

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2023</h1>  <b>This Form is Open to Public Inspection</b>
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**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 (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  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <u>VOYA MID CAP GROWTH TRUST FUND</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>038</u>
<b>2a</b> 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>VOYA INVESTMENT TRUST CO.</u>  <u>C/O VOYA INVESTMENT MANAGEMENT CO. LLC.</u> <u>ONE ORANGE WAY</u> <u>C1-N</u> <u>WINDSOR, CT 06095</u>	<b>1c</b> Effective date of plan  <b>2b</b> Employer Identification Number (EIN) <u>06-1440627</u>  <b>2c</b> Plan Sponsor's telephone number <u>480-477-2200</u>  <b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>05/14/2025</u>	<u>CRAIG WHEELER</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>VOYA MID CAP GROWTH TRUST FUND</b>	<b>B</b> Three-digit plan number (PN)	<b>038</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>VOYA INVESTMENT TRUST CO.</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1440627</b>	

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

**c** EIN-PN

**d** Entity code

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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VOYA 2025 TARGET SOLUTION TRUST FUND	
<b>b</b>	Name of plan sponsor	VOYA INVESTMENT TRUST CO.	<b>c</b> EIN-PN 06-1440627-054
<b>a</b>	Plan name	VOYA 2030 TARGET SOLUTION TRUST FUND	
<b>b</b>	Name of plan sponsor	VOYA INVESTMENT TRUST CO.	<b>c</b> EIN-PN 06-1440627-055
<b>a</b>	Plan name	VOYA 2035 TARGET SOLUTION TRUST FUND	
<b>b</b>	Name of plan sponsor	VOYA INVESTMENT TRUST CO.	<b>c</b> EIN-PN 06-1440627-056
<b>a</b>	Plan name	VOYA 2040 TARGET SOLUTION TRUST FUND	
<b>b</b>	Name of plan sponsor	VOYA INVESTMENT TRUST CO.	<b>c</b> EIN-PN 06-1440627-057
<b>a</b>	Plan name	VOYA 2045 TARGET SOLUTION TRUST FUND	
<b>b</b>	Name of plan sponsor	VOYA INVESTMENT TRUST CO.	<b>c</b> EIN-PN 06-1440627-058
<b>a</b>	Plan name	VOYA 2050 TARGET SOLUTION TRUST FUND	
<b>b</b>	Name of plan sponsor	VOYA INVESTMENT TRUST CO.	<b>c</b> EIN-PN 06-1440627-059
<b>a</b>	Plan name	VOYA 2055 TARGET SOLUTION TRUST FUND	
<b>b</b>	Name of plan sponsor	VOYA INVESTMENT TRUST CO.	<b>c</b> EIN-PN 06-1440627-060
<b>a</b>	Plan name	VOYA 2060 TARGET SOLUTION TRUST FUND	
<b>b</b>	Name of plan sponsor	VOYA INVESTMENT TRUST CO.	<b>c</b> EIN-PN 06-1440627-086
<b>a</b>	Plan name	VOYA 2065 TARGET SOLUTION TRUST FUND	
<b>b</b>	Name of plan sponsor	VOYA INVESTMENT TRUST CO.	<b>c</b> EIN-PN 06-1440627-097
<b>a</b>	Plan name	VOYA INCOME TARGET SOLUTION TRUST FUND	
<b>b</b>	Name of plan sponsor	VOYA INVESTMENT TRUST CO.	<b>c</b> EIN-PN 06-1440627-051
<b>a</b>	Plan name	PHILADELPHIA MUNICIPAL WORKERS DISTRICT COUNCIL 33 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AFSCME DISTRICT COUNCIL 33	<b>c</b> EIN-PN 23-1258375-005
<b>a</b>	Plan name	WESTINGHOUSE ELECTRIC COMPANY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WESTINGHOUSE ELECTRIC COMPANY LLC	<b>c</b> EIN-PN 52-2140933-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	REGAL REXNORD RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	REGAL REXNORD CORPORATION
<b>c</b>	EIN-PN	39-0875718-008
<b>a</b>	Plan name	H & H CHEVROLET CADILLAC, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	H & H CHEVROLET CADILLAC, INC.
<b>c</b>	EIN-PN	25-1576345-001
<b>a</b>	Plan name	PERRAS COMPANIES RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PERRAS EXCAVATING INCORPORATED
<b>c</b>	EIN-PN	15-0615489-001
<b>a</b>	Plan name	CORTLAND ENT, PC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CORTLAND ENT, PC
<b>c</b>	EIN-PN	26-0761651-001
<b>a</b>	Plan name	RETIRE LIKE A BELGIAN 401(K) PLAN
<b>b</b>	Name of plan sponsor	TASTE OF BELGIUM
<b>c</b>	EIN-PN	26-2156142-001
<b>a</b>	Plan name	STEELITE INTERNATIONAL USA, INC. PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	STEELITE INTERNATIONAL USA, INC.
<b>c</b>	EIN-PN	22-3062521-001
<b>a</b>	Plan name	DEAN PAULSEN & SONS CONTRACTORS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DEAN PAULSEN & SONS CONTRACTORS, INC.
<b>c</b>	EIN-PN	42-0894293-001
<b>a</b>	Plan name	WASHINGTON WORKS 401(K) PLAN
<b>b</b>	Name of plan sponsor	WASHINGTON WORKS, LLC
<b>c</b>	EIN-PN	27-1370692-001
<b>a</b>	Plan name	CONTINENTAL SCHOOL OF BEAUTY CULTURE, LTD. 401K PLAN
<b>b</b>	Name of plan sponsor	CONTINENTAL SCHOOL OF BEAUTY CULTURE, LTD.
