

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: DONALDSON COMPANY, INC. MASTER INVESTMENT TRUST; 1b Three-digit plan number (PN): 001; 1c Effective date of plan; 2a Plan sponsor's name, mailing address, city or town; 2b Employer Identification Number (EIN): 37-6464276; 2c Plan Sponsor's telephone number: 952-887-3333; 2d Business code

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%;"></td> </tr> </table>	5																					
5																							
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
6a(1)																							
6a(2)																							
6b																							
6c																							
6d																							
6e																							
6f																							
6g(1)																							
6g(2)																							
6h																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																					
7																							

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan DONALDSON COMPANY, INC. MASTER INVESTMENT TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DONALDSON COMPANY, INC.	D Employer Identification Number (EIN) 37-6464276	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

WELLINGTON TRUST COMPANY

04-2767481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	217525	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

A Name of plan <u>DONALDSON COMPANY, INC. MASTER INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DONALDSON COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>37-6464276</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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d Entity code

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d Entity code

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

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c EIN-PN

d Entity code

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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 DONALDSON COMPANY, INC. SALARIED EMPLOYEES PENSION PLAN

b Name of plan sponsor DONALDSON COMPANY, INC. **c** EIN-PN 41-0222640-001

a Plan name DONALDSON COMPANY, INC. HOURLY EMPLOYEES PENSION PLAN

b Name of plan sponsor DONALDSON COMPANY, INC. **c** EIN-PN 41-0222640-003

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

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

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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024	
A Name of plan DONALDSON COMPANY, INC. MASTER INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DONALDSON COMPANY, INC.	D Employer Identification Number (EIN) 37-6464276

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	537077	121787
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1733810	1972994
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4651399	2459491
(2) U.S. Government securities	1c(2)	38044055	36458230
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	81455994	84696193
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	21923734	21299428
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	23975558	22911949
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	101076098	91411964
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	12315949	17669848

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	285713674	279001884
Liabilities			
g Benefit claims payable	1g	2459549	1312130
h Operating payables	1h	212164	121787
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2671713	1433917
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	283041961	277567967

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	111	
(B) U.S. Government securities	2b(1)(B)	1452983	
(C) Corporate debt instruments	2b(1)(C)	4159262	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	630080	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6242436
(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)	2700493	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2700493
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	157717893	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	161801912	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-4084019
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6181071	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		3588943
(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)		6152577
c Other income	2c		1165501
d Total income. Add all income amounts in column (b) and enter total	2d		21947002

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26052270	
(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)		26052270
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	693905	
(6) Bank or trust company trustee/custodial fees	2i(6)	135498	
(7) Actuarial fees	2i(7)	164922	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	374401	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1368726
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27420996

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5473994
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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	
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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	
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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	
-----------	--	---	--

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

4f		X	
-----------	--	---	--

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

4g		X	
-----------	--	---	--

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

4h		X	
-----------	--	---	--

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

4i	X		
-----------	---	--	--

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

4j	X		
-----------	---	--	--

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

4k		X	
-----------	--	---	--

l Has the plan failed to provide any benefit when due under the plan?

4l		X	
-----------	--	---	--

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

4m		X	
-----------	--	---	--

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

4n		X	
-----------	--	---	--

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

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

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

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

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

DONALDSON COMPANY, INC.

MASTER INVESTMENT TRUST

EIN: 37-6464576

PLAN: 001

PLAN YEAR: 08/01/2023 - 07/31/2024

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

a	b	c	d
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
<u>Cash</u>		2,581,278	2,581,278
<u>Receivable Contributions</u>		-	-
<u>Global Equity</u>			
Dodge & Cox	International Value	8,371,349	10,388,220
William Blair	International Growth	10,600,523	10,309,245
Vanguard	Domestic	14,231,372	34,267,325
Wellington	Global	9,617,239	22,911,949
RBC Emerging Markets	Global	1,000,000	4,053,412
Adams Street	Private Equity	5,733,540	4,139,776
<u>Fixed Income</u>			
Vanguard Long Term Bond	Fixed Income	47,796,021	36,447,173
Canyon Value Realization	Fixed Income	5,989,171	10,214,815
Blackrock Tempus Fund	Fixed Income	0	0
Insight - Salaried	Fixed Income	96,122,421	87,395,323
Insight - Hourly	Fixed Income	56,734,949	51,428,949
<u>Real Assets</u>			
Quellos	Real Assets	4,132,285	2,891,426
Subtotal:		262,910,148	277,028,892

