZA, INC.	61-0992859	0.31	744897

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BRIDGEPORT HOSPITALITY, LLC	26-0684495	0.09	240012
LRB&B, LLC	06-1687780	0.00	57
KINGKAY, LLC.	84-1859316	0.02	42888
PENN OAK MORTGAGE ADVISORS, LLC	93-4755738	0.01	18517
LIPPOLIS ELECTRIC, INC.	13-3252322	0.76	11307555
SEG GROUP, INC.	88-2905662	0.26	946446
PACIFIC RECYCLING INC	93-1155056	0.17	1426649
CASE MANAGEMENT INTEGRATED SOLUTIONS, LLC	82-2348236	0.01	30628
PERFORMANCE PERSONNEL SERVICE, LLC	27-3844993	0.07	383515

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J&S REALTY & DEVELOPMENT	84-3976394	0.01	0
TEAM LINCOLNTON	56-2185184	0.01	23240
HARDHAT WORKFORCE SOLUTIONS, LLC	56-2254021	0.62	1276611
FULL STEAM STAFFING NJ LLC	45-4787027	0.01	25661
PAUL & ASHLEY FRY, LLC DBA HOME INSTEAD SENIOR CARE	82-4421527	0.21	407463
CONDUCTOR POWER LLC	27-4395629	0.37	1165858
TELESEARCH INCORPORATED DBA TELESEARCH STAFFING	22-3103874	0.05	65734
MIDWAY CORPORATE	87-3125028	0.06	113318
AMMO INTERNATIONAL INC.	27-4042823	0.11	179689

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MAGNOLIA FOODS LLC	45-2808119	0.70	5200992
C. CASTLE GROUP CORP.	46-1434483	0.07	108924
SEVA DENTAL TEAM LLC	93-4381514	0.15	442316
SIMANCO III, INC.	59-3157144	0.19	786795
LEGENDARY DOGS PAYROLL, LLC	83-4402743	0.10	138889
APPLIANCE & REFRIGERATION HOSPITAL INC.	93-0724790	0.06	2384320
MHG HOTELS, LLC	27-3659629	0.03	1140316
UTAH PAPER BOX COMPANY	87-0188340	0.12	17207989
RIVERVIEW LANDSCAPES LLC	88-2492012	0.15	474312

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WORKFORCE INNOVATIONS LLC	33-4244285	0.01	203967
RAGGIO & ASSOCIATES	81-4415395	0.00	7563
PRECISION WORKFORCE, LLC	47-5520663	0.11	951669
CHRISTINE EBERT-SANTOS PC	84-1520443	0.01	684160
MAVENCARE, INC.	81-2432898	0.02	146898
MISSION MANAGEMENT SERVICES	20-1026550	0.04	982939
ELITE AUTO SERVICES	27-0895493	0.03	212047
PINEAPPLE WILLY'S INC.	59-3221137	0.05	0
ADVANCED CONTRACTING GROUP, LLC	46-5165666	0.00	0

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PROGRESSIVE CARE MEDICAL GROUP, PLLC	82-1347438	0.09	477733
INTEGRA AFFORDABLE MANAGEMENT	82-2672307	0.00	87
COR HEALTH SERVICES LLC	47-3055148	0.14	825234
PLASTI-PRODUCTS INC.	47-0641342	0.05	259313
MOADON KOL CHADASH	36-3843627	0.02	143814
DANZEISEN DAIRY LLC	86-1047333	0.22	1077374
THE ALLEN COMPANY, INC.	84-0616205	0.50	3482734
VANTRANS SERVICES, LLC	46-4036406	0.03	221937
T&M PORK, LLC	87-1812808	0.02	444179

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LIVE WELL PHYSICAL THERAPY	26-0725950	0.10	880780
NOVALIS US, LLC	83-1710316	0.38	4377127
COUNTRY VILLA ASSISTED LIVING	46-4543509	0.06	679937
PATRIOT TRANSPORT, INC.	20-5312386	0.00	0
MULTIPACK WEST LLC	46-2845503	0.03	257752
LEE'S ACCU-TECH SERVICES	77-0292099	0.48	2085637
GATEWAY ANIMAL MEDICAL CENTER LLC	27-1425757	0.05	659052
DOUG ADAMS AGENCY, INC	46-4279558	0.04	320109
C&L RECYCLING, LLC	45-4453822	0.04	349542

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SADIANT, INC.	86-3218032	0.02	273066
SCHWANTES HEATING AND AIR, INC.	41-1535610	0.21	1689968
SUMMIT LTC MANAGEMENT	81-4173231	0.08	262661
LITTLE GUYS MOVERS	75-2682847	0.07	523180
ECLIPSE AUTOMATION SOUTHEAST, LLC	36-4774772	0.61	8806882
EMPOWER HEALTH SERVICES LLC	36-4836722	0.00	0
RATER8, LLC	81-0733834	0.30	1240765
MKT FRANCHISE HOLDINGS INC.	81-4748915	0.00	0
ASSOCIATION OF PROPERTY OWNERS OF THE HIDEOUT, INC.	23-1906210	0.06	1402505

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PINGREE NORTHWEST LLC	20-1043404	0.04	739297
PACIFIC EXPRESSWAY, INC	02-0750064	0.15	8
ZIPPS LIQUOR, LP	84-5011164	0.03	156910
ROOFOPTIONS, LLC	90-0195289	0.02	375903
WEBB CUSTOM HOMES INC	47-4188730	0.01	44736
SPICE HOUSE, LLC	82-3627192	0.19	2006734
KAIFER LLC D/B/A KAIFER INSURANCE GROUP	46-1616544	0.08	1182497
GREEN ZEBRA GROCERY, INC.	46-4329441	0.00	36293
SMILES FOR HEALTH	83-2510730	0.02	133771

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Part II Participating Employer Information (Continued).

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CAN-ONE (USA), INC	88-2409201	0.41	1689136
VISAVIS MEDICAL GROUP P.C.	93-1713057	0.02	653117
CREATIVE PACKAGING COMPANY	61-1400889	0.10	502591
CEDARS MEDITERRANEAN FOODS INC.	02-0368148	0.29	2595933
BRITT RICE CONSTRUCTION COMPANY, LP DBA BRITT RICE ELECTRIC, LP	20-1968466	0.36	10145082
FIRST NATIONAL PROPERTY MANAGEMENT LLC	81-2759971	0.69	4166574
MLY INVESTMENTS, LLC	56-2616359	0.03	72298
VIO FRANCHISE GROUP	82-5343234	0.12	506545
HOLISTIC HOSPICE INC	81-4522367	0.10	664624

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RECRUITMENT ALLEY, LLC	83-4660703	0.00	4583
VISIT NORTH PLATTE INC	88-2616235	0.03	505755
LUMINOUS MINDS-GLOBAL EDUCATORS LLC	93-4112464	0.10	361572
BATTH FARMS INC.	81-0950895	0.00	1
TATTE HOLDINGS, LLC	47-5653921	0.86	6856682
SLRH OPCO HOLDINGS, LLC 401(K)	45-2553981	1.19	21683540
BH EPSOM LLC	88-2560540	0.27	1810013
ALTAVISTA INSTRUMENTS & CONTROLS, INC.	45-2550117	0.12	0
PALMETTO TECHNOLOGY GROUP INC.	20-5366141	0.00	0

