

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PRINCIPAL DIVERSIFIED REAL ASSET CIT
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY
2b Employer Identification Number (EIN): 46-0743367
2c Plan Sponsor's telephone number: 503-484-9300
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</p> <p>1300 SW FIFTH AVENUE, SUITE 3300 PORTLAND, OR 97201</p>	<p>3b Administrator's EIN 93-0573993</p> <p>3c Administrator's telephone number 503-484-9300</p>																				
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>																				
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
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6c																					
6d	0																				
6e																					
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6g(1)																					
6g(2)																					
6h																					
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>																				

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

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A Name of plan <u>PRINCIPAL DIVERSIFIED REAL ASSET CIT</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>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>46-0743367</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)
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b Name of sponsor of entity listed in (a):

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d Entity code

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d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ADVOCATE AURORA HEALTH 401(K) PLAN	
b	Name of plan sponsor	ADVOCATE AURORA HEALTH, INC	c EIN-PN 82-4184596-004
a	Plan name	ALCHEMEE 401(K) PLAN	
b	Name of plan sponsor	ALCHEMEE, LLC	c EIN-PN 81-1815701-001
a	Plan name	AM1 PORTFOLIO DIVERSIFIERS	
b	Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 99-0817374-001
a	Plan name	ANDRITZ INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	ANDRITZ INC.	c EIN-PN 14-1438713-001
a	Plan name	API GROUP, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	API GROUP, INC.	c EIN-PN 41-1858188-001
a	Plan name	API GROUP, INC. SAFE HARBOR 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	API GROUP, INC.	c EIN-PN 41-1858188-003
a	Plan name	APPRIZE TECHNOLOGY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	AI TECHNOLOGIES, LLC	c EIN-PN 20-5087486-001
a	Plan name	ARCHER RETIREMENT PLAN	
b	Name of plan sponsor	ARCHER TECHNOLOGIES LLC	c EIN-PN 88-3906788-001
a	Plan name	ARKA GROUP, L.P. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARKA GROUP, L.P.	c EIN-PN 85-1183914-001
a	Plan name	BCBS OF VERMONT 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF VERMONT	c EIN-PN 03-0277307-003
a	Plan name	BCS FINANCIAL CORPORATION TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BCS FINANCIAL CORPORATION	c EIN-PN 36-4247278-002
a	Plan name	BLUE CROSS AND BLUE SHIELD ASSOCIATION TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD ASSOCIATION	c EIN-PN 13-5656874-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. 401(K) RETIREMENT SAVINGS	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	c EIN-PN 59-2015694-002
a	Plan name BLUE CROSS BLUE SHIELD OF SC EMPLOYEE SAVINGS AND SALARY REDUCTION PLA	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA	c EIN-PN 57-0287419-002
a	Plan name BLUE CROSS BLUE SHIELD OF WYOMING TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor BLUE CROSS & BLUE SHIELD OF WYOMING	c EIN-PN 83-0231011-002
a	Plan name BLUE CROSS OF IDAHO HEALTH SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	c EIN-PN 82-0344294-002
a	Plan name BLUE SHIELD OF CALIFORNIA TAX DEFERRED SALARY INVESTMENT PLAN	
b	Name of plan sponsor CALIFORNIA PHYSICIANS SERVICE, DBA BLUE SHIELD OF CA	c EIN-PN 94-0360524-002
a	Plan name BLUECROSS BLUESHIELD OF TENNESSEE EMPLOYEE RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor BLUE CROSS BLUE SHIELD OF TENNESSEE	c EIN-PN 62-0427913-002
a	Plan name CAMBIA HEALTH SOLUTIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CAMBIA HEALTH SOLUTIONS, INC.	c EIN-PN 93-1179316-002
a	Plan name CAMBRIDGE ASSOCIATES, LLC 401(K) SAVINGS PLAN & TRUST	
b	Name of plan sponsor CAMBRIDGE ASSOCIATES, LLC	c EIN-PN 04-3515240-001
a	Plan name CENTRE 1 BANCORP, INC. 401(K) PLAN	
b	Name of plan sponsor FIRST NATIONAL BANK AND TRUST COMPANY OF BELOIT	c EIN-PN 39-0159135-001
a	Plan name CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor CHEVRON CORPORATION	c EIN-PN 94-0890210-001
a	Plan name CHEVRON STATIONS INC. THRIFT PLAN	
b	Name of plan sponsor CHEVRON STATIONS INC.	c EIN-PN 84-0618607-068
a	Plan name COFFMAN ENGINEERS, INC. SALARY DEFERRAL PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor COFFMAN ENGINEERS, INC.	c EIN-PN 91-1053429-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CPF RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CLAIMS PROCESSING FACILITY, INC.	c EIN-PN 36-4218984-002
a	Plan name	DEGENKOLB ENGINEERS PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	DEGENKOLB ENGINEERS	c EIN-PN 94-1432527-002
a	Plan name	DELTA DENTAL OF WISCONSIN, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DELTA DENTAL OF WISCONSIN, INC.	c EIN-PN 39-6094742-002
a	Plan name	DIAGNOSTIC CLINIC MEDICAL GROUP RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	DIAGNOSTIC CLINIC MEDICAL GROUP, INC.	c EIN-PN 59-3307922-333
a	Plan name	DIAMOND FOODS, LLC 401(K) PLAN	
b	Name of plan sponsor	DIAMOND FOODS, LLC	c EIN-PN 81-4577932-010
a	Plan name	DIAMOND MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	DIAMOND MFG	c EIN-PN 81-4577932-013
a	Plan name	DIVERSIFIED SERVICE OPTIONS, INC. DBA GUIDEWELL SOURCE 401(K) SAVINGS	
b	Name of plan sponsor	DIVERSIFIED SERVICE OPTIONS, INC. DBA GUIDEWELL SOURCE	c EIN-PN 59-3514333-001
a	Plan name	DURA-LINE LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DURA-LINE LLC	c EIN-PN 87-4192953-002
a	Plan name	ECUMEN 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ECUMEN	c EIN-PN 41-0711588-001
a	Plan name	EDUCATIONAL TESTING SERVICE 401(A) RETIREMENT PLAN	
b	Name of plan sponsor	EDUCATIONAL TESTING SERVICE	c EIN-PN 21-0634479-001
a	Plan name	ELEVATE TEXTILES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ELEVATE TEXTILES, INC.	c EIN-PN 33-0596831-018
a	Plan name	EXCELLUS 401(K) PLAN	
b	Name of plan sponsor	EXCELLUS HEALTH PLAN INC.	c EIN-PN 15-0329043-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GAINWELL TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor GAINWELL ACQUISITION CORP.	c EIN-PN 85-1850812-001
a	Plan name GALDERMA SERVICES, INC. EMPLOYEES' 401(K) AND EMPLOYER CONTRIBUTION PL	
b	Name of plan sponsor GALDERMA SERVICES, INC.	c EIN-PN 75-1714673-001
a	Plan name GOLDEN STATE WATER COMPANY INVESTMENT INCENTIVE PROGRAM	
b	Name of plan sponsor GOLDEN STATE WATER COMPANY	c EIN-PN 95-1243678-005
a	Plan name HBC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HBC US HOLDINGS LLC	c EIN-PN 99-0372181-001
a	Plan name HEALTH INTELLIGENCE COMPANY, LLC TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor HEALTH INTELLIGENCE COMPANY, LLC DOING BUSINESS AS BHI	c EIN-PN 27-4269034-001
a	Plan name HIRERIGHT 401(K) PLAN	
b	Name of plan sponsor HIRE RIGHT	c EIN-PN 81-5023164-001
a	Plan name HME RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HM ELECTRONICS, INC.	c EIN-PN 95-2702218-001
a	Plan name HUNT CONSOLIDATED, INC. FIDELITY THRIFT PLAN	
b	Name of plan sponsor HUNT CONSOLIDATED, INC.	c EIN-PN 75-1727234-002
a	Plan name IDEAL INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor IDEAL INDUSTRIES, INC.	c EIN-PN 36-2048768-001
a	Plan name IGT 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IGT	c EIN-PN 88-0173041-001
a	Plan name INDEPENDENT POOLED EMPLOYER PLAN	
b	Name of plan sponsor ADVISORTRUST, INC.	c EIN-PN 46-4091337-006
a	Plan name INSTEEL INDUSTRIES, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INSTEEL INDUSTRIES, INC.	c EIN-PN 56-0674867-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ITG HOLDINGS USA, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ITG BRANDS, LLC	c EIN-PN 94-2994213-001
a	Plan name	JOHN MUIR HEALTH RETIREMENT PLAN	
b	Name of plan sponsor	JOHN MUIR HEALTH	c EIN-PN 94-1461843-001
a	Plan name	JOHNSON MATTHEY INC. HOURLY 401(K) PLAN	
b	Name of plan sponsor	JOHNSON MATTHEY INC.	c EIN-PN 23-0411710-004
a	Plan name	JOHNSON MATTHEY INC. SALARIED EMPLOYEES SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	JOHNSON MATTHEY INC.	c EIN-PN 23-0411710-003
a	Plan name	KY DOCTORS OF OPTOMETRY PLLC 401(K) PLAN	
b	Name of plan sponsor	KY DOCTORS OF OPTOMETRY PLLC	c EIN-PN 87-2223538-001
a	Plan name	LIFE AND SPECIALTY VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	LIFE AND SPECIALTY VENTURES LLC	c EIN-PN 80-0233147-001
a	Plan name	PRINCIPAL LIFETIME 2015 CIT	
b	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	c EIN-PN 27-5280363-008
a	Plan name	PRINCIPAL LIFETIME 2020 CIT	
b	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	c EIN-PN 27-5280363-002
a	Plan name	PRINCIPAL LIFETIME 2025 CIT	
b	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	c EIN-PN 27-5280363-009
a	Plan name	PRINCIPAL LIFETIME HYBRID 2015 CIT	
b	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	c EIN-PN 26-6447574-002
a	Plan name	PRINCIPAL LIFETIME HYBRID 2020 CIT	
b	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	c EIN-PN 26-6447574-003
a	Plan name	PRINCIPAL LIFETIME HYBRID 2025 CIT	
b	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	c EIN-PN 26-6447574-004

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 PRINCIPAL LIFETIME HYBRID INCOME CIT	
b	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	c EIN-PN 26-6447574-011
a	Plan name PRINCIPAL LIFETIME STRATEGIC INCOME CIT	
b	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	c EIN-PN 27-5280363-006
a	Plan name LIPARI FOODS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIPARI FOODS OPERATING COMPANY, LLC	c EIN-PN 45-2850624-001
a	Plan name LITTELFUSE, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor LITTELFUSE, INC.	c EIN-PN 36-3795742-002
a	Plan name LOUISIANA HEALTH SERVICE & INDEMNITY CO. TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY	c EIN-PN 23-7384555-002
a	Plan name MCGUIREWOODS LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCGUIREWOODS LLP	c EIN-PN 54-0505857-003
a	Plan name MEDICA 401(K) MATCHED SAVINGS PLAN	
b	Name of plan sponsor MEDICA SERVICES COMPANY LLC	c EIN-PN 85-2902940-001
a	Plan name MEXICHEM FLUOR, INC. 401(K) PLAN	
b	Name of plan sponsor ORBIA ADVANCE CORPORATION	c EIN-PN 27-1785667-001
a	Plan name MITCHELL INTERNATIONAL, INC. 401K SAVINGS PLAN	
b	Name of plan sponsor MITCHELL INTERNATIONAL INC	c EIN-PN 94-3355101-001
a	Plan name NETAFIM IRRIGATION, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NETAFIM IRRIGATION, INC.	c EIN-PN 11-2580327-001
a	Plan name NORTHWESTERN MEMORIAL EMPLOYEE 401(K) PRE-TAX SAVINGS PLAN	
b	Name of plan sponsor NORTHWESTERN MEMORIAL HEALTHCARE	c EIN-PN 36-3152959-003
a	Plan name OXFORD FINANCIAL GROUP, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor OXFORD FINANCIAL GROUP, LTD.	c EIN-PN 35-1588335-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PRINTPACK INC SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor PRINTPACK, INC.	c EIN-PN 58-0673779-001
a	Plan name PROVIDENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PROVIDENT, INC.	c EIN-PN 43-0652630-002
a	Plan name QURATE RETAIL GROUP 401(K) RETIREMENT SAVINGS PLAN FOR CORNERSTONE BRA	
b	Name of plan sponsor CORNERSTONE BRANDS INC.	c EIN-PN 01-0520036-001
a	Plan name QURATE RETAIL GROUP 401(K) RETIREMENT SAVINGS PLAN FOR QVC AND HSN	
b	Name of plan sponsor QVC, INC.	c EIN-PN 23-2414041-005
a	Plan name QURATE RETAIL GROUP 401(K) RETIREMENT SAVINGS PLAN FOR ZULILY	
b	Name of plan sponsor ZULILY, LLC	c EIN-PN 47-4942380-001
a	Plan name ROTARY INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor ROTARY INTERNATIONAL	c EIN-PN 36-1707667-003
a	Plan name RSA SECURITY 401(K) PLAN	
b	Name of plan sponsor RSA SECURITY LLC	c EIN-PN 27-1496036-001
a	Plan name SIGNIFY NORTH AMERICA CORPORATION 401(K) PLAN	
b	Name of plan sponsor SIGNIFY NORTH AMERICA CORPORATION	c EIN-PN 04-3391805-002
a	Plan name SPIRE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor SPIRE SERVICES INC.	c EIN-PN 47-4582725-009
a	Plan name STEEL DYNAMICS, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STEEL DYNAMICS, INC.	c EIN-PN 35-1929476-001
a	Plan name TABACALERA USA RETIREMENT PLAN	
b	Name of plan sponsor TABACALERA USA INC.	c EIN-PN 30-0884509-001
a	Plan name TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF KANSAS, INC.	c EIN-PN 48-0952857-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TAX FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF MISSISSIPPI, A MUTUAL INSURANCE COMPANY	c EIN-PN 64-0295748-003
a	Plan name	UCI MEDICAL AFFILIATES SAVINGS PLAN	
b	Name of plan sponsor	UCI MEDICAL AFFILIATES OF SOUTH CAROLINA, INC.	c EIN-PN 57-0784959-001
a	Plan name	ULTRAGENYX PHARMACEUTICAL INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ULTRAGENYX PHARMACEUTICAL INC.	c EIN-PN 27-2546083-001
a	Plan name	UNIVERSITY OF MOUNT OLIVE 401(K) PLAN	
b	Name of plan sponsor	UNIVERSITY OF MOUNT OLIVE	c EIN-PN 56-0623936-002
a	Plan name	VISIONWORKS OF AMERICA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	VISIONWORKS OF AMERICA, INC.	c EIN-PN 25-1801124-001
a	Plan name	VSP RETIREMENT PLAN	
b	Name of plan sponsor	VISION SERVICE PLAN	c EIN-PN 94-1632821-001
a	Plan name	VSP VENTURES OPTOMETRIC SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	VSP VENTURES OPTOMETRIC SOLUTIONS LLC	c EIN-PN 84-2383097-001
a	Plan name	WALGREENS RETIREMENT SAVINGS MASTER TRUST	
b	Name of plan sponsor	WALGREEN CO	c EIN-PN 36-1924025-003
a	Plan name	WASTE MANAGEMENT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WASTE MANAGEMENT, INC.	c EIN-PN 73-1309529-001
a	Plan name	WEBTPA EMPLOYER SERVICES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WEBTPA EMPLOYER SERVICES, LLC	c EIN-PN 75-2611444-001
a	Plan name	WELLS FARGO & COMPANY 401(K) PLAN	
b	Name of plan sponsor	WELLS FARGO & COMPANY	c EIN-PN 41-0449260-002
a	Plan name	WEYMOUTH RETIREMENT SYSTEM	
b	Name of plan sponsor	WEYMOUTH RETIREMENT BOARDWEYMOUTH RETIREMENT BOARD	c EIN-PN 26-3858135-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name WINNEBAGO INDUSTRIES, INC. PROFIT SHARING AND DEFERRED SAVINGS AND INV

b Name of plan sponsor WINNEBAGO INDUSTRIES, INC. **c** EIN-PN 42-0802678-001

a Plan name WOMBLE BOND DICKINSON (US) LLP SAVINGS AND SELF EMPLOYED RETIREMENT PL

b Name of plan sponsor WOMBLE BOND DICKINSON (US), LLP **c** EIN-PN 56-0308470-002

a Plan name YOUTH VILLAGES RETIREMENT PLAN

b Name of plan sponsor YOUTH VILLAGES, INC. **c** EIN-PN 58-1716970-001

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

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan PRINCIPAL DIVERSIFIED REAL ASSET CIT	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	D Employer Identification Number (EIN) 46-0743367

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	0	1748018
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17760596	15431871
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	275006	634000
(2) U.S. Government securities	1c(2)	495980829	464351728
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6725880	9705699
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	4257153	3082287
(B) Common	1c(4)(B)	990538394	1004767401
(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)	41377875	73914277
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	73825309	192048635
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2110025	4632186

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	1632851067	1770316102
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	34269282	50403040
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	34269282	50403040
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1598581785	1719913062

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)	23896	
(B) U.S. Government securities.....	2b(1)(B)	25245140	
(C) Corporate debt instruments.....	2b(1)(C)	431952	
(D) Loans (other than to participants).....	2b(1)(D)	3030790	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28731778
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	132760	
(B) Common stock.....	2b(2)(B)	36092286	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4809287	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		41034333
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3279478000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3314821573	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-35343573
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	144959000	
(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)	
(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)	1189804
c Other income	2c	-11482874
d Total income. Add all income amounts in column (b) and enter total.....	2d	169088468

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
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)	8571648
(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)	301659
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	8873307
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	8873307

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	160215161
l Transfers of assets:		
(1) To this plan.....	2l(1)	247330252
(2) From this plan	2l(2)	286214136

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.