DONALDSON COMPANY, INC.
MASTER INVESTMENT TRUST
EIN: 37-6464576
PLAN: 001

PLAN YEAR: 08/01/2023 - 07/31/2024

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

a	b	c	d	e	f	g Current Value of Asset on Transaction Date	h
Identity of Party Involved	Description of Asset Transaction	Purchase Price	Selling Price	Expense	Cost of Asset		Net Gain or Loss
Category (i) - Single Transaction Exceeds 5% of Plan Assets							
NO TRANSACTIONS QUALIFIED FOR THIS CATEGORY							
Category (ii) - Series of Transactions with same broker in Excess of 5% of Plan Assets							
U.S. Bank Account 00031075	(See attached schedule as prepared and reported by U.S. Bank)						
Category (iii) - Series of Transactions in same Security Exceeds of 5% of Value							
U.S. Bank Account 00031075	(See attached schedule as prepared and reported by U.S. Bank)						
Category (iv) - Single Transaction with same broker in Excess of 5% of Plan Assets							
NO TRANSACTIONS QUALIFIED FOR THIS CATEGORY							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					146,975,390.38		
COMPARATIVE VALUE (5%)					7,348,769.51		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Direct From Issuer							
08/31/2023	B	1,125.454	31.0400		- 34,934	34,934	
Issue: 9SPMTHCF1 - Wellington Global Select Capital App 31739345							
09/19/2023	S	- 252.784	785.6174		198,591	169,054	29,537
Issue: 98MSCD5R4 - Blckrk Temp Cl F Grndfthr Ser 1 31739341							
09/19/2023	S	- 175.905	785.6176		138,194	145,345	- 7,151
Issue: 98MSCD693 - Blckrk Temp Cl F Sh 2015 Ser I 31739341							
09/29/2023	S	- 16,829.350	29.7100		500,000	259,318	240,682
Issue: 9SPMTHCF1 - Wellington Global Select Capital App 31739345							
09/29/2023	B	1,103.415	29.8800		- 32,970	32,970	
Issue: 9SPMTHCF1 - Wellington Global Select Capital App 31739345							
10/31/2023	S	- 1,883.202	29.0800		54,764	29,078	25,686
Issue: 9SPMTHCF1 - Wellington Global Select Capital App 31739345							
10/31/2023	B	539.371	29.0800		- 15,685	15,685	
Issue: 9SPMTHCF1 - Wellington Global Select Capital App 31739345							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/30/2023 31739323	S	- 14,430.014	13.8600		200,000	228,221	- 28,221
11/30/2023 31739345	S	- 41,165.294	31.5800		1,300,000	635,611	664,389
11/30/2023 31739345	B	938.203	31.6800		- 29,722	29,722	
12/29/2023 31739345	B	516.992	33.2500		- 17,190	17,190	
01/30/2024 31739323	S	- 17,421.603	14.3500		250,000	274,798	- 24,798
01/31/2024 31739323	B	6,696.419	14.1200		- 94,553	94,553	
01/31/2024 31739323	B	12,175.877	14.1200		- 171,923	171,923	
01/31/2024 31739345	S	- 1,548.658	33.8800		52,469	23,983	28,486
01/31/2024 31739345	B	393.150	33.8800		- 13,320	13,320	
02/29/2024 31739323	S	- 66,889.632	14.9500		1,000,000	1,055,078	- 55,078
02/29/2024 31739345	B	942.087	35.6800		- 33,614	33,614	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/27/2024 31739345	Issue: 9SPMTHCF1 - Wellington Global Select Capital App S	- 54,555.374	36.6600		2,000,000	846,352	1,153,648
03/28/2024 31739345	Issue: 9SPMTHCF1 - Wellington Global Select Capital App B	1,152.612	36.7400		- 42,347	42,347	
04/30/2024 31739345	Issue: 9SPMTHCF1 - Wellington Global Select Capital App S	- 1,604.307	35.3500		56,712	24,996	31,716
04/30/2024 31739345	Issue: 9SPMTHCF1 - Wellington Global Select Capital App B	929.708	35.3500		- 32,865	32,865	
05/31/2024 10120317	Issue: 97MSCJYE0 - Emerging Markets Equity Series S	- 600,000.000	1.0000		600,000	600,000	
05/31/2024 31739345	Issue: 9SPMTHCF1 - Wellington Global Select Capital App S	- 27,100.271	36.9000		1,000,000	422,240	577,760
05/31/2024 31739345	Issue: 9SPMTHCF1 - Wellington Global Select Capital App B	1,847.430	36.5100		- 67,450	67,450	
06/28/2024 31739345	Issue: 9SPMTHCF1 - Wellington Global Select Capital App B	715.891	36.9900		- 26,481	26,481	
07/31/2024 31739345	Issue: 9SPMTHCF1 - Wellington Global Select Capital App S	- 1,433.788	37.3700		53,581	22,490	31,090
07/31/2024 31739345	Issue: 9SPMTHCF1 - Wellington Global Select Capital App B	492.244	37.3700		- 18,395	18,395	
Total For Direct From Issuer				0	8,035,760	5,368,013	2,667,746