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CENTRAL HEATING AND AIR	82-2466985	0.17	2105662
RESIDENTIAL TRANSITIONS, INC.	46-2270326	0.16	1685802
RSC MECHANICAL, INC.	20-4521630	1.26	16179226
BLANG ACQUISITIONS LLC	27-2912870	0.02	505400
RIVERFRONT DIVERSIFIED, INC.	31-1125452	0.03	444088
PINAL-GILA COMMUNITY CHILD SERVICES, INC.	86-0292421	0.23	8026880
ONELIFE, LLC	84-2211617	0.00	557796
COMMUNITYMED URGENT CARE SYSTEMS, LLC	46-4463790	0.18	961799
SERVANT KEEPER, LLC	85-3675045	0.16	1114340

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DRIFT SERVICES, LLC	85-2366087	0.01	40471
FRONTPOINT HEALTH, LLC	88-2852294	0.29	1297396
SNACK INNOVATIONS, INC	26-4621738	0.21	1115305
PITTSBURG STEEL, LLC	45-3767265	0.12	624216
VESTA HOSPITALITY, LLC	91-1744633	0.55	1820790
D.C.W. INC.	26-0552902	0.07	976360
BGT MANAGEMENT SERVICES, LLC	82-4982753	0.03	126946
SHOEVALDOC CONSTRUCTION, LLC	27-2024951	0.14	274764
SEARCH SOLUTIONS GROUP, INC.	20-2631973	0.39	3823255

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TAYLORS IRON CO. INC	57-0817251	0.12	391733
ALLIED VETERINARY MANAGEMENT SERVICE, LLC	88-1018449	0.92	5590401
NEXXT ENTERPRISES LLC	47-5634691	0.10	521000
VESTRA HEALTH, LLC	88-3370793	0.00	0
INTERIOR CONTRACTORS INCORPORATED, LLC	46-3711219	0.35	4077493
FOUNDATION RESOURCE CENTER, LLC	83-2330270	0.19	707361
LOVE AUTOMOTIVE GROUP, INC	77-0185113	0.01	285457
H&B GROUP, INC.	77-0575793	0.22	5221097
ATOMIC DATA, LLC	46-0473671	0.86	10381878

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REAL SOLUTIONS GROUP	87-1525198	0.14	0
AMERICAN GLOBAL, LLC	46-5444037	1.87	21244317
CROSSFIRE GROUP, LLC	22-3892204	0.07	713271
COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.	71-0393919	0.15	2161605
TALERICO MARTIN CORPORATION	36-3324606	0.17	941723
SOUTHWEST LANDSCAPE & MAINTENANCE, LLC	82-2931248	0.05	112436
OLIVIER CHENG CATERING AND EVENTS, LLC	01-0661561	0.21	1750668
RUNK & PRATT HEALTH CARE ENTERPRISES, INC.	54-1655302	0.09	214582
TRADEMANGO SOLUTIONS US INC DBA ARTICLE	35-2556699	0.35	930244

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MAROON FAMILY HOLDINGS, LLC	86-2772497	0.03	60339
ZWEMMER MANAGEMENT, LLC	26-3860880	0.23	579416
C.H.E.W. INC.	20-2328220	0.23	397042
HOME CARE AND HOSPICE ASSOCIATION OF NEW JERSEY	22-2940464	0.02	239261
HANDEX CONSULTING & REMEDIATION, LLC	20-3908055	0.64	12295354
ADVENTURER MANUFACTURING INC.	86-1335023	0.28	1649164
SMITH MANAGEMENT GROUP, LLC	83-3501357	0.07	180993
RYNOMAN INC. DBA VISITING ANGELS	27-3946506	0.11	173350
WISESTAFF LLC	20-0049637	0.09	1302625

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CRANE HARVESTING & TRUCKING INC.	26-3808065	0.14	232765
TERRA CONTRACTING INC.	88-0330779	0.37	516253
DTK FACILITY SERVICES, LLC	82-3511137	0.03	125232
VALENTINE COMPANIES, INC.	20-2749130	0.15	2834458
ACCURPRESS AMERICA, INC.	46-0463175	0.13	206634
UPPER LEVEL HEALTH, LLC	99-1652303	0.09	390392
HIGHMARK COMPANIES INC.	83-2145497	0.09	13448702
SLOAN APPLIANCE CAROLINAS, INC.	27-1973403	0.01	720715
KENMORE ENVELOPE COMPANY, INC.	54-0990877	0.04	4425711

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DONALD NORRIS ASSOCIATES PLLC	81-4553051	0.00	4740
WINDCREST ANIMAL HOSPITAL, INC.	51-0269407	0.22	6159787
DTG ENTERPRISES, INC.	60-2747951	0.41	0
CHILD CARE ANSWERS OF CENTRAL INDIANA	84-4767288	0.05	460584
PROGRESSIVE CARE MEDICAL GROUP OF MI, PLLC	82-3326091	0.04	339137
PARKING CONCEPTS INC	95-2909899	0.15	954109
WAX CENTER PARTNERS INTERMEDIATE HOLDCO LLC	86-2296685	0.05	169576
CONFIDENT CARE CORP	22-3489621	0.09	307013
FRANTZ BUILDING SERVICES, INC.	61-1088600	0.13	2164222

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PETRIAGE, INC.	81-3469568	0.00	15473
NEW ANGUS LLC	46-4983941	0.60	3540736
SENTE DEVELOPMENT INC.	88-3898269	0.05	268870
SARDO & SONS WAREHOUSING INC	51-0105489	0.30	2279376
ARBORWEAR LLC	34-1914556	0.23	1688374
MS AMBROGIO NORTH AMERICA LLC	87-1678874	0.00	223609
LETOURNEAU & ASSOCIATES, LLC	75-2847230	0.07	1186058
THE STIMMEL AGENCY INC	83-1530435	0.05	309882
ACUTE HOME HEALTHCARE	20-5645971	0.04	500063

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R & W WELDING & MACHINE INC.	41-0992778	0.05	1488667
PROFESSIONAL MORTGAGE ADVISORS, LLC	83-0570681	0.05	585952
GENERATOR SUPER CENTER INC	90-1078874	0.41	2355984
LOOKOUT THROWING COMPANY	82-5123729	0.00	2935
WATCH GUARD 24/7 LLC	27-0756461	0.16	722435
TSJ CONSTRUCTION	27-5554672	0.11	526146
NATURAL PLANT PRODUCTS, LLC	71-0898315	0.06	44727
PROMISE TOTAL SERVICES, INC	27-3518636	0.07	437715
WARNER TECH-CARE PRODUCTS, LLC	81-3165818	0.02	451002