<b>c</b>	EIN-PN	16-0848990-002
<b>a</b>	Plan name	HEAT TRANSFER SOLUTIONS INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	HEAT TRANSFER SOLUTIONS INC
<b>c</b>	EIN-PN	76-0653510-001
<b>a</b>	Plan name	DERMA MED, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DERMA MED, LLC
<b>c</b>	EIN-PN	62-1661065-001
<b>a</b>	Plan name	AQUA LEISURE INDUSTRIES 401(K) PROFIT SHAR PLN
<b>b</b>	Name of plan sponsor	AQUA LEISURE INDUSTRIES
<b>c</b>	EIN-PN	04-2472563-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	DAYSPRING GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DAYSPRING GROUP, LLC	<b>c</b> EIN-PN 20-1328322-001
<b>a</b>	Plan name	DEMPSEY ORTHODONTICS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DEMPSEY ORTHODONTICS, LLC	<b>c</b> EIN-PN 27-4429674-001
<b>a</b>	Plan name	GRIDIRON IT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRIDIRON IT SOLUTIONS LLC	<b>c</b> EIN-PN 82-3531747-001
<b>a</b>	Plan name	WEST HOUSTON DERMATOLOGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WEST HOUSTON DERMATOLOGY, P.A.	<b>c</b> EIN-PN 76-0531617-001
<b>a</b>	Plan name	HEADED HOME ROOFING LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HEADED HOME ROOFING, LLC	<b>c</b> EIN-PN 81-1760843-001
<b>a</b>	Plan name	K & B PHARMACY ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K & B PHARMACY ASSOCIATES, INC.	<b>c</b> EIN-PN 26-4434287-001
<b>a</b>	Plan name	MANDAMUS GROUP III 401K PLAN	
<b>b</b>	Name of plan sponsor	MANDAMUS GROUP III	<b>c</b> EIN-PN 38-3389221-001
<b>a</b>	Plan name	KENNY, O'KEEFE & USSEGLIO, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KENNY, O'KEEFE & USSEGLIO, P.C.	<b>c</b> EIN-PN 03-0442581-001
<b>a</b>	Plan name	ROUNABOUT THEATRE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROUNABOUT THEATRE COMPANY, INC	<b>c</b> EIN-PN 13-6192346-002
<b>a</b>	Plan name	ARKHAM TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARKHAM TECHNOLOGY	<b>c</b> EIN-PN 95-4695487-001
<b>a</b>	Plan name	COOPER ROBERTSON & PARTNERS ARCHITECTS, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COOPER ROBERTSON & PARTNERS ARCHITECTS, LLP	<b>c</b> EIN-PN 13-3368292-002
<b>a</b>	Plan name	CONTROLPOINT TECHNOLOGIES 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CONTROLPOINT TECHNOLOGIES INC.	<b>c</b> EIN-PN 04-3469428-001

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.)	
<b>a</b>	Plan name AMERISTEEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERISTEEL, INC.	<b>c</b> EIN-PN 38-2653406-003
<b>a</b>	Plan name GLOBAL SOURCE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL SOURCE LLC	<b>c</b> EIN-PN 74-3240431-001
<b>a</b>	Plan name SHEPARD INSURANCE GROUP, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHEPARD INSURANCE GROUP, INC.	<b>c</b> EIN-PN 06-1092248-001
<b>a</b>	Plan name NORTHWEST HILLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST HILLS AUTOMOTIVE, LLC	<b>c</b> EIN-PN 06-1525958-001
<b>a</b>	Plan name SHINY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SHINY AGENCY	<b>c</b> EIN-PN 47-4050586-001
<b>a</b>	Plan name IMTAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE MANAGEMENT & TECHNOLOGY APPROACHES, INC.	<b>c</b> EIN-PN 54-1742722-001
<b>a</b>	Plan name ROTTLER PEST CONTROL COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor ROTTLER PEST CONTROL COMPANY	<b>c</b> EIN-PN 43-1316803-001
<b>a</b>	Plan name ARTICO COLD 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARTICO COLD MANAGEMENT LLC	<b>c</b> EIN-PN 87-3660106-001
<b>a</b>	Plan name PAL-CON, LLC. 401K PLAN	
<b>b</b>	Name of plan sponsor PAL-CON, LLC.	<b>c</b> EIN-PN 75-2811274-001
<b>a</b>	Plan name WHITESTONE REIT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WHITESTONE REIT	<b>c</b> EIN-PN 76-0594970-001
<b>a</b>	Plan name TORRENT PHOTONICS HOLDCO 401K	
<b>b</b>	Name of plan sponsor TORRENT PHOTONICS HOLDCO 401K	<b>c</b> EIN-PN 93-4906864-001
<b>a</b>	Plan name ELEGANT ACQUISITION, LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ELEGANT ACQUISITION, LLC	<b>c</b> EIN-PN 81-0593921-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BRENT O. NICHOLS, DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRENT O. NICHOLS DDS, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 20-2807107-001
<b>a</b>	Plan name	BELFI BROS. & CO., INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BELFI BROS. & CO., INC.	<b>c</b> EIN-PN 23-0396390-001
<b>a</b>	Plan name	BILL'S PRESCRIPTION CENTER, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BILLS PRESCRIPTION CENTER, INC.	<b>c</b> EIN-PN 59-1679466-002
<b>a</b>	Plan name	CORPORATE SERVICES CONSULTANTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORPORATE SERVICES CONSULTANTS, LLC	<b>c</b> EIN-PN 16-1640994-001
<b>a</b>	Plan name	SMOKEY MOUNTAIN TOPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMOKEY MOUNTAIN TOPS, INC.	<b>c</b> EIN-PN 62-1578410-001
<b>a</b>	Plan name	JACKSON CONSTRUCTION, LTD. 401K PLAN	
<b>b</b>	Name of plan sponsor	JACKSON CONSTRUCTION, LTD	<b>c</b> EIN-PN 75-2678585-001
<b>a</b>	Plan name	ARVOS SCHMIDTSCHESCHACK LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARVOS SCHMIDTSCHESCHACK LLC	<b>c</b> EIN-PN 81-2071078-001
<b>a</b>	Plan name	WILSON & MARTINO DENTAL, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILSON & MARTINO DENTAL, PLLC	<b>c</b> EIN-PN 13-4242960-001
<b>a</b>	Plan name	RMG SPECIALTY UNDERWRITERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RMG SPECIALTY UNDERWRITERS, LLC	<b>c</b> EIN-PN 22-3810258-001
<b>a</b>	Plan name	ZZ 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASPIRATIONS, LLC	<b>c</b> EIN-PN 80-0804893-001
<b>a</b>	Plan name	THE JORDAN EDMISTON GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE JORDAN EDMISTON GROUP, INC.	<b>c</b> EIN-PN 62-1318138-002