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	8,035,760	5,368,013	2,667,746

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 8AMMF09N3 - US Bank Money Market It&c 4

08/02/2023 10120318	B	.420	1.0000				
08/02/2023 31739334	B	.030	1.0000				
08/04/2023 10120318	B	155,504.770	1.0000		- 155,505	155,505	
08/30/2023 31739346	B	750,000.000	1.0000		- 750,000	750,000	
08/31/2023 10120318	B	514,602.920	1.0000		- 514,603	514,603	
09/05/2023 10120318	B	.380	1.0000				
09/05/2023 31739346	B	.100	1.0000				
09/07/2023 10120318	B	152,967.480	1.0000		- 152,967	152,967	
09/20/2023 31739341	B	336,785.420	1.0000		- 336,785	336,785	
09/27/2023 31739346	B	500,000.000	1.0000		- 500,000	500,000	
10/03/2023 10120318	B	.400	1.0000				
10/03/2023 31739341	B	.280	1.0000				

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/03/2023 31739346	B	.070	1.0000				
10/05/2023 10120318	B	146,317.330	1.0000		- 146,317	146,317	
10/20/2023 31739334	B	60,362.000	1.0000		- 60,362	60,362	
10/25/2023 10120316	B	500,000.000	1.0000		- 500,000	500,000	
10/25/2023 31739346	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
10/26/2023 10120318	B	1,501,532.020	1.0000		- 1,501,532	1,501,532	
11/02/2023 10120316	B	.410	1.0000				
11/02/2023 10120318	B	1.310	1.0000		- 1	1	
11/02/2023 31739334	B	.090	1.0000				
11/02/2023 31739346	B	.820	1.0000		- 1	1	
11/06/2023 10120318	B	148,097.190	1.0000		- 148,097	148,097	
11/27/2023 31058359	B	26,496.000	1.0000		- 26,496	26,496	
11/27/2023 31739329	B	47,840.000	1.0000		- 47,840	47,840	
11/29/2023 31739329	B	2,290.000	1.0000		- 2,290	2,290	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/04/2023 10120318	B	.470	1.0000				
12/04/2023 31058359	B	.010	1.0000				
12/04/2023 31739329	B	.020	1.0000				
12/06/2023 10120318	B	143,631.680	1.0000		- 143,632	143,632	
12/19/2023 31739329	B	5,410.000	1.0000		- 5,410	5,410	
12/19/2023 31739334	B	11,292.000	1.0000		- 11,292	11,292	
12/22/2023 31739346	B	800,000.000	1.0000		- 800,000	800,000	
12/28/2023 10120318	B	147,106.730	1.0000		- 147,107	147,107	
01/03/2024 10120318	B	.300	1.0000				
01/03/2024 31739346	B	.770	1.0000		- 1	1	
01/04/2024 31739346	B	300,000.000	1.0000		- 300,000	300,000	
01/05/2024 10120318	B	694,997.730	1.0000		- 694,998	694,998	
01/30/2024 31739323	B	250,000.000	1.0000		- 250,000	250,000	
01/30/2024 31739323	B	250,000.000	1.0000		- 250,000	250,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/30/2024 31739346	B	250,000.000	1.0000		- 250,000	250,000	
01/31/2024 10120318	B	2,793,885.200	1.0000		- 2,793,885	2,793,885	
02/02/2024 31739323	B	.100	1.0000				
02/02/2024 31739346	B	.030	1.0000				
02/06/2024 10120318	B	142,689.330	1.0000		- 142,689	142,689	
02/26/2024 31739323	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