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FLYING COLORS ACADEMIC SOLUTIONS, LLC	27-0605463	0.02	153802
CENTRAL CHEVROLET COMPANY, INC	71-0029230	0.64	3317217
WESTBERG EISCHENS PLLP	41-1792388	0.24	1746282
NATIONAL NEIGHBORHOOD COUNSELING CENTER, INC.COUNSELING CENTER, INC.	11-2657381	0.15	1980710
AICA ORTHOPEDICS PC	20-8666951	0.06	210817
RILLION INC.	35-2559346	0.07	894513
BLUESTONE LANE HOLDINGS, LLC	46-2127940	0.11	561840
HARVEY C MARTIN, MD PA	75-1825132	0.07	347815
SANDHILLS ANIMAL HEALTH CENTER LLC	27-3164870	0.01	36037

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MIDWAY FAST FOODS, LP	20-5236299	0.01	61838
DUNLOP HOUSE, LLC	54-1800963	0.00	27940
DR FAMILY ASSETS LLC	87-3569284	0.21	2216320
NAVARRE HOSPITALITY GROUP	46-4571827	0.17	761023
SHAN'S PIZZA, INC.	83-0334110	0.04	265798
THE JPI GROUP	45-5595672	0.28	1460470
STAFFORD BROOKS CONSULTING, LLC	85-3957814	0.02	0
PBI INTERNATIONAL, LLC	84-3011536	0.22	1108823
VISAVIS ADMINISTRATIVE SERVICES, LLC	93-1635248	0.11	455779

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LONE STAR PARKING STAFFING, LLC	36-4718560	0.05	130186
COMPANION HEALTH SERVICES, LLC	73-1537817	0.27	3027492
CRE VERTICAL ADVISORS, LLC	84-2520284	0.02	64449
NEXA3D	32-0502379	0.00	0
GLENN S SHEAR, M.D., P.C.	58-1308055	0.05	8841646
QUALITY INDUSTRIAL CONSTRUCTION	47-2297345	0.01	33271
TRITONLAKE, INC.	81-4585172	0.00	0
HADDAD PLUMBING & HEATING INC.	22-3639025	0.05	244714
BOBCAT BONNIE'S ENTERPRISES, LLC	84-3240121	0.00	3463

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Part II Participating Employer Information (Continued).

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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TDI, LLC	46-3311080	0.17	2061769
MIKE'S MOBILE, INC.	38-4062361	0.03	493145
D&J SALES COMPANY, LLC	52-2298696	0.06	1226435
NORTHEAST STAFFING SERVICES, INC.	83-1037801	0.00	9017
NESTVENTURE LLC	46-5443236	0.00	0
ROADWAY MOVER INC.	81-4143935	0.01	97870
BLUE CARDINAL HOME SERVICES, LLC	75-1631003	1.12	6613237
LEMON SEED MARKETING, LLC	82-2974441	0.03	171468
MICHAEL'S KEYS, INCORPORATED	75-2737097	0.12	504918

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOT JUST BURGERS, LLC DBA DOC B'S	30-0760585	0.25	494830
HIGHLAND OAKS HEALTH CENTER	27-3229523	0.01	149348
JOURNEYS COMMUNITY SERVICES, INC	26-4638982	0.00	0
AFFINITY PROPERTY MANAGEMENT, LLC	75-3113870	0.37	1370688
FTI BUYER, LLC	92-1820819	0.26	1847494
UTILITY CONCIERGE, LLC	27-0426695	0.35	2964803
COASTAL MASSAGE AND BODYWORK LLC	30-0989940	0.05	254887
SJB CHILD DEVELOPMENT CENTERS, INC.	84-0810821	0.13	1568716
THE GOTT COMPANY INC.	52-0794211	0.15	4379217

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NORTHLAND AFC INCORPORATED	20-1520032	0.22	872679
ROOTS COMMUNITY HEALTH CENTER	26-2583954	0.48	1518991
VALOR ROOF AND SOLAR, INC.	82-4494416	0.05	177925
BROADWAY HOSPITALITY GROUP LLC	46-2308576	0.18	1466587
ENGINEERED PLASTIC COMPONENTS, INC.	42-1423727	0.34	8108093
ELSAS MEXICAN ENTERPRISES	31-0948379	0.14	1069193
FOREMOST WELL SERVICE, LLC	81-1136881	0.98	3759121
BLUE HERON COMPANIES, LLC	86-1125471	0.89	8209390
FLOOR PRODUCTIONS, LLC	26-3896627	0.14	2639751

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FORD STORAGE & MOVING COMPANY	47-0362786	0.31	2978266
ARIEL SERVICES, INC.	20-4251040	0.12	354437
ISPICE, LLC	37-1846413	0.28	635757
STRIDE AUTISM CENTERS, P.C.	84-5005291	0.46	2037346
HANCEVILLE NURSING & REHAB CENTER, INC.	20-0414356	0.26	3448917
1 PASSION TO CARE, LLC	83-4363225	0.35	652921
SANTA ANITA ASSISTED LIVING, LLC	85-1843217	0.01	16378
ION SOLAR LLC	81-4578913	0.17	1147126
OAKLEIGH MORTGAGE ADVISORS, LLC	99-2326055	0.02	27355

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GGI GLASS DISTRIBUTORS CORP	22-3240340	0.78	15871415
JNDOUGLAS LLC	93-3242030	0.07	80221
BERKELEY COUNTRY CLUB	94-1251025	0.15	729690
R&K CARE SERVICES LLC	87-4807138	0.04	154290
ADAMS LUMBER CO	45-5553538	0.01	204942
RFH HOLDINGS	84-3111227	0.14	2445662
CVMS HOLDINGS LLC	92-2054912	0.00	2052
CAROLINA THERAPEUTIC SERVICES, INC.	77-0689201	0.14	1388746
CRIC, LTD.	42-1105676	0.16	8625134

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SERAZEN, LLC	27-4242081	0.04	1025349
SUNSHINE RESIDENTIAL HOMES, INC.	86-0981238	0.05	76645
PRIDESTAFF, INC.	77-0096099	0.07	10167478
INTEGRATED FAMILY SERVICES, PLLC	90-0062145	0.02	1075654
GREEN LEGAL GROUP LLC	84-4288949	0.00	0
IACOFANO GROUP, LLC	45-0488725	0.06	518785
ONESTI ENTERTAINMENT CORPORATION	36-4252964	0.02	130002
BISON METALS TECHNOLOGIES, LLC	84-4030613	0.27	0
FAYMAN GROUP USA INC	85-3245907	0.14	761285

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PROGRESSIVE CARE MEDICAL GROUP OF TN, PLLC	82-2171018	0.05	344850
SEAN CLINES FRAMING, INC.	22-3904924	0.02	347477
NORTHERN UNITED BREWING COMPANY LLC	26-1908776	0.06	629506
ACCOLADE PROPERTY MANAGEMENT, INC	04-3694643	0.32	3935525
QSC ENTERPRISES	23-2114132	0.08	546705
HIGH DESERT AUTOMOTIVE SUPPLY, INC DBA NAPA AUTO PART	93-1216701	0.08	1059601
FAYETTE JANITORIAL SERVICE, LLC	13-4321494	0.23	0
RAINMASTER IRRIGATION INC	26-1451530	0.03	201956
2MC HOLDINGS, INC	46-5380591	0.00	450284