<b>a</b>	Plan name	SANAMETRIX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANAMETRIX, INC.	<b>c</b> EIN-PN 54-1988041-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CP RESTORATION INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	CP RESTORATION INC.	<b>c</b> EIN-PN 84-2892069-002
<b>a</b>	Plan name	CHARLSTON, REVICH & WOLLITZ LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHARLSTON, REVICH & WOLLITZ, LLP	<b>c</b> EIN-PN 95-4135894-001
<b>a</b>	Plan name	CARROLL PRODUCTS, INC. EMPLOYEES PROFIT SHARING 401K TRUST	
<b>b</b>	Name of plan sponsor	CARROLL PRODUCTS, INC.	<b>c</b> EIN-PN 38-1906373-001
<b>a</b>	Plan name	HERNANDEZ CONSTRUCTION, LLC 401K PROFIT SHARING & PLAN TRUST	
<b>b</b>	Name of plan sponsor	HERNANDEZ CONSTRUCTION, LLC	<b>c</b> EIN-PN 32-0036722-001
<b>a</b>	Plan name	RADCO INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RADCO INDUSTRIES, INC.	<b>c</b> EIN-PN 36-2754181-001
<b>a</b>	Plan name	MACALI'S DELUXE SUPERMARKETS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MACALIS DELUXE SUPERMARKETS, INC.	<b>c</b> EIN-PN 34-0864994-001
<b>a</b>	Plan name	PRODUCT CREATION STUDIO LTD 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PRODUCT CREATION STUDIO LTD	<b>c</b> EIN-PN 91-1977779-001
<b>a</b>	Plan name	KESTREL FIELD SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KESTREL FIELD SERVICES, INC.	<b>c</b> EIN-PN 02-0790800-001
<b>a</b>	Plan name	BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.	<b>c</b> EIN-PN 59-2274772-001
<b>a</b>	Plan name	CELLECTRIC ELECTRICAL, LLC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CELLECTRIC ELECTRICAL, LLC.	<b>c</b> EIN-PN 47-1185682-001
<b>a</b>	Plan name	PINNACLE REAL ESTATE ADVISORS, LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PINNACLE REAL ESTATE ADVISORS LLC	<b>c</b> EIN-PN 20-5266806-001
<b>a</b>	Plan name	PEMCO, INC. PROFIT SHARING & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PEMCO, INC.	<b>c</b> EIN-PN 34-0667096-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	AKER KASTEN EYE CENTER, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	AKER KASTEN EYE CENTER, INC.
<b>c</b>	EIN-PN	59-2718647-002
<b>a</b>	Plan name	FLEET RESERVE ASSOCIATION 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	FLEET RESERVE ASSOCIATION
<b>c</b>	EIN-PN	53-0067600-001
<b>a</b>	Plan name	DR. BRIAN C. ASH D. D. S. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DR. BRIAN C. ASH, D.D.S.
<b>c</b>	EIN-PN	46-4558672-001
<b>a</b>	Plan name	KND HEALTHCARE SERVICES, S.C. 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	KND HEALTHCARE SERVICES, S.C.
<b>c</b>	EIN-PN	36-3990871-001
<b>a</b>	Plan name	KISSLER & CO., INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	KISSLER & CO., INC.
<b>c</b>	EIN-PN	22-2027688-002
<b>a</b>	Plan name	R. B. WOODCRAFT, INC. PROFIT SHARING/401(K) PLAN
<b>b</b>	Name of plan sponsor	R. B. WOODCRAFT, INC.
<b>c</b>	EIN-PN	30-0014693-001
<b>a</b>	Plan name	CALLAHAN CONSTRUCTION, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	CALLAHAN CONSTRUCTION, INC.
<b>c</b>	EIN-PN	42-1378000-002
<b>a</b>	Plan name	MIDWEST REGIONAL CREDIT UNION 401(K) PLAN
<b>b</b>	Name of plan sponsor	MIDWEST REGIONAL CREDIT UNION
<b>c</b>	EIN-PN	48-0507700-002
<b>a</b>	Plan name	SUNRISE COMMERCIAL CONTRACTING, INC. PREVAILING WAGE PLAN
<b>b</b>	Name of plan sponsor	SUNRISE COMMERCIAL CONTRACTING, INC.
<b>c</b>	EIN-PN	25-1375852-002
<b>a</b>	Plan name	HIGHWOODS CONTRACTING CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	HIGHWOODS CONTRACTING CORPORATION
<b>c</b>	EIN-PN	59-3612666-001
<b>a</b>	Plan name	COMPASS COORDINATIONS 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	COMPASS COORDINATION, INC.
<b>c</b>	EIN-PN	62-1642223-001
<b>a</b>	Plan name	PROPERTY VALUATION SERVICES 401(K) PLAN
<b>b</b>	Name of plan sponsor	PROPERTY VALUATION SERVICES
<b>c</b>	EIN-PN	43-1795877-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	B C P, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BROOKLYN CENTER FOR PSYCHOTHERAPY, INC.	<b>c</b> EIN-PN 11-6083619-002
<b>a</b>	Plan name	SHARP DESIGN STUDIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHARP DESIGN STUDIO, LLC	<b>c</b> EIN-PN 26-3091564-001
<b>a</b>	Plan name	BRIOHN BUILDING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRIOHN BUILDING CORPORATION	<b>c</b> EIN-PN 39-1344017-001
<b>a</b>	Plan name	EAGLE ENVIRONMENTAL 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EAGLE ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 72-1405918-001
<b>a</b>	Plan name	OMNI APPAREL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMNI APPARATECH, INC	<b>c</b> EIN-PN 20-1481722-002
<b>a</b>	Plan name	RPS COMPOSITES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RPS HOLDINGS, INC.	<b>c</b> EIN-PN 20-5006919-001
<b>a</b>	Plan name	GEMCO 401K PLAN	
<b>b</b>	Name of plan sponsor	GEMCO CONSTRUCTORS, LLC	<b>c</b> EIN-PN 47-1392037-001
<b>a</b>	Plan name	KANSAS CITY AREA DEVELOPMENT COUNCIL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KANSAS CITY AREA DEVELOPMENT COUNCIL	<b>c</b> EIN-PN 43-1852671-001
<b>a</b>	Plan name	LOEFFLER RANDALL, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOEFFLER RANDALL, INC.	<b>c</b> EIN-PN 20-0994604-001
<b>a</b>	Plan name	WARSHAFSKY, ROTTER, TARNOFF & BLOCH, SC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WARSHAFSKY, ROTTER, TARNOFF & BLOCH, SC	<b>c</b> EIN-PN 39-1166297-001
<b>a</b>	Plan name	BENTLEY WELDING, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENTLEY WELDING, INC	<b>c</b> EIN-PN 46-5558728-001
