

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - 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 (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
 - special extension (enter description)
 - the DFVC program
- 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 <u>PRINCIPAL LIFETIME 2020 CIT</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan
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) <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u> <u>5885 MEADOWS ROAD, SUITE 820</u> <u>LAKE OSWEGO, OR 97035</u>	2b Employer Identification Number (EIN) <u>27-5280363</u>
	2c Plan Sponsor's telephone number <u>503-484-9300</u>
	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.

SIGN HERE			
	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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/07/2025</u>	<u>CORISSA FLINN</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PRINCIPAL GLOBAL INVESTORS TRUST COMPANY 5885 MEADOWS ROAD, SUITE 820 LAKE OSWEGO, OR 97035	3b Administrator's EIN 93-0573993 3c Administrator's telephone number 503-484-9300																				
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	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:100%;">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																					
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)	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 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 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 <u>0</u> (4) <input 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 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) 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 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PRINCIPAL LIFETIME 2020 CIT</u>	B Three-digit plan number (PN) ▶	<u>002</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>27-5280363</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: <u>BLUE CHIP EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>81-2446596-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13261333</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE FIXED INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>27-5280064-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>78633754</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVERSIFIED INTERNATIONAL EQUITY FD</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>26-6746540-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23181307</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVERSIFIED REAL ASSET CIT</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>46-0743367-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1014744</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>85-0572066-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11555298</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL SMALL CAP EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>81-3934776-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1667713</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL STRATEGIC EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>85-0913974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INCOME FUND		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 87-1084427-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32653168
a Name of MTIA, CCT, PSA, or 103-12 IE: SMID CAP VALUE EQUITY FUND		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 27-5279473-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2771631
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP EQUITY FUND		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 45-5114041-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3238362
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGECAP S&P 500 INDEX SEPARATE ACC		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13534389
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP SEPARATE ACCOUNT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-029	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4198448
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP S&P 600 INDEX SEPARATE ACC		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 535143
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. REIT FUND		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 82-2725212-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4375357
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 ACHIEVE THERAPY 401(K) PLAN	
b	Name of plan sponsor ACHIEVE SOLUTIONS, INC.	c EIN-PN 20-5599223-001
a	Plan name AMERICAN CRYSTAL SUGAR COMPANY 401(K) PARTNERSHIP PLAN	
b	Name of plan sponsor AMERICAN CRYSTAL SUGAR COMPANY	c EIN-PN 84-0004720-010
a	Plan name AQUA ENGINEERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AQUA ENGINEERS, INC.	c EIN-PN 99-0202762-001
a	Plan name BELL MUSIC COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor BELL MUSIC COMPANY	c EIN-PN 34-1847942-002
a	Plan name BLUE PEAKS DEVELOPMENTAL SERVICES, INC. 401(K) RETIREMENT PLAN AND TRU	
b	Name of plan sponsor BLUE PEAKS DEVELOPMENTAL SERVICES, INC.	c EIN-PN 84-0605420-002
a	Plan name I.A.T.S.E. LOCAL 33 SECTION 401(K) PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, I.A.T.S.E. LOCAL 33 SECTION 401(K)	c EIN-PN 95-3954078-002
a	Plan name BOB'S MAIN STREET AUTO & TOWING, INC. 401(K) PLAN	
b	Name of plan sponsor BOBS MAIN STREET AUTO & TOWING, INC.	c EIN-PN 20-1131866-001
a	Plan name BRUNDAGE-BONE CONCRETE PUMPING 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRUNDAGE-BONE CONCRETE PUMPING, INC	c EIN-PN 84-0972141-001
a	Plan name BUCK KNIVES, INC. PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor BUCK KNIVES, INC.	c EIN-PN 95-2129305-001
a	Plan name WORLEY CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor CAM INDUSTRIAL SOLUTIONS LLC	c EIN-PN 92-2387525-001
a	Plan name CINCINNATI DOWEL & WOOD PRODUCTS 401(K) PLAN	
b	Name of plan sponsor CINCINNATI DOWEL & WOOD PRODUCTS	c EIN-PN 31-1172768-001
a	Plan name COMMANDER CONCRETE RETIREMENT PLAN	
b	Name of plan sponsor COMMANDER CONCRETE LLC	c EIN-PN 26-1431927-001