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ANNA LAWLESS AND ASSOCIATES, INC.	85-3528577	0.04	203391
LIBERTY COMFORT SYSTEMS, INC.	20-1011982	0.10	756211
B STREET COLLISION CENTER LLC	47-0692025	0.45	4505128
3C LLC. DBA 3CHI	37-1905758	0.03	524548
HONEY TREE INC. DBA SUPERCUTS	01-0590186	0.07	462728
AVAOP, LLC	88-1542857	0.64	2694033
JARED TEBOCKHORST INSURANCE, INC.	81-4855001	0.05	350317
DANISH BAKE NYC, LLC DBA OLE & STEEN	32-0563094	0.03	283910
GILSTRAP RESTAURANTS, LTD	43-1734225	0.08	519465

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PIONEER PROJECT SERVICES, LLC	27-1013605	0.66	6346025
MOHAMMAD ALI ZAREH DDS, INC	26-2474500	0.06	277703
OUTPOST INC	47-1819663	0.20	1259885
HOME EXPRESS DELIVERY SERVICES, LLC	46-2489120	0.00	0
CORDANCE PERSONNEL, LLC	86-1778522	2.44	17642256
GERALD INC DBA JIMMY'S FOOD AND DRINK	41-0968514	0.07	448328
MANNA INC. OF THE LOWCOUNTRY	57-0770955	0.02	226973
J. BASS & SON, INC.	13-1952027	0.02	0
SLICK TECHNOLOGIES LLC	81-1242572	0.01	40685

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BMW KAR WASH LLC DBA JAX KAR WASH	38-3600396	0.28	1559993
M & D CAPITAL PREMIER BILLING, LLC	45-4214350	0.16	669936
BIG ROCK HOMES, LLC	27-4019567	0.01	285541
PAMTEN, INC	47-0873327	0.44	3994532
GSSI INC	36-4842452	0.02	166082
NEW HORIZONS PSYCHIATRY	83-2406623	0.02	150797
IPLACEMENT, INC. DBA SOURCE2	59-3585816	0.32	2587651
PAINTING BY SANDMAN INC.	41-1099983	0.01	207632
C EVANS CONSULTING LLC	47-2796197	0.17	1142290

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CHAMPION CARE INC.	74-2764187	0.04	288890
AME SOUTHWEST, INC DBA AME LANDSCAPE COMPANIES	86-0652927	0.15	1666045
US MOMENTUM HOLDINGS LLC	87-2398548	0.22	1563092
VR HOSPITALITY, LLC	84-2659570	0.13	366329
CERTUS HEALTHCARE MANAGEMENT	47-3118921	0.40	2196690
BROOK VALLEY MANAGEMENT, INC.	20-8228168	0.37	2708457
GEORGE BENDER INCORPORATED	22-1711805	0.06	1264697
FAMILY INSIGHT, P.C.	20-2308383	0.15	999196
LSP OPERATIONS, LLC	87-3424025	0.60	1356678

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CAROLINA LIFESTYLES SENIOR CARE, INC. DBA HOME INSTEAD	26-2722854	0.00	0
ARNDT, SUTAK & MICELI, LLC	84-3594718	0.01	82426
NEW LEAF SERVICE CONTRACTS, INC.	45-2841371	0.08	396860
ONESCHOOL TEAM US INC.	20-1121287	0.32	0
CHRIS KURTH CONSTRUCTION, INC.	26-4336114	0.03	91944
AMWARE PALLET SERVICES, LLC DBA FIDELIS LOGISTICS	30-0079555	0.24	587787
SKYLINE SOLAR, LLC	81-3393323	0.00	0
MM MECHANICAL, LLC	88-1983860	0.03	167168
COMMERCIAL DUCT SYSTEMS, LLC	20-3394891	0.16	625715

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COLORADO DESIGNSCAPES INC. DBA DESIGNSCAPES COLORADO	84-1197138	0.12	324788
EARLY FOUNDATIONS, LLC	87-3525430	0.08	673823
OPEN WORLD ENTERTAINMENT, LLC (DBA LEVEL99)	83-1115549	0.37	1906551
PATIO FOOD PRODUCTS, INC.	36-3794206	0.10	3121255
ANOVA EDUCATION AND BEHAVIOR CONSULTATION, INC.	94-3370998	0.47	2012279
CEDARTOWN FOODS, LLC	86-3393540	0.14	406533
BAKERSFIELD DODGE, INC.	95-2844982	0.17	2344450
THE MEDICAL TEAM, INC.	54-1087014	0.66	8094484
V2, INC. DBA TACO BELL	46-1402720	0.11	574908

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OUR TOWN HOSPITALITY, LLC	84-2294858	0.80	7659191
ENCHANTED CONSTRUCTION	01-0845150	0.61	1971890
PREMIER SECURITY SOLUTIONS COMPANY INC	83-2718228	0.33	863937
HATLEY HEALTH CARE, INC.	63-0815920	0.10	2425289
MIS AMIGOS SPANISH IMMERSION, LLC	20-3675365	0.14	757712
GOETZE'S CANDY COMPANY, INC.	52-0705238	0.35	6862467
ELITE LABOR SERVICES, LTD DBA ELITE STAFFING, INC.	36-4137884	0.26	4796733
VDB ENTERPRISES LLC D/B/A REHABILITATION SPECIALISTS	80-0267546	0.05	1979365
BROWNE SUPPLY CO. LLC	27-5347033	0.03	479302

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WOODEN PALLETS, LTD	76-0041311	0.09	201475
TELETEACHERS, INC. DBA MIYO HEALTH	83-4133168	0.06	131407
TIME EQUITIES, INC.	13-2659445	1.48	36181136
PDC MSO, LLC	46-4328001	0.26	1642620
URBAN PAW, LLC	85-3734594	0.08	297609
KIDS INDIVIDUAL DEVELOPMENT SERVICES, LLC	83-3172000	0.35	1695116
JET INDUSTRIES, INC.	93-0682364	0.71	9349085
THE COALITION GROUP	93-1618385	0.90	1220271
LASALLE MEDICAL ASSOCIATES	33-0698548	0.48	8817190

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PARADISE APPLIANCE SERVICE, LLC	47-5591785	0.11	1206948
CT MANAGEMENT LLC	27-4437747	0.06	82745
CONTENTO AUTO SALES, INC.	16-1236372	0.03	50264
STAFF MY NETWORK, LLC	99-1119088	0.12	202283
SUNDANCE SADC, INC.	80-0847607	0.00	111355
BRYNCORP CONCEPTS LTD	36-4162497	0.05	860013
THE HOTALING GROUP, INC.	03-0477184	0.19	4452337
JIMMY'S GOURMET BAKERY, LLC	27-4144062	0.43	772663
SUMMIT PRECAST CONCRETE	84-2327662	0.04	322045