<b>a</b>	Plan name	GEOLINE SURVEYING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	GEOLINE SURVEYING, INC.	<b>c</b> EIN-PN 59-3445973-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SITO, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SITO, INC.	<b>c</b> EIN-PN 84-0624250-001
<b>a</b>	Plan name	EVERGREEN NATIONAL INDEMNITY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERGREEN NATIONAL INDEMNITY COMPANY	<b>c</b> EIN-PN 36-2467238-001
<b>a</b>	Plan name	HANSHAW KENNEDY, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HANSHAW KENNEDY, LLP	<b>c</b> EIN-PN 20-1098112-001
<b>a</b>	Plan name	ITECH SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ITECH SOLUTIONS, INC.	<b>c</b> EIN-PN 06-1414922-001
<b>a</b>	Plan name	PREMIER 54 BOAT SALES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B&B MARINE III, LLC DBA PREMIER 54 BOAT SALES	<b>c</b> EIN-PN 87-1549003-001
<b>a</b>	Plan name	THE EXECUTIVE REAL ESTATE GROUP, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE EXECUTIVE REAL ESTATE GROUP, INC	<b>c</b> EIN-PN 26-0427480-001
<b>a</b>	Plan name	UNIVERSAL PROTECTIVE PACKAGING 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	UNIVERSAL PROTECTIVE PACKAGING, INC.	<b>c</b> EIN-PN 25-1711889-001
<b>a</b>	Plan name	SEDGWICK BUSINESS INTERIORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEDGWICK BUSINESS INTERIORS, LLC	<b>c</b> EIN-PN 16-1530910-001
<b>a</b>	Plan name	GERI GOLDMAN ENGINEERING, P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	GERI GOLDMAN ENGINEERING, P.C.	<b>c</b> EIN-PN 13-3700944-001
<b>a</b>	Plan name	NEWCORR PACKAGING LIMITED PARTNERSHIP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWCORR PACKAGING LIMITED PARTNERSHIP	<b>c</b> EIN-PN 04-3119631-001
<b>a</b>	Plan name	PERRAM LAMPION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERRAM ELECTRIC, INC.	<b>c</b> EIN-PN 34-1504716-001
<b>a</b>	Plan name	ABC PEDIATRICS OF KANKAKEE COUNTY, S.C. PROFIT SHARING 401(K) PLAN AND	
<b>b</b>	Name of plan sponsor	ABC PEDIATRICS OF KANKAKEE COUNTY, S.C.	<b>c</b> EIN-PN 36-4200189-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DC CONSTRUCTION ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DC CONSTRUCTION ASSOCIATES, INC.	<b>c</b> EIN-PN 20-3239515-001
<b>a</b>	Plan name	INERTIA IT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INERTIA IT SERVICES, LLC	<b>c</b> EIN-PN 27-4390997-001
<b>a</b>	Plan name	MATIX CORPORATION OF AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATIX CORPORATION OF AMERICA	<b>c</b> EIN-PN 62-1847956-001
<b>a</b>	Plan name	CAMBRIDGE REAL ESTATE HOLDINGS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAMBRIDGE REAL ESTATE HOLDINGS, INC.	<b>c</b> EIN-PN 75-2522846-002
<b>a</b>	Plan name	KRAFTUBE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRAFTUBE, INC.	<b>c</b> EIN-PN 38-1691775-001
<b>a</b>	Plan name	TODD D BARNETT DMD INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TODD D BARNETT DMD INC.	<b>c</b> EIN-PN 30-0327855-001
<b>a</b>	Plan name	AMETCO MANUFACTURING CORP 401 K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	AMETCO MANUFACTURING CORP	<b>c</b> EIN-PN 34-0977574-002
<b>a</b>	Plan name	TTS WORLDWIDE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TTS WORLDWIDE, LLC	<b>c</b> EIN-PN 80-0875090-001
<b>a</b>	Plan name	INTERSTATE SAWING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERSTATE SAWING COMPANY, INC.	<b>c</b> EIN-PN 39-1868095-001
<b>a</b>	Plan name	LAW OFFICE OF JULIE JOHNSON PLLC	
<b>b</b>	Name of plan sponsor	JOHNSON ZEGEN SCOTT & WILLIAMS PLLC	<b>c</b> EIN-PN 27-0247544-001
<b>a</b>	Plan name	DETRONIC EMPLOYEES ASSOCIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DETRONIC INDUSTRIES, INC.	<b>c</b> EIN-PN 38-1569114-002
<b>a</b>	Plan name	ALBINA PIPE BENDING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALBINA PIPE BENDING CO., INC.	<b>c</b> EIN-PN 93-0561103-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALPINE METAL PRODUCTS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPINE METAL PRODUCTS, INC.	<b>c</b> EIN-PN 22-2695447-001
<b>a</b>	Plan name	NORON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORON, INC.	<b>c</b> EIN-PN 34-1936636-001
<b>a</b>	Plan name	SHOTMEYER BROTHERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHOTMEYER BROTHERS PETROLEUM CORPORATION	<b>c</b> EIN-PN 22-1439480-001
<b>a</b>	Plan name	TOKYO BROADCASTING SYSTEM INTERNATIONAL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TOKYO BROADCASTING SYSTEM INTERNATI ONAL, INC	<b>c</b> EIN-PN 13-3517144-001
<b>a</b>	Plan name	KURCIAS, JAFFE & COMPANY LLP 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KURCIAS, JAFFE & COMPANY LLP	<b>c</b> EIN-PN 13-3527776-001
<b>a</b>	Plan name	DIAMOND OILFIELD SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND OILFIELD SERVICES, LLC	<b>c</b> EIN-PN 38-4048859-001
<b>a</b>	Plan name	NORDIC FOODS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORDIC FOODS, INC.	<b>c</b> EIN-PN 43-1456117-001
<b>a</b>	Plan name	US GLOBE SERVICE CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	US GLOBE SERVICE CORP.	<b>c</b> EIN-PN 71-0870176-001
<b>a</b>	Plan name	TAYLOR METALWORKS, INC. TRUST	
<b>b</b>	Name of plan sponsor	TAYLOR METALWORKS, INC.	<b>c</b> EIN-PN 16-0728369-003
<b>a</b>	Plan name	BLEICHMAR FONTI & AULD 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLEICHMAR FONTI & AULD LLP	<b>c</b> EIN-PN 47-1369559-001
<b>a</b>	Plan name	CAMBIO MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAMBIO MANAGEMENT, INC.	<b>c</b> EIN-PN 81-3854683-001
<b>a</b>	Plan name	IMG DEVELOPMENT LLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	IMG DEVELOPMENT LLC	<b>c</b> EIN-PN 46-0843740-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	M & W BIO, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	M & W BIO INC.
<b>c</b>	EIN-PN	75-2551369-001
<b>a</b>	Plan name	TERRA WORLDWIDE LOGISTICS 401(K) PLAN
<b>b</b>	Name of plan sponsor	TERRA WORLDWIDE LOGISTICS LLC
<b>c</b>	EIN-PN	82-3255673-001
<b>a</b>	Plan name	SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SPEED MOTOR EXPRESS OF W.N.Y, INC.
<b>c</b>	EIN-PN	16-1092772-001
<b>a</b>	Plan name	KP UNDERWRITING 401(K) PLAN
<b>b</b>	Name of plan sponsor	KP UNDERWRITING, LLC
<b>c</b>	EIN-PN	20-4089856-001
<b>a</b>	Plan name	UNIGLOBAL 401(K) PLAN
<b>b</b>	Name of plan sponsor	UNIGLOBAL PENSION PLANNING, INC.
<b>c</b>	EIN-PN	13-3601506-001
<b>a</b>	Plan name	DOWNUNDER GEOSOLUTIONS 401(K) PLAN
<b>b</b>	Name of plan sponsor	DOWNUNDER GEOSOLUTIONS (AMERICA) LLC
<b>c</b>	EIN-PN	27-3188772-001
<b>a</b>	Plan name	AMERICAN DESIGN AND BUILD, LTD. 401(K) PLAN
<b>b</b>	Name of plan sponsor	AMERICAN DESIGN AND BUILD, LTD.
<b>c</b>	EIN-PN	52-1864880-001
<b>a</b>	Plan name	INTERSTATE HIGHWAY SIGN CORP. 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTERSTATE HIGHWAY SIGN CORP.
<b>c</b>	EIN-PN	71-0751755-002
<b>a</b>	Plan name	CVD EQUIPMENT CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	CVD EQUIPMENT CORPORATION
<b>c</b>	EIN-PN	11-2621692-001
<b>a</b>	Plan name	PATRIOT BANK, N.A. 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	PATRIOT BANK, N.A.
<b>c</b>	EIN-PN	06-1364615-001
<b>a</b>	Plan name	ISLAND TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ISLAND TRADING COMPANY, INC.
<b>c</b>	EIN-PN	13-3170327-001
<b>a</b>	Plan name	INDUSTRIAL SCREW & SUPPLY COMPANY, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	INDUSTRIAL SCREW & SUPPLY COMPANY, INC.
<b>c</b>	EIN-PN	72-0650697-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BOWIE INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOWIE INDUSTRIES, INC.	<b>c</b> EIN-PN 75-0999783-002
<b>a</b>	Plan name	PRODAPT NORTH AMERICA, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PRODAPT NORTH AMERICA, INC.	<b>c</b> EIN-PN 91-1821940-001
<b>a</b>	Plan name	WILKOFSKY FRIEDMAN KAREL & CUMMINS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILKOFSKY FRIEDMAN KAREL & CUMMINS	<b>c</b> EIN-PN 13-3530677-002
<b>a</b>	Plan name	THE EVERGREEN CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE EVERGREEN CORPORATION	<b>c</b> EIN-PN 58-2033976-001
<b>a</b>	Plan name	MANGAS - AARKEL TOOL AND ENGINEERING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AARKEL TOOL AND ENGINEERING INC.	<b>c</b> EIN-PN 85-3545955-001
<b>a</b>	Plan name	HARTWELL ENVIRONMENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HARTWELL ENVIRONMENTAL CORPORATION	<b>c</b> EIN-PN 76-0538282-001
<b>a</b>	Plan name	LONESTAR DEEPWATER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LONESTAR DEEPWATER, LLC	<b>c</b> EIN-PN 77-0623394-001
<b>a</b>	Plan name	JEWELRY DESIGN CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEWELRY DESIGN CENTER, INC.	<b>c</b> EIN-PN 91-1233472-001
<b>a</b>	Plan name	JEFFREY E. COOK, ATTORNEY AT LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEFFREY E. COOK, ATTORNEY AT LAW	<b>c</b> EIN-PN 75-2354644-001
<b>a</b>	Plan name	TAD ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAD ASSOCIATES, INC.	<b>c</b> EIN-PN 30-0639019-001
<b>a</b>	Plan name	G.M. ROTH DESIGN REMODELING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	G.M. ROTH DESIGN REMODELING, INC.	<b>c</b> EIN-PN 02-0454396-001
<b>a</b>	Plan name	LYNCH DASKAL LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LYNCH DASKAL LLP	<b>c</b> EIN-PN 20-4154592-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	OCMULGEE PHYSICIANS RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	OCMULGEE PHYSICIANS LLC	<b>c</b> EIN-PN 45-3976537-001
<b>a</b> Plan name	WM. W. NUGENT & COMPANY, INC. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	WM. W. NUGENT & COMPANY, INC.	<b>c</b> EIN-PN 36-1567320-002
<b>a</b> Plan name	PRO-PACK, INC. 401K RETIREMENT PLAN & TRUST	
<b>b</b> Name of plan sponsor	PRO-PACK, INC.	<b>c</b> EIN-PN 35-1634521-001
<b>a</b> Plan name	BRASS LIGHT GALLERY, INC. SALARY SAVINGS 401(K) PLAN	
<b>b</b> Name of plan sponsor	BRASS LIGHT GALLERY, INC.	<b>c</b> EIN-PN 39-1557230-001
<b>a</b> Plan name	GO TIME AUTO REPAIR, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	GO TIME AUTO REPAIR, INC.	<b>c</b> EIN-PN 81-2681522-001
<b>a</b> Plan name	STERLING PIERCE, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	STERLING PIERCE, INC.	<b>c</b> EIN-PN 11-2672886-003
<b>a</b> Plan name	MEYERLAND ANIMAL CLINIC, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b> Name of plan sponsor	MEYERLAND ANIMAL CLINIC INC.	<b>c</b> EIN-PN 74-2021280-001
<b>a</b> Plan name	GRIFFIN FACULTY PRACTICE, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	GRIFFIN FACULTY PRACTICE PLAN, INC.	<b>c</b> EIN-PN 06-1463147-001
<b>a</b> Plan name	H.H.S. MECHANICAL CONTRACTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	H.H.S. MECHANICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 06-1284468-001
<b>a</b> Plan name	DEUFOL NORTH AMERICA RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	DEUFOL NORTH AMERICA, INC.	<b>c</b> EIN-PN 04-3506589-001
<b>a</b> Plan name	CIMARRON CONSTRUCTION CO. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CIMARRON CONSTRUCTION CO., LLC	<b>c</b> EIN-PN 73-1194867-001
<b>a</b> Plan name	TOURTELLOT & CO., INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	TOURTELLOT & CO., INC.	<b>c</b> EIN-PN 05-0270316-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MADEIRA STATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MADEIRA STATION, LLC	<b>c</b> EIN-PN 81-0644473-001
<b>a</b>	Plan name	PROCESSING TECHNOLOGIES, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PROCESSING TECHNOLOGIES, LLC	<b>c</b> EIN-PN 27-0128071-001
<b>a</b>	Plan name	CRAWFORD MERZ LLC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	CRAWFORD MERZ LLC	<b>c</b> EIN-PN 46-3761040-001
<b>a</b>	Plan name	WINGET SPADAFORA & SCHWARTZBERG, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WINGET SPADAFORA & SCHWARTZBERG, LLP	<b>c</b> EIN-PN 13-3715158-001
<b>a</b>	Plan name	STAMFORD ANESTHESIOLOGY SERVICES, P.C. RETIREMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STAMFORD ANESTHESIOLOGY SERVICES, P.C.	<b>c</b> EIN-PN 06-1311718-004
<b>a</b>	Plan name	CYBERVANCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CYBERVANCE, INC.	<b>c</b> EIN-PN 45-5091640-001
<b>a</b>	Plan name	FORTH-TROMBLEE DENTAL ASSOCIATES, PLLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORTH-TROMBLEE DENTAL ASSOCIATES, PLLC	<b>c</b> EIN-PN 16-1597692-001
<b>a</b>	Plan name	R. OLSON CONSTRUCTION CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	R. OLSON CONSTRUCTION CO.	<b>c</b> EIN-PN 36-2679813-001
<b>a</b>	Plan name	EVEREST PROPERTIES II, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EVEREST PROPERTIES II, LLC	<b>c</b> EIN-PN 95-4599059-001
<b>a</b>	Plan name	REDBRIDGE USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REDBRIDGE USA, INC.	<b>c</b> EIN-PN 47-3122426-001
<b>a</b>	Plan name	WADE, GRIMES, FRIEDMAN, MEINKEN & LEISCHNER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WADE, GRIMES, FRIEDMAN, MEINKEN & LEISCHNER, PLLC	<b>c</b> EIN-PN 47-5259985-001
<b>a</b>	Plan name	SHOREPOINT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHOREPOINT, INC.	<b>c</b> EIN-PN 82-1689821-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	SEACREST & KALKOWSKI, PC, LLO RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SEACREST & KALKOWSKI, PC, LLO
<b>c</b>	EIN-PN	47-0799835-001
<b>a</b>	Plan name	BOOMERANG PRINTING, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	BOOMERANG PRINTING, LLC
<b>c</b>	EIN-PN	20-8741826-001
<b>a</b>	Plan name	HECKMANN FINANCIAL 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	HECKMANN FINANCIAL
<b>c</b>	EIN-PN	39-9963330-001
<b>a</b>	Plan name	HISPANIC GROUP CORPORATION 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	HISPANIC GROUP CORPORATION
<b>c</b>	EIN-PN	60-0000885-001
<b>a</b>	Plan name	RAYHAVEN GROUP, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	RAYHAVEN GROUP, INC.
<b>c</b>	EIN-PN	38-2821067-001
<b>a</b>	Plan name	GREGORY J. GUERCIO RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GUERCIO & GUERCIO, LLP
<b>c</b>	EIN-PN	26-1549128-005
<b>a</b>	Plan name	VASCULAR AND INTERVENTIONAL PROFESSIONALS, LLC PROFIT SHARING 401(K) P
<b>b</b>	Name of plan sponsor	VASCULAR AND INTERVENTIONAL PROFESSIONALS, LLC
<b>c</b>	EIN-PN	47-2810879-001
<b>a</b>	Plan name	WEYAUWEGA CHEESE, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WEYAUWEGA CHEESE, LLC
<b>c</b>	EIN-PN	46-1478054-001
<b>a</b>	Plan name	FIVE STAR FABRICATING, INC. 401K SAVINGS PLAN
<b>b</b>	Name of plan sponsor	FIVE STAR FABRICATING, INC.
<b>c</b>	EIN-PN	39-1505250-001
<b>a</b>	Plan name	PAGE, SCRANTOM, SPROUSE, TUCKER & FORD, PC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PAGE, SCRANTOM, SPROUSE, TUCKER & FORD, PC
<b>c</b>	EIN-PN	58-1095698-001
<b>a</b>	Plan name	AMERITEL CORPORATION SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	AMERITEL COMMUNICATIONS CORPORATION
<b>c</b>	EIN-PN	54-1262656-002
<b>a</b>	Plan name	PIONEER VALLEY CONCRETE SERVICE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PIONEER VALLEY CONCRETE SERVICES, INC.
<b>c</b>	EIN-PN	04-2730032-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	KC IRRIGATION SPECIALISTS 401(K) PLAN
<b>b</b>	Name of plan sponsor	KC IRRIGATION SPECIALISTS, LLC
<b>c</b>	EIN-PN	27-3758670-001
<b>a</b>	Plan name	AMERICAN CHIROPRACTIC ASSOCIATION 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	AMERICAN CHIROPRACTIC ASSOCIATION
<b>c</b>	EIN-PN	42-0431375-001
<b>a</b>	Plan name	TIMOTHY J. O'DONNELL CORPORATION RETIREMENT PLAN & TRUST
<b>b</b>	Name of plan sponsor	TIMOTHY J. O'DONNELL CORPORATION
<b>c</b>	EIN-PN	59-2120767-001
<b>a</b>	Plan name	CC&D 401(K) PLAN
<b>b</b>	Name of plan sponsor	COMMERCIAL CONSTRUCTION & DEVELOPMENT
<b>c</b>	EIN-PN	72-1417410-001
<b>a</b>	Plan name	NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES
<b>b</b>	Name of plan sponsor	NATHEL & NATHEL, INC.
<b>c</b>	EIN-PN	13-2685629-001
<b>a</b>	Plan name	REGAL NISSAN, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	REGAL NISSAN, INC.
<b>c</b>	EIN-PN	58-1399725-002
<b>a</b>	Plan name	THE CENTER FOR COMMUNITY SOLUTIONS, 401(K) RETIRMENT PLAN
<b>b</b>	Name of plan sponsor	THE CENTER FOR COMMUNITY SOLUTIONS
<b>c</b>	EIN-PN	34-0714723-001
<b>a</b>	Plan name	FORWARD TS, LTD. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FORWARD TS, LTD.
<b>c</b>	EIN-PN	39-1208567-001
<b>a</b>	Plan name	TZUMI ELECTRONICS LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	TZUMI ELECTRONICS LLC
<b>c</b>	EIN-PN	46-1906421-001
<b>a</b>	Plan name	BIOREM 401(K) PLAN
<b>b</b>	Name of plan sponsor	BIOREM INC
<b>c</b>	EIN-PN	87-0684339-001
<b>a</b>	Plan name	OSA INTERNATIONAL, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	OSA INTERNATIONAL, INC.
<b>c</b>	EIN-PN	36-3364850-001
<b>a</b>	Plan name	SONATECH 401(K) PLAN
<b>b</b>	Name of plan sponsor	SONATECH, LLC
<b>c</b>	EIN-PN	81-4248067-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COOPER DENTAL, S. C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COOPER DENTAL, S.C.	<b>c</b> EIN-PN 39-1225972-001
<b>a</b>	Plan name	GARTNER & BLOOM PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GARTNER & BLOOM PC	<b>c</b> EIN-PN 13-3767938-001
<b>a</b>	Plan name	FINANCIAL DESIGNS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FINANCIAL DESIGNS, INC.	<b>c</b> EIN-PN 38-1944162-001
<b>a</b>	Plan name	NADA TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NADA TECHNOLOGIES, INC.	<b>c</b> EIN-PN 71-0867416-001
<b>a</b>	Plan name	BRUSH COUNTRY DENTAL CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRUSH COUNTRY DENTAL, LLP	<b>c</b> EIN-PN 20-2062533-001
<b>a</b>	Plan name	REGIONAL INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REGIONAL INTERNATIONAL CORP	<b>c</b> EIN-PN 16-1361164-001
<b>a</b>	Plan name	PELLHAM CUTTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PELLHAM CUTTING, INC.	<b>c</b> EIN-PN 93-1083786-001
<b>a</b>	Plan name	MITCHELL EMERT & HILL, P. C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MITCHELL EMERT & HILL, P.C.	<b>c</b> EIN-PN 62-1483064-001
<b>a</b>	Plan name	METRO COMMUNITY HEALTH CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METRO COMMUNITY HEALTH CENTER	<b>c</b> EIN-PN 25-1844246-001
<b>a</b>	Plan name	AUDIO ADVICE INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUDIO ADVICE INC	<b>c</b> EIN-PN 56-1214519-001
<b>a</b>	Plan name	POCASSET GOLF CLUB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POCASSET GOLF CLUB, INC.	<b>c</b> EIN-PN 04-3018828-001
<b>a</b>	Plan name	ATTICA AUTO AND HARDWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATTICA AUTO AND HARDWARE, INC.	<b>c</b> EIN-PN 16-1075688-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	VICTORY CHRISTIAN CENTER, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	VICTORY CHRISTIAN CENTER, INC.
<b>c</b>	EIN-PN	73-1118610-001
<b>a</b>	Plan name	AMERICAN RESEARCH CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	AMERICAN RESEARCH CORPORATION
<b>c</b>	EIN-PN	46-1650548-001
<b>a</b>	Plan name	WINMAR CONSTRUCTION, INC. 401K
<b>b</b>	Name of plan sponsor	WINMAR CONSTRUCTION, INC.
<b>c</b>	EIN-PN	45-2790056-001
<b>a</b>	Plan name	STONEHENGE MANAGEMENT LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	STONEHENGE MANAGEMENT LLC
<b>c</b>	EIN-PN	20-0489426-001
<b>a</b>	Plan name	GEM MANUFACTURING, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GEM MANUFACTURING, INC.
<b>c</b>	EIN-PN	20-4974867-001
<b>a</b>	Plan name	THE CASTAN GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	CASTLE SANITATION CORP.
<b>c</b>	EIN-PN	11-3092882-001
<b>a</b>	Plan name	4 BROTHERS DELIVERY, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	4 BROTHERS DELIVERY, INC.
<b>c</b>	EIN-PN	58-4791250-001
<b>a</b>	Plan name	FORSTER & GARBUS 401(K) PLAN
<b>b</b>	Name of plan sponsor	FORSTER & GARBUS LLP
<b>c</b>	EIN-PN	11-2480782-004
<b>a</b>	Plan name	EMBREE GROUP 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	EMBREE CONSTRUCTION GROUP, INC
<b>c</b>	EIN-PN	74-2242835-001
<b>a</b>	Plan name	BILL CRAMER AUTO 401(K) PLAN
<b>b</b>	Name of plan sponsor	BILL CRAMER CHEVROLET CADILLAC BUICK GMC, INC.
<b>c</b>	EIN-PN	59-2691708-001
<b>a</b>	Plan name	HORMONE HEALTH & WEIGHT LOSS 401(K) PLAN
<b>b</b>	Name of plan sponsor	HORMONE HEALTH & WEIGHT LOSS, INC.
<b>c</b>	EIN-PN	27-2046755-001
<b>a</b>	Plan name	HRO INTERNATIONAL, LTD 401K PLAN
<b>b</b>	Name of plan sponsor	HRO INTERNATIONAL, LTD.
<b>c</b>	EIN-PN	13-3099012-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NORTHEAST PLANNING ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST PLANNING ASSOCIATES, INC.	<b>c</b> EIN-PN 02-0417665-002
<b>a</b>	Plan name	THERIVA BIOLOGICS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THERIVA BIOLOGICS, INC.	<b>c</b> EIN-PN 13-3808303-001
<b>a</b>	Plan name	CARTER HEALTHCARE, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARTER HEALTHCARE, LLC	<b>c</b> EIN-PN 73-1443438-001
<b>a</b>	Plan name	NEW JERSEY ORAL SURGERY & DENTAL IMPLANTS, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW JERSEY ORAL SURGERY & DENTAL IMPLANTS, LLC	<b>c</b> EIN-PN 82-5402318-001
<b>a</b>	Plan name	DSCG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DSCG SOLUTIONS INCORPORATED	<b>c</b> EIN-PN 46-2688662-001
<b>a</b>	Plan name	GOLDMAN & DASZKAL, P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GOLDMAN & DASZKAL, P.A.	<b>c</b> EIN-PN 65-0224682-001
<b>a</b>	Plan name	CARBTROL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARBTRON CORPORATION	<b>c</b> EIN-PN 06-1084833-002
<b>a</b>	Plan name	ALTIERISEBORWIEBER 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALTIERISEBORWIEBER LLC	<b>c</b> EIN-PN 06-1035257-004
<b>a</b>	Plan name	AIAG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIAG	<b>c</b> EIN-PN 38-2468128-001
<b>a</b>	Plan name	GENESIS GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GENESIS GROUP, INC.	<b>c</b> EIN-PN 36-3224425-002
<b>a</b>	Plan name	C.S. ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C.S. ENGINEERING, INC.	<b>c</b> EIN-PN 62-1514336-001
<b>a</b>	Plan name	EHTF 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE EMILY HALL TREMAINE FOUNDATION, INC.	<b>c</b> EIN-PN 22-2533743-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WINESHIPPING.COM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WINESHIPPING.COM, LLC	<b>c</b> EIN-PN 68-0442177-001
<b>a</b>	Plan name	PA TRUE CHOICE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PA TRUE CHOICE LLC	<b>c</b> EIN-PN 82-4373371-001
<b>a</b>	Plan name	COMPUTER PROJECTS OF ILLINOIS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPUTER PROJECTS OF ILLINOIS, INC.	<b>c</b> EIN-PN 36-3618454-001
<b>a</b>	Plan name	LGS SPECIALTY SALES LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LGS SPECIALTY SALES LTD.	<b>c</b> EIN-PN 13-3595137-001
<b>a</b>	Plan name	FAMILY DENTISTRY OF COLUMBUS, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FAMILY DENTISTRY OF COLUMBUS, P.C.	<b>c</b> EIN-PN 58-2405292-001
<b>a</b>	Plan name	LELAND EUGENE BACKUS & ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BACKUS & ASSOCIATES, LTD	<b>c</b> EIN-PN 86-0883400-001
<b>a</b>	Plan name	INNOVATIVE EDUCATIONAL PROGRAMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE EDUCATIONAL PROGRAMS	<b>c</b> EIN-PN 22-3515155-001
<b>a</b>	Plan name	CHARLES A GARCIA, MD, PA PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CHARLES A GARCIA, MD, PA PLAN & TRUST	<b>c</b> EIN-PN 76-0487629-001
<b>a</b>	Plan name	INTERNATIONAL SECURITY & TRADING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL SECURITY & TRADING CORP	<b>c</b> EIN-PN 65-0562176-001
<b>a</b>	Plan name	WIN SAM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WIN-SAM, INC.	<b>c</b> EIN-PN 13-2815065-001
<b>a</b>	Plan name	DUDLEY NEWMAN FEUERZEIG LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUDLEY NEWMAN FEUERZEIG LLP	<b>c</b> EIN-PN 66-0359981-001
<b>a</b>	Plan name	ATHENS PODIATRY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ATHENS PODIATRY, PC	<b>c</b> EIN-PN 58-1301314-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	W.A. VORPAHL, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	W.A. VORPAHL, INC.	<b>c</b> EIN-PN 39-1048266-003
<b>a</b>	Plan name	CARR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARR, INC.	<b>c</b> EIN-PN 82-1633260-001
<b>a</b>	Plan name	MCCORMICK VISION, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCCORMICK VISION, P.C. DBA MCCORMICK VISION SOURCE	<b>c</b> EIN-PN 81-3633676-001
<b>a</b>	Plan name	R.F. BERKHEIMER & SONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R.F. BERKHEIMER & SONS 401(K) PLAN	<b>c</b> EIN-PN 23-1674485-002
<b>a</b>	Plan name	GOTSOCCKER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOTSOCCKER, LLC	<b>c</b> EIN-PN 20-2712894-001
<b>a</b>	Plan name	CONCORD FOODS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONCORD FOODS, LLC	<b>c</b> EIN-PN 04-2438557-002
<b>a</b>	Plan name	SHANNON KARREN INVESTMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHANNON KARREN INVESTMENT, INC.	<b>c</b> EIN-PN 87-0430699-001
<b>a</b>	Plan name	HIKE2, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIKE2, LLC	<b>c</b> EIN-PN 84-2635199-001
<b>a</b>	Plan name	WRG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WRG, LLC	<b>c</b> EIN-PN 27-4604909-001
<b>a</b>	Plan name	NEW ENGLAND LOBSTER COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND LOBSTER COMPANY, INC.	<b>c</b> EIN-PN 94-3105888-001
<b>a</b>	Plan name	KNOWLTON & SONS MASONRY CONSTRUCTION, INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KNOWLTON & SONS MASONRY CONST. INC	<b>c</b> EIN-PN 32-0071926-001
<b>a</b>	Plan name	ADVANCE DOOR COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE DOOR COMPANY	<b>c</b> EIN-PN 34-1289444-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THREAD HCM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHOICE PAYROLL SERVICES, INC. DBA THREAD HCM	<b>c</b> EIN-PN 51-0499009-001
<b>a</b>	Plan name	AUTOMATED HEALTH SYSTEM 401(K) RETIRMENT PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATED HEALTH SYSTEMS, INC.	<b>c</b> EIN-PN 25-1876460-001
<b>a</b>	Plan name	GROUP INDUSTRIES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GROUP INDUSTRIES, LLC	<b>c</b> EIN-PN 32-0015187-001
<b>a</b>	Plan name	BABYFAIR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BABYFAIR, INC	<b>c</b> EIN-PN 11-2244609-001
<b>a</b>	Plan name	R.J. TRICON CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R.J. TRICON CO., L.L.C.	<b>c</b> EIN-PN 45-0491796-002
<b>a</b>	Plan name	SUNDAY RILEY MODERN SKINCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNDAY RILEY MODERN SKINCARE, LLC	<b>c</b> EIN-PN 80-0423606-001
<b>a</b>	Plan name