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 COMMERCIAL PIPE & SUPPLY CORP. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COMMERCIAL PIPE & SUPPLY CORP.	c EIN-PN 20-5875031-002
a	Plan name CONSTRUCTION SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor CONSTRUCTION SYSTEMS, INC.	c EIN-PN 34-1012870-001
a	Plan name CORNERSTONE COMMUNITY FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor CORNERSTONE COMMUNITY FEDERAL CREDIT UNION	c EIN-PN 16-0817398-033
a	Plan name COUNTRY PURE FOODS 401K PLAN	
b	Name of plan sponsor COUNTRY PURE FOODS, LLC	c EIN-PN 13-3835132-001
a	Plan name COWAN CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COWAN CORPORATION	c EIN-PN 36-3252657-001
a	Plan name COWLES COMPANY 401(K) PLAN	
b	Name of plan sponsor COWLES COMPANY	c EIN-PN 91-0420030-002
a	Plan name CROSSMARK GRAPHICS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CROSSMARK GRAPHICS, INC.	c EIN-PN 39-1686832-001
a	Plan name D & W, INC. 401(K) PLAN	
b	Name of plan sponsor D & W, INC.	c EIN-PN 35-1185377-002
a	Plan name DAHL AIR CONDITIONING 401(K) PLAN	
b	Name of plan sponsor DAHL AIR CONDITIONING AND HEATING LLC	c EIN-PN 47-1447430-001
a	Plan name DEE KING TRUCKING 401(K) PLAN	
b	Name of plan sponsor DEE KING TRUCKING, LP	c EIN-PN 75-2936790-001
a	Plan name DELLAVALLE LABORATORY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DELLAVALLE LABORATORY, INC.	c EIN-PN 94-2527598-001
a	Plan name DYNAMIC FOODSERVICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor DYNAMIC FOODSERVICE SOLUTIONS, INC.	c EIN-PN 92-1343927-001

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 E. RUFF & ASSOCIATES INC. PROFIT SHARING PLAN	
b	Name of plan sponsor E. RUFF & ASSOCIATES, INC.	c EIN-PN 31-1241355-001
a	Plan name EAGLE REGISTRATIONS INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EAGLE REGISTRATIONS INC.	c EIN-PN 31-1423764-001
a	Plan name EAST MOLINE GLASS 401(K) PLAN	
b	Name of plan sponsor EAST MOLINE GLASS	c EIN-PN 36-3183595-001
a	Plan name ECO SOLUTION 401(K) PLAN	
b	Name of plan sponsor ECO SOLUTION DISTRIBUTING LLC	c EIN-PN 46-5104419-001
a	Plan name ELITE READY-MIX, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELITE READY-MIX, LLC	c EIN-PN 26-0834531-001
a	Plan name ENERGY RESOURCING AMERICAS 401(K) PLAN	
b	Name of plan sponsor ENERGY RESOURCING AMERICAS INC.	c EIN-PN 45-1826840-001
a	Plan name EMR, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor ENVIRONMENTAL MANAGEMENT RESOURCES, INC.	c EIN-PN 91-1438326-001
a	Plan name EOS ENERGY STORAGE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EOS ENERGY STORAGE LLC	c EIN-PN 32-0256144-002
a	Plan name EXETER SUPPLY 401(K) PLAN	
b	Name of plan sponsor EXETER SUPPLY COMPANY, INC.	c EIN-PN 23-1706718-001
a	Plan name VANGUARD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FBD VANGUARD CONSTRUCTION, INC.	c EIN-PN 90-0249076-001
a	Plan name FIRST AMHERST DEVELOPMENT GROUP LLC 401 (K) PLAN	
b	Name of plan sponsor FIRST AMHERST DEVELOPMENT GROUP LLC	c EIN-PN 16-1098626-001
a	Plan name FRAWLEY OIL COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor FRAWLEY OIL COMPANY, INC.	c EIN-PN 39-1227536-004

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 HARTMANN DOHERTY ROSA BERMAN & BULBULIA, LLC 401(K) PROFIT SHARING PLA	
b	Name of plan sponsor HARTMANN DOHERTY ROSA BERMAN & BULBULIA, LLC	c EIN-PN 22-3578754-001
a	Plan name HILSABECK SCHACHT, INC. 401(K) PLAN	
b	Name of plan sponsor HILSABECK SCHACHT, INC.	c EIN-PN 01-0791279-001
a	Plan name THE HY-VEE AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor HY-VEE, INC.	c EIN-PN 42-0325638-002
a	Plan name ITI GENCO LLC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ITI GENCO LLC	c EIN-PN 86-3387432-001
a	Plan name KINROSS GOLD RETIREMENT PLAN	
b	Name of plan sponsor KINROSS GOLD U.S.A., INC	c EIN-PN 87-0364965-001
a	Plan name KOLBE & KOLBE MILLWORK CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KOLBE & KOLBE MILLWORK CO., INC.	c EIN-PN 39-1193314-002
a	Plan name KURTZ BROS., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KURTZ BROS., INC.	c EIN-PN 25-0605470-003
a	Plan name LASCO PROCESS SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor LASCO PROCESS SYSTEMS, LLC	c EIN-PN 26-1146611-001
a	Plan name MARVIN METALS FABRICATING, INC. 401(K) PLAN	
b	Name of plan sponsor MARVIN METALS FABRICATING, INC.	c EIN-PN 20-8551510-001
a	Plan name MEGABYTE SYSTEMS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MEGABYTE SYSTEMS, INC.	c EIN-PN 77-0547969-001
a	Plan name METCALF AUTO PLAZA 401(K) PLAN	
b	Name of plan sponsor METCALF AUTO PLAZA INC	c EIN-PN 37-1476785-001
a	Plan name MIDWESTERN PLUMBING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDWESTERN PLUMBING SERVICES, INC.	c EIN-PN 31-0947980-003

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 NB BAKER ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor NB BAKER ELECTRIC, INC. DBA BAKER ELECTRIC HOME ENERGY	c EIN-PN 20-2438431-001
a	Plan name NEEDHAM BANK 401(K) PLAN	
b	Name of plan sponsor NEEDHAM BANK	c EIN-PN 84-3556185-003
a	Plan name NELSON BROTHERS AGENCY 401(K) PLAN	
b	Name of plan sponsor NELSON BROTHERS AGENCY	c EIN-PN 42-1388737-001
a	Plan name NEPHROLOGY ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor NEPHROLOGY ASSOCIATES, P.C.	c EIN-PN 06-0886720-001
a	Plan name OCV CONTROL VALVES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OCV CONTROL VALVES, LLC	c EIN-PN 73-0607217-001
a	Plan name OPEN GATES 401(K) PLAN	
b	Name of plan sponsor OPEN GATES GROUP	c EIN-PN 41-2078560-001
a	Plan name PLASTIC PRODUCTS COMPANY, INC. 401(K)/ PROFIT SHARING PLAN	
b	Name of plan sponsor PLASTIC PRODUCTS COMPANY, INC.	c EIN-PN 41-0850873-001
a	Plan name PROSPERO BENEFITS GROUP & INSURANCE SERVICES INC 401K PROFIT SHARING P	
b	Name of plan sponsor PROSPERO BENEFITS GROUP & INSURANCE SERVICES INC	c EIN-PN 26-1617084-001
a	Plan name PURE ROMANCE, LLC 401(K) PLAN	
b	Name of plan sponsor PURE ROMANCE, LLC	c EIN-PN 31-1407012-001
a	Plan name RIMROCK TRAILS 401(K) PLAN	
b	Name of plan sponsor RIMROCK TRAILS TREATMENT SERVICES	c EIN-PN 93-1019081-002
a	Plan name AGRO GROUP RETIREMENT PLAN	
b	Name of plan sponsor ROCKING T INC.	c EIN-PN 75-2944058-001
a	Plan name RYKER HOLDINGS 401(K) PLAN	
b	Name of plan sponsor RYKER HOLDINGS INC	c EIN-PN 26-0179728-001

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 SIELING AND JONES, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SIELING AND JONES, INC	c EIN-PN 52-0881404-001
a	Plan name SOMERSET RECYCLING SERVICES 401(K) PLAN	
b	Name of plan sponsor SOMERSET RECYCLING SERVICES	c EIN-PN 61-1112418-003
a	Plan name SPINETTI MACHINERY 401(K) PLAN & TRUST	
b	Name of plan sponsor SPINETTI MACHINERY	c EIN-PN 68-0442664-001
a	Plan name SUN MOTOR CARS, INC. SAVINGS PLAN	
b	Name of plan sponsor SUN MOTOR CARS, INC.	c EIN-PN 23-2227302-001
a	Plan name THOMAS GARAGE, INC. PROFIT SHARING 401(K) SALARY REDUCTION PLAN AND TR	
b	Name of plan sponsor THOMAS GARAGE, INC.	c EIN-PN 34-1181066-001
a	Plan name TOMLINSON BOMBERGER LAWN CARE & LANDSCAPE, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor TOMLINSON BOMBERGER LAWN CARE & LANDSCAPE, INC.	c EIN-PN 23-2255122-001
a	Plan name TRIBUNE PUBLISHING COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor TRIBUNE PUBLISHING COMPANY, INC.	c EIN-PN 82-0171664-002
a	Plan name CHARGE EPC RETIREMENT TRUST	
b	Name of plan sponsor VETERAN PIPELINE CONSTRUCTION INC. DBA ACCU-BORE DIRECTIONAL	c EIN-PN 27-2556492-001
a	Plan name VITECH INTERNATIONAL, INC. 401(K) P/S PLAN	
b	Name of plan sponsor VITECH INTERNATIONAL, INC.	c EIN-PN 16-1470622-001
a	Plan name WW TRUCKING, INC.	
b	Name of plan sponsor WADDELL-WOJCIK TRUCKING	c EIN-PN 39-1657166-001
a	Plan name WALT'S AUTO, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor WALTS AUTO, INC.	c EIN-PN 31-0623226-001
a	Plan name WILKEY INDUSTRIES, INC. PROFIT SHARING 401(K)	
b	Name of plan sponsor WILKEY INDUSTRIES, INC.	c EIN-PN 77-0347577-001

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	WORLEY GROUP INC. 401(K) PLAN	
b Name of plan sponsor	WORLEY GROUP INC.	c EIN-PN 94-2624994-001

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

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) <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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PRINCIPAL LIFETIME 2020 CIT	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCIPAL GLOBAL INVESTORS TRUST COMPANY	D Employer Identification Number (EIN) 27-5280363

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	49335 1105969
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	189670249 172352667
(10) Value of interest in pooled separate accounts	1c(10)	16528862 18267980
(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)	55386451 56402471
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

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	261634897	248129087
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	101257	963407
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	101257	963407
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	261533640	247165680

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)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	1820208	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
(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)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	12768096
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	1227241
(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)	3942656
c Other income	2c	345944
d Total income. Add all income amounts in column (b) and enter total	2d	20104145

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)	783013
(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)	76326
(11) Other expenses	2i(11)	50
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	859389
j Total expenses. Add all expense amounts in column (b) and enter total	2j	859389

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	19244756
l Transfers of assets:		
(1) To this plan	2l(1)	10772894
(2) From this plan	2l(2)	44385610

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 _____.