02/27/2024 10120318	B	761,251.050	1.0000		- 761,251	761,251	
03/04/2024 10120318	B	.340	1.0000				
03/04/2024 31739323	B	.310	1.0000				
03/06/2024 10120318	B	124,070.910	1.0000		- 124,071	124,071	
03/06/2024 31739334	B	143,719.000	1.0000		- 143,719	143,719	
03/27/2024 31739345	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
03/27/2024 31739346	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
03/29/2024 31739334	B	29,733.000	1.0000		- 29,733	29,733	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/02/2024 10120318	B	.220	1.0000				
04/02/2024 31739334	B	.270	1.0000				
04/02/2024 31739345	B	.270	1.0000				
04/02/2024 31739346	B	.200	1.0000				
04/04/2024 10120318	B	141,544.910	1.0000		- 141,545	141,545	
04/26/2024 10120316	B	650,000.000	1.0000		- 650,000	650,000	
04/26/2024 31739346	B	400,000.000	1.0000		- 400,000	400,000	
05/02/2024 10120316	B	.270	1.0000				
05/02/2024 10120318	B	.370	1.0000				
05/02/2024 31739334	B	.090	1.0000				
05/02/2024 31739346	B	.160	1.0000				
05/06/2024 10120318	B	130,705.400	1.0000		- 130,705	130,705	
05/09/2024 31739334	B	173,135.000	1.0000		- 173,135	173,135	
05/29/2024 31739345	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/04/2024 10120318	B	.250	1.0000				
06/04/2024 31739334	B	.260	1.0000				
06/04/2024 31739345	B	.270	1.0000				
06/05/2024 10120318	B	136,112.570	1.0000		- 136,113	136,113	
06/27/2024 31739329	B	21,905.000	1.0000		- 21,905	21,905	
06/28/2024 10120316	B	250,000.000	1.0000		- 250,000	250,000	
06/28/2024 31739334	B	8,389.000	1.0000		- 8,389	8,389	
06/28/2024 31739346	B	750,000.000	1.0000		- 750,000	750,000	
07/02/2024 10120318	B	.370	1.0000				
07/03/2024 10120318	B	134,730.200	1.0000		- 134,730	134,730	
07/24/2024 31739334	B	168,741.000	1.0000		- 168,741	168,741	
07/24/2024 31739346	B	1,300,000.000	1.0000		- 1,300,000	1,300,000	
Total For Buys				0	22,455,847	22,455,847	0
08/22/2023 10120318	S	- 155,505.190	1.0000		155,505	155,505	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/22/2023 31739334	S	-.030	1.0000				
08/31/2023 10120318	S	- 514,602.920	1.0000		514,603	514,603	
08/31/2023 31739346	S	- 750,000.000	1.0000		750,000	750,000	
09/26/2023 10120318	S	- 152,967.860	1.0000		152,968	152,968	
09/26/2023 31739341	S	- 336,785.420	1.0000		336,785	336,785	
09/26/2023 31739346	S	-.010	1.0000				
09/28/2023 31739346	S	- 500,000.000	1.0000		500,000	500,000	
10/19/2023 10120318	S	- 146,317.730	1.0000		146,318	146,318	
10/19/2023 31739346	S	-.160	1.0000				
10/31/2023 10120316	S	- 500,000.000	1.0000		500,000	500,000	
10/31/2023 10120318	S	- 1,501,532.020	1.0000		1,501,532	1,501,532	
10/31/2023 31739334	S	- 60,362.000	1.0000		60,362	60,362	
10/31/2023 31739346	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
11/27/2023 31739341	S	-.280	1.0000				