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DESIGN TEAM SIGN COMPANY LLC	62-1608291	0.15	5877546
ROCKWELL CUSTOM BUILDING CO	33-4858767	0.01	23417
ACCRUAL EQUITY PARTNERS	99-4564883	0.05	125095
DR. KARA'S PET CARE SERVICES, LLC	46-4963968	0.01	434260
ANCHOR LAW FIRM PLLC	81-1020279	0.00	1325
LAW OFFICE OF MELISSA MICHEL LLC	84-2891244	0.00	0
BURNETTE LEGAL GROUP	83-2764626	0.00	73772
C & T DURHAM TRUCKING	56-1511224	0.06	273118
GRADE A CONSTRUCTION, LLC	46-4286628	0.02	74480

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CUSTOM VETERINARY SERVICES, LLC	35-2298854	0.09	359259
CLIMATE PRO MECHANICAL, INC.	20-3740979	0.01	142742
LAWYERS FOR CIVIL RIGHTS	04-3490614	0.12	641810
LINVILLA ORCHARDS, INC.	23-2491246	0.11	2145071
SEATTLE HOME FITNESS, LLC	20-1991199	0.10	1121719
INVISIBLE WIRES LLC DBA FARRELLI'S PIZZA	91-2184557	0.30	2380795
WAYZATA COUNTRY CLUB	41-0778776	0.17	3707134
SLB OF IOWA LLC DBA PANERA BREAD OF IOWA	42-1462712	0.18	1765480
PROGRESSIVE CARE SOLUTIONS HOLDCO LLC	82-1991622	0.00	116206

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NOVA ANIMAL HOSPITAL, INC.	46-0923171	0.09	769452
THE RANGE NYC LLC	47-5683578	0.19	989823
HELLER BROS. PACKING CORP.	59-1859302	0.06	3380433
TERZO ENTERPRISES	84-4468242	0.18	1055078
JEM AIR HOLDINGS, LLC BELLAIR	27-0469230	0.30	1465184
THE HCS GROUP	20-1634323	0.43	4021207
HILLSIDE NURSING CENTER OF WAKE FOREST, INC	56-1772896	0.03	173741
BARTECA RESTAURANTS LLC	45-4613842	0.73	4246244
SBLG, PLLC	46-4375350	0.05	1437291

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JRM ENTERPRISES	83-1006292	0.07	331538
STREAMLINE CONSTRUCTION	71-0944522	0.06	360180
ABLE-DISABLED ADVOCACY, INC.	95-3031682	0.10	2748528
DELTA RESPONSE TEAM	27-3203979	0.10	456837
ESTEL FOODS, INC.	37-1373845	0.09	465638
JMJ BOLD, LLC	82-1385079	0.06	282980
HARBOR CARE LLC	11-3417538	0.01	40272
USA FORTESCUE FUTURE INDUSTRIES, INC.	87-4637619	1.07	5109622
PROCO, LLC	46-5715922	0.22	1019764

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CASELL, LTD	81-0473545	0.04	328088
COMAV, LLC	45-5233598	0.46	5659427
JKB FRANCISE HOLDINGS, INC	82-2084877	0.00	0
PRODIGAL HOSPITALITY GROUP	61-1781087	0.00	30183
DELTA MODULAR CONSTRUCTION, LLC	86-1590708	0.20	1055797
RICHARD DESHANTZ RESTAURANT GROUP	47-5220828	0.00	0
ARTHURMADE PLASTICS INC DBA API KIRK CONTAINERS	95-3966388	0.09	616779
SPILLMAN & CRANE FINANCIAL SERVICES, LLC	35-2477010	0.02	71748
RYAN BROTHERS TRUCKING, INC.	83-0203603	0.15	2051906

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TRIFECTA VENTURES, LLC	47-1352438	0.06	263416
EMORY INDUSTRIAL HOLDINGS, INC	99-4084242	0.03	220736
OAK FARM SOLUTIONS LLC DBA AVILA HOME CARE	47-4944865	0.14	1252148
P4 SECURITY SOLUTIONS, LLC	82-1122387	0.04	0
RENEW MANAGEMENT OF NEW YORK, LLC	84-3357568	0.02	146814
INVOLVE.AI, INC.	81-1714118	0.01	138272
JARVIS RECRUITMENT GROUP	81-4146984	0.00	0
CLEARY CONSTRUCTION SERVICES, INC	82-0943153	0.10	324721
MCKINLEY CONSTRUCTION PARTNERS, LLC	88-3142457	0.06	233213

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NUTRABIO LABS, INC	01-0748230	0.21	1220833
WELLMADE FLOOR COVERINGS INTERNATIONAL INC.	56-2328425	0.22	1093674
TYPODUCTIONS, INC.	46-3990595	0.02	82885
TURBO SYSTEMS US INC.	87-1881091	1.25	12683501
GREENPARC HOSPITALITY NEW YORK, LLC	86-2862986	0.00	0
ROCKET OIL COMPANY	61-1380805	0.17	2435043
PIZZA LANE LLC DBA CALICO RESTAURANT	87-1857619	0.04	160251
FINTECH CONSULTING LLC DBA APTASK	27-1783746	0.11	536172
THE SALYERS GROUP, INC.	20-4021408	0.10	2174751

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CORONET CYBER SECURITY LTD.	81-3991060	0.64	3615074
FICOM GROUP, INC.	45-3861171	0.17	1056315
INTELICHART LLC	27-2544517	0.71	5048641
ENGINEERED CONTROL SOLUTIONS, INC	56-2155524	0.00	0
BROOKLYN COMMUNITY ESTATE, INC	42-0925544	0.04	196423
ARTEMIS LIFESTYLE SERVICES, INC.	81-3450405	0.00	0
TRI STAR SOMERSET FORD, INC	20-0421998	0.01	45799
RENEW WOUND CARE OF ILLINOIS, PLLC	85-3789773	0.02	121173
NC SOLAR NOW, INC.	27-2477293	0.24	2138922

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BREVARD PORTFOLIO LLC	92-1105381	0.00	8522
CRYDER CAPITAL PARTNERS US LLP	98-1107395	0.01	71828
CATALYST NUTRACEUTICALS	47-3693438	0.67	5034119
STEPHEN GOODWIN OLMSTEAD III, DMD,P.A.	81-4627168	0.06	706058
NEWPORT HOSPITALITY GROUP, INC.	54-1603776	0.36	6381404
MY 2ND HOME LEARNING CENTER	86-1158800	0.13	237561
ESCROW LEADERS	20-8540504	0.10	3236496
MOO MOUNTAIN MILK, INC.	82-0489665	0.11	472407
HOUSING OPTIONS FOR THE MENTALLY ILL IN EVANSTON, INC DBA IMPACT BEHA	36-3611260	0.17	835614

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EXCELGENS INC.	45-2705625	0.06	260588
NIGHTINGALE HEALTHCARE LLC	81-4450608	0.37	1021482
VIRTUAL SPROUT LLC	47-1215790	0.00	0
PUYALLUP NURSING AND REHABILITATION, LLC	43-2037140	0.13	181742
LTC MANAGEMENT, LLC	81-4366099	3.29	31569365
UNITED PROPERTY ASSOCIATES	54-1323054	0.30	2127004
VENTEGRA, INC	86-1181068	0.88	3393549
MD MECHANICAL, LLC	27-1307797	0.02	82204
TRANSPORTATION AMERICA INC	65-1120042	0.00	0

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BOGOPA ENTERPRISES, INC.	11-3504576	1.06	10965629
BAUER AGENCY, INC.	87-4761878	0.02	70819
SHERMAN-ABRAMS LABORATORY, INC.	11-2019482	0.38	1693428
TRANSPORTATION REPAIRS & SERVICES, INC.	36-3361479	0.03	357062
SIGNALLAMP HEALTH, INC.	47-4161765	0.72	3325524
MASCIA MANAGEMENT GROUP LLC	92-1876839	0.14	322292
OXFORD HEALTH GROUP, LLC	86-2311068	0.12	453192
MP3 PIZZA COMPANY, INC.	51-0456272	0.02	57993
SUSTAINABLE ENVIRONMENTAL MANAGEMENT, LLC	81-3166027	0.04	510752

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AMA CONSULTING GROUP, LLC	81-0685059	0.08	160149
ACADEMY HOUSE CHILD DEVELOPMENT CENTER V	47-4279054	0.04	66398
ALINE ACCOUNTING PARTNERS	99-4032392	0.84	7724970
SOUTHWEST SPINE AND PAIN CARE SPECIALISTS, LLC	27-3995478	0.30	6135152
HARMONY HEALTH NETWORK LLC	99-1995574	0.28	599188
HASENIN ENTERPRISES LLC DBA STAR FLOORING & REMODELING	46-0980394	0.03	177556
DELTA PERSONNEL SERVICES, INC.	22-2777529	0.04	62952
HOSPICE OF THE PANHANDLE, INC.	31-1011765	0.32	6385713
PIVOT ELECTRIC, INC.	47-0668448	0.07	1280814

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANDREWS & RHODES LLP	95-4832182	0.01	627300
CALIBER ELECTRICAL CONTRACTORS INC	87-4775720	0.00	90740
SQN SYSTEMS CORP	27-3369559	0.01	161951
GMBA LLC	46-4195176	0.03	45267

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Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☒ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID R12AB34C5

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

PRINCIPAL EASE 401(K) PLAN

FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

AS OF DECEMBER 31, 2025 AND 2024, AND
FOR THE YEAR ENDED DECEMBER 31, 2025

Right there with you

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PRINCIPAL EASE 401(K) PLAN
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AS OF DECEMBER 31, 2025 AND 2024, AND
FOR THE YEAR ENDED DECEMBER 31, 2025

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CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

PEP Governance Committee
Principal EASE 401(k) Plan
Boston, Massachusetts

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Principal EASE 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2025, 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 Principal EASE 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024 and for the year ended December 31, 2025 stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion

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

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States if America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Principal EASE 401(k) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Principal EASE 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

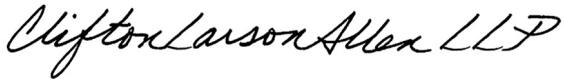
The supplemental schedule of assets (held at end of year) – modified cash basis and schedule of delinquent participant contributions – modified cash basis as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



CliftonLarsonAllen LLP

Baltimore, Maryland
October 9, 2026

PRINCIPAL EASE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
NONINTEREST- BEARING CASH	$ -	$ 4,892,476
INVESTMENTS (at Fair Value)	875,043,469	618,736,879
INVESTMENTS (at Contract Value)	22,844,256	17,354,192
NOTES RECEIVABLE FROM PARTICIPANTS	13,838,018	9,890,857
NET ASSETS AVAILABLE FOR BENEFITS	$ 911,725,743	$ 650,874,404

See accompanying Notes to Financial Statements.

PRINCIPAL EASE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS
YEAR ENDED DECEMBER 31, 2025

ADDITIONS:	
INVESTMENT INCOME	
Net Appreciation in Fair Value of Investments	$ 113,284,062
Interest and Dividends	2,802,515
Total Investment Income	116,086,577
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	960,462
CONTRIBUTIONS	
Employee Contributions	119,201,125
Employer Contributions	44,348,011
Employee Rollover Contributions	29,089,443
Total Contributions	192,638,579
OTHER INCOME	171,207
Total Additions	309,856,825
DEDUCTIONS:	
BENEFITS PAID TO PARTICIPANTS	105,238,783
ADMINISTRATIVE EXPENSES	7,113,735
Total Deductions	112,352,518
NET INCREASE BEFORE TRANSFERS IN	197,504,307
TRANSFERS IN FROM OTHER QUALIFIED PLANS	123,442,459
TRANSFERS OUT TO OTHER QUALIFIED PLANS	60,095,427
NET INCREASE	260,851,339
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of Year	650,874,404
End of Year	$ 911,725,743

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

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

General

The Plan a Pooled Employer Plan (PEP) established by Principal Life Insurance Company, the Pooled Plan Provider (PPP). Effective July 1, 2025, the Pooled Plan Provider was transitioned to Future Plan by Ascensus. The Plan was established under the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) on January 1, 2021. The Plan a defined contribution plan covering eligible employees of the Participating Employers, and is intended to qualify under Internal Revenue Code of 1986, as amended (IRC or Code), sections 401(a) and 501(a). The Plan is intended to constitute a multiple employer plan, as described under Code sections 410(a), 411, 413, and 415. Each Participating Employer elects their own provisions related to eligibility, contributions, notes receivable from participants, and payments of benefits. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Each Participating Employer elects their own provisions related to eligibility, contributions, notes receivable from participants, and payment of benefits. The PPP is responsible for the oversight of the Plan.

Eligibility

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

Contributions

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

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

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

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

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Participating Employer contribution portion of their accounts, plus actual earnings thereon, is based on years of service ranging from immediate to six years graded or cliff vesting, as elected by each Participating Employer. Notwithstanding the above, participants may become fully vested in the participating employer contributions upon death of total and permanent disability.

Notes Receivable from Participants

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

Benefit Payments

Upon termination of service, death, disability, or retirement, a participant may elect to receive the value of the vested interest in their account in the form of a lump sum distribution or installments based on the Participating Employer's participation agreement. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to the Participating Employer's participation agreement. If a participant terminates employment and the participant's account balance does not exceed $7,000, subject to the Participating Employer's participation agreement, the benefit payment is paid without the participant's consent and is paid in the form of a single lump-sum. Effective July 1, 2025, the mandatory cash-out limit was reverted to $5,000.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Under that basis, certain additional are recognized when received and certain deductions are recognized when paid. Investments are stated at fair value. The modified cash basis of accounting differs from accounting principles generally accepted in the United States of America primarily because the effects of outstanding contributions and outstanding expenses are not included in the financial statements.

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Contributions

Contributions from participants and Participating Employer contributions are recorded in the year in which the contributions are received by the Plan.

Forfeited Accounts

Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Participating Employer contributions. Forfeited nonvested accounts as of December 31, 2025 and 2024 totaled $433,269 and $217,908, respectively. There were $1,753,638 of forfeitures were used to reduce Participating Employer contributions for the year ended December 31, 2025. There were $317,022 of forfeitures used to pay administrative expenses for the year ended December 31, 2025.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

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

Plan Transfers

Transfers are recognized when the cash for the transaction is received or disbursed.

Subsequent Events

The Plan has evaluated subsequent events through October 9, 2026, the date the financial statements were available to be issued.

NOTE 3 TRANSFER OF FUNDS

Upon termination or new entrance of a Participating Employer, funds may be transferred to or from other qualified plans. During the year ended December 31, 2025, transfers into the Plan from other qualified plans totaled $123,442,459. During the year ended December 31, 2025, transfers to other qualified plans totaled $60,095,427.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

Delaware Charter Guarantee and Trust Company dba: Principal Trust Company, and Principal Life Insurance Company, including as an agent for Principal Global Investors Trust Company, the qualified institutions of the Plan, have supplied the Plan administrator with certifications as to the completeness and accuracy of all investment information and notes receivable from participants as of December 31, 2025 and 2024, and investment income and interest income on notes receivable from participants for the year ended December 31, 2025, in the accompanying financial statements and ERISA-Required Supplemental Schedule.

NOTE 5 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2025.

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

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

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

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

	2025			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 164,707,948	$ -	$ -	$ 164,707,948
Collective Investment Trusts	657,859,529	-	-	657,859,529
Pooled Separate Accounts	52,475,992	-	-	52,475,992
Total Investments at Fair Value	$ 875,043,469	$ -	$ -	$ 875,043,469

	2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 107,095,118	$ -	$ -	$ 107,095,118
Collective Investment Trusts	472,805,472	-	-	472,805,472
Pooled Separate Accounts	38,836,289	-	-	38,836,289
Total Investments at Fair Value	$ 618,736,879	$ -	$ -	$ 618,736,879

NOTE 6 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

The Plan has a traditional fully benefit-responsive guaranteed investment contract with Principal Life Insurance Company (Insurance Company). The Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the Insurance Company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan. Contract value, as reported to the Plan by the Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

NOTE 6 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY (CONTINUED)

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

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

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

NOTE 7 RISKS AND UNCERTAINTIES

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

NOTE 8 PLAN TERMINATION

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

NOTE 9 PLAN TAX STATUS

The PPP has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service (IRS) stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the plan has been amended since adopting the pre-approved plan documents, the plan administrator believes the Plan is designed and, is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

The modified cash basis of accounting requires Plan management to evaluate if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2025	2024
Net Assets Available for Benefits Per Financial Statements	$ 911,725,743	$ 650,874,404
Plus: Prior Year Miscellanous Difference	-	3,308
Net Assets Available for Benefits Per Form 5500	$ 911,725,743	$ 650,877,712

The following is a reconciliation of net income per the financial statements to Form 5500 for the year ended December 31, 2025:

Total Increase Per Financial Statement	$ 260,851,339
Less: Prior Year Miscellanous Difference	(3,308)
Net Income After Transfers Per Form 5500	$ 260,848,031

NOTE 12 DELINQUENT PARTICIPANT CONTRIBUTIONS

There were instances where Participating Employers failed to timely remit to the Plan employee 401(k) deferral contributions and loan repayments to the plan for certain payroll periods within the timeframe prescribed by the Department of Labor. This is deemed a prohibited transaction in accordance with ERISA and the IRC.

PRINCIPAL EASE 401(K) PLAN
E.I.N. 42-0127290 PLAN NO. 334
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS – MODIFIED CASH BASIS
YEAR ENDED DECEMBER 31, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Correct Outside VFCP	Contributions Pending Correction In VFCP	
2025 Check here if Late Participant Loan Repayments are Included ☑ Yes	$ 4,577,618	$ 542,191	$ -	$ -
2024 Check here if Late Participant Loan Repayments are Included ☑ Yes	$ 47,245	$ 557,661	$ -	$ -
2023 Check here if Late Participant Loan Repayments are Included ☑ Yes	$ 338	$ 7,996	$ -	$ -

PRINCIPAL EASE 401(K) PLAN
E.I.N. 42-0127290 PLAN NO. 334
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
	Collective Investment Trusts			
*	Principal Global Investors	Principal Stable Value Z Fund		32,919
*	Principal Global Investors	Principal Lifetime Hybrid Income Collective Investment Trust Class Q		7,506,951
*	Principal Global Investors	Principal Lifetime Hybrid 2015 Collective Investment Trust Class Q		8,908,945
*	Principal Global Investors	Principal Lifetime Hybrid 2020 Collective Investment Trust Class Q		21,916,665
*	Principal Global Investors	Principal Lifetime Hybrid 2025 Collective Investment Trust Class Q		51,887,898
*	Principal Global Investors	Principal Lifetime Hybrid 2030 Collective Investment Trust Class Q		85,806,298
*	Principal Global Investors	Principal Lifetime Hybrid 2035 Collective Investment Trust Class Q		88,520,685
*	Principal Global Investors	Principal Lifetime Hybrid 2040 Collective Investment Trust Class Q		88,665,920
*	Principal Global Investors	Principal Lifetime Hybrid 2045 Collective Investment Trust Class Q		86,848,537
*	Principal Global Investors	Principal Lifetime Hybrid 2050 Collective Investment Trust Class Q		84,408,534
*	Principal Global Investors	Principal Lifetime Hybrid 2055 Collective Investment Trust Class Q		67,330,035
*	Principal Global Investors	Principal Lifetime Hybrid 2060 Collective Investment Trust Class Q		43,312,618
*	Principal Global Investors	Principal Lifetime Hybrid 2065 Collective Investment Trust Class Q		19,816,512
*	Principal Global Investors	Principal Lifetime Hybrid 2070 Collective Investment Trust Class Q		2,897,011
		Total Collective Investment Trusts		657,859,528
	Registered Investment Companies			
	American Funds	Capital World Bond Fund		965,008
	Fidelity Investments	Inflation-Protected Bond Index Fund		3,055,668
	Fidelity Investments	US Bond Index Fund		10,238,748
	PGIM Investments	High Yield Fund		4,102,026
	PGIM Investments	Total Return Bond Fund		9,934,200
	Avantis	US Large Cap Value Fund		13,643,940
	Avantis	US Small Cap Value Fund		7,690,828
	Fidelity Investments	500 Index Fund		75,369,792
	T. Rowe Price Funds	Integrated U.S. Small-Cap Growth Equity Fund		8,485,591
	American Funds	EuroPacific Growth Fund		4,017,446
	Fidelity Investments	Total International Index Fund		19,306,805
	American Funds	New World Fund Inc		7,897,897
		Total Registered Investment Companies		164,707,949
	Pooled Separate Accounts			
*	Principal Life Insurance Company	Principal Overseas Separate Account-Z		2,242,474
*	Principal Life Insurance Company	Principal Midcap S&P 400 Index Separate Account-Z		11,435,945
*	Principal Life Insurance Company	Principal Smallcap S&P 600 Index Separate Account-Z		9,031,525
*	Principal Life Insurance Company	Principal Global Real Estate Securities Separate Account-Z		3,792,121
*	Principal Life Insurance Company	Principal U.S. Property Separate Account-Z		455,755
*	Principal Life Insurance Company	Principal Blue Chip Separate Account-Z		25,518,171
		Total Pooled Separate Accounts		52,475,991
	Insurance Company General Account			
*	Principal Life Insurance Company	Principal Guaranteed Option		22,757,606
*	Principal Life Insurance Company	Principal Fixed Income Guaranteed Option		86,651
		Total Insurance Company General Account		22,844,257
*	Participants	Participant Loans		
		Rates from 4.17% to 11.75%		13,838,018
		Total Assets Held		$ 911,725,743

* Indicates party-in-interest

** Cost omitted for participant-directed accounts



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

Name of plan: Principal EASE 401(k) Plan
Plan sponsor's name: FuturePlan Fiduciary Services, LLC
EIN: 82-3719843
PN: 334
For plan year beinning 01/01/2025 and ending 12/31/2025

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADVANCED CONTRACTING GROUP LLC 401K PLAN	46-5165666	002
ALTAVISTA INSTRUMENTS AND CONTROLS 401(K) PLAN	45-2550117	001
ARDOOR 401(K) PLAN	47-3733378	001
BISON METALS TECHNOLOGIES, LLC 401(K)PLAN	84-4030613	001
CAL-TEX ELECTRIC INC 401(K) PLAN	20-2705324	002
CAROLINA LIFESTYLES SENIOR CARE, INC	26-2722854	001
COUSER 401(K) PLAN	20-5366141	001
DTG ENTERPRISES, INC. RETIREMENT PLAN	60-2747951	001
EMPOWER HEALTH SERVICES LLC 401(K) PROFIT SHARING PLAN AND TRUST	36-4836722	001
ENGINEERED CONTROL SOLUTIONS 401(K)	56-2155524	001
FAYETTE JANITORIAL SERVICE, LLC 401(K) PLAN	13-4321494	002
FOREVER CLEAN PORTABLE TOILETS, INC. 401(K) PLAN	20-1978135	001
GUIDELINE 401(K) PLAN	47-4474775	001
HOLLER LAW FIRM 401(K) PLAN	26-3838040	001
INSPERITY 401(K) PLAN	76-0176496	001
ISOLVED 401K PLAN	85-3213245	310
JARVIS RECRUITMENT GROUP 401K PLAN	81-4146984	001
JKB FRANCHISE HOLDINGS, INC. RETIREMENT PLAN	82-2084877	001
MKT FRANCHISE HOLDINGS, INC. RETIREMENT PLAN	81-4748915	002
NATURAL PLANT PRODUCTS LLC 401(K) PLAN	71-0898315	001
NEXA3D	32-0502379	001
ONESCHOOL TEAM US 401(K) PLAN	20-1121287	001
PACIFIC EXPRESSWAY 401(K) PLAN	02-0750064	001
PATRIOT TRANSPORT, INC. 401(K)	20-5312386	001
PINEAPPLE WILLY'S, INC. 401(K) PLAN	59-3221137	001
P4 SECURITY LLC 401(K) PLAN	82-1122387	001
REAL SOLUTIONS GROUP 401(K) PLAN	87-1525198	001
SKYLINE SOLAR LLC	81-3393323	001
STAFFORD BROOKS CONSULTING, LLC 401(K) PLAN	85-3957810	001
TEMCO LOGISTICS 401(K) PLAN	37-2048097	001
THE CONCEIRGE POOLED SAVINGS PLAN	93-2789379	056
THE STANDARD POOLED EMPLOYER PLAN	02-5838406	874
TRITONLAKE, INC.	81-4585172	001

PRINCIPAL EASE 401(K) PLAN
E.I.N. 42-0127290 PLAN NO. 334
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
	Collective Investment Trusts			
*	Principal Global Investors	Principal Stable Value Z Fund		32,919
*	Principal Global Investors	Principal Lifetime Hybrid Income Collective Investment Trust Class Q		7,506,951
*	Principal Global Investors	Principal Lifetime Hybrid 2015 Collective Investment Trust Class Q		8,908,945
*	Principal Global Investors	Principal Lifetime Hybrid 2020 Collective Investment Trust Class Q		21,916,665
*	Principal Global Investors	Principal Lifetime Hybrid 2025 Collective Investment Trust Class Q		51,887,898
*	Principal Global Investors	Principal Lifetime Hybrid 2030 Collective Investment Trust Class Q		85,806,298
*	Principal Global Investors	Principal Lifetime Hybrid 2035 Collective Investment Trust Class Q		88,520,685
*	Principal Global Investors	Principal Lifetime Hybrid 2040 Collective Investment Trust Class Q		88,665,920
*	Principal Global Investors	Principal Lifetime Hybrid 2045 Collective Investment Trust Class Q		86,848,537
*	Principal Global Investors	Principal Lifetime Hybrid 2050 Collective Investment Trust Class Q		84,408,534
*	Principal Global Investors	Principal Lifetime Hybrid 2055 Collective Investment Trust Class Q		67,330,035
*	Principal Global Investors	Principal Lifetime Hybrid 2060 Collective Investment Trust Class Q		43,312,618
*	Principal Global Investors	Principal Lifetime Hybrid 2065 Collective Investment Trust Class Q		19,816,512
*	Principal Global Investors	Principal Lifetime Hybrid 2070 Collective Investment Trust Class Q		2,897,011
		Total Collective Investment Trusts		657,859,528
	Registered Investment Companies			
	American Funds	Capital World Bond Fund		965,008
	Fidelity Investments	Inflation-Protected Bond Index Fund		3,055,668
	Fidelity Investments	US Bond Index Fund		10,238,748
	PGIM Investments	High Yield Fund		4,102,026
	PGIM Investments	Total Return Bond Fund		9,934,200
	Avantis	US Large Cap Value Fund		13,643,940
	Avantis	US Small Cap Value Fund		7,690,828
	Fidelity Investments	500 Index Fund		75,369,792
	T. Rowe Price Funds	Integrated U.S. Small-Cap Growth Equity Fund		8,485,591
	American Funds	EuroPacific Growth Fund		4,017,446
	Fidelity Investments	Total International Index Fund		19,306,805
	American Funds	New World Fund Inc		7,897,897
		Total Registered Investment Companies		164,707,949
	Pooled Separate Accounts			
*	Principal Life Insurance Company	Principal Overseas Separate Account-Z		2,242,474
*	Principal Life Insurance Company	Principal Midcap S&P 400 Index Separate Account-Z		11,435,945
*	Principal Life Insurance Company	Principal Smallcap S&P 600 Index Separate Account-Z		9,031,525
*	Principal Life Insurance Company	Principal Global Real Estate Securities Separate Account-Z		3,792,121
*	Principal Life Insurance Company	Principal U.S. Property Separate Account-Z		455,755
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