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/29/2023 10120316	S	-.410	1.0000				
11/29/2023 10120318	S	- 148,098.500	1.0000		148,099	148,099	
11/29/2023 31058359	S	- 26,496.000	1.0000		26,496	26,496	
11/29/2023 31739334	S	-.090	1.0000				
11/29/2023 31739346	S	-.820	1.0000		1	1	
11/30/2023 31739329	S	- 50,130.000	1.0000		50,130	50,130	
12/20/2023 10120318	S	- 143,632.150	1.0000		143,632	143,632	
12/20/2023 31058359	S	-.010	1.0000				
12/20/2023 31739329	S	- 5,410.020	1.0000		5,410	5,410	
12/20/2023 31739334	S	- 11,292.000	1.0000		11,292	11,292	
12/29/2023 10120318	S	- 147,106.730	1.0000		147,107	147,107	
12/29/2023 31739346	S	- 800,000.000	1.0000		800,000	800,000	
01/04/2024 31739346	S	- 300,000.000	1.0000		300,000	300,000	
01/05/2024 10120318	S	- 694,998.030	1.0000		694,998	694,998	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2024 10120318	S	- 2,793,885.200	1.0000		2,793,885	2,793,885	
01/31/2024 31739323	S	- 250,000.000	1.0000		250,000	250,000	
01/31/2024 31739346	S	- 250,000.770	1.0000		250,001	250,001	
02/02/2024 31739323	S	- 250,000.000	1.0000		250,000	250,000	
02/13/2024 10120318	S	- 142,689.330	1.0000		142,689	142,689	
02/13/2024 31739323	S	- .100	1.0000				
02/13/2024 31739346	S	- .030	1.0000				
02/28/2024 31739323	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
02/29/2024 10120318	S	- 761,251.050	1.0000		761,251	761,251	
03/19/2024 10120318	S	- 124,071.250	1.0000		124,071	124,071	
03/19/2024 31739323	S	- .310	1.0000				
03/19/2024 31739334	S	- 143,719.000	1.0000		143,719	143,719	
03/28/2024 31739345	S	- 2,000,000.000	1.0000		2,000,000	2,000,000	
03/28/2024 31739346	S	- 1,500,000.000	1.0000		1,500,000	1,500,000	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/23/2024 10120318	S	- 141,545.130	1.0000		141,545	141,545	
04/23/2024 31739334	S	- 29,733.000	1.0000		29,733	29,733	
04/23/2024 31739345	S	- .270	1.0000				
04/23/2024 31739346	S	- .200	1.0000				
04/29/2024 10120316	S	- 650,000.000	1.0000		650,000	650,000	
04/29/2024 31739346	S	- 400,000.000	1.0000		400,000	400,000	
05/20/2024 10120316	S	- .270	1.0000				
05/20/2024 10120318	S	- 130,705.770	1.0000		130,706	130,706	
05/20/2024 31739334	S	- 173,135.360	1.0000		173,135	173,135	
05/20/2024 31739346	S	- .160	1.0000				
05/31/2024 31739345	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
06/25/2024 10120318	S	- 136,112.820	1.0000		136,113	136,113	
06/25/2024 31739334	S	- .260	1.0000				
06/25/2024 31739345	S	- .270	1.0000				

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/28/2024 10120316	S	- 250,000.000	1.0000		250,000	250,000	
06/28/2024 31739329	S	- 21,905.000	1.0000		21,905	21,905	
06/28/2024 31739346	S	- 750,000.000	1.0000		750,000	750,000	
07/17/2024 10120318	S	- 134,730.570	1.0000		134,731	134,731	
07/17/2024 31739334	S	- 8,389.000	1.0000		8,389	8,389	
07/24/2024 31739346	S	- 1,300,000.000	1.0000		1,300,000	1,300,000	
07/25/2024 31739334	S	- 168,741.000	1.0000		168,741	168,741	
Total For Sells				0	22,455,852	22,455,852	0

Total US Bank Money Market It&c 4				0	44,911,699	44,911,699	0
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Issue: 922908801 - Vangrd Ttl Stk Mkt Ind #855

09/20/2023 31739346	R	1,140.769	105.9900		- 120,910	120,910	
12/20/2023 31739346	R	1,276.697	113.6600		- 145,109	145,109	
03/22/2024 31739346	R	1,011.173	125.8700		- 127,276	127,276	
06/28/2024 31739346	R	950.455	130.2700		- 123,816	123,816	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Reinvestments				0	517,111	517,111	0
08/29/2023 31739346	S	- 6,901.629	108.6700		750,000	373,581	376,419
09/26/2023 31739346	S	- 4,860.504	102.8700		500,000	264,017	235,983
10/24/2023 31739346	S	- 9,804.882	101.9900		1,000,000	532,590	467,410
12/21/2023 31739346	S	- 6,961.364	114.9200		800,000	379,899	420,102
01/03/2024 31739346	S	- 2,640.613	113.6100		300,000	144,105	155,895
01/29/2024 31739346	S	- 2,101.900	118.9400		250,000	114,706	135,294
03/26/2024 31739346	S	- 11,976.047	125.2500		1,500,000	656,559	843,441
04/25/2024 31739346	S	- 3,294.350	121.4200		400,000	180,605	219,395
06/27/2024 31739346	S	- 5,719.515	131.1300		750,000	313,559	436,441
07/23/2024 31739346	S	- 9,753.902	133.2800		1,300,000	537,344	762,656
Total For Sells				0	7,550,000	3,496,965	4,053,036
Total Vangrd Ttl Stk Mkt Ind #855				0	8,067,111	4,014,076	4,053,036

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	52,978,810	48,925,775	4,053,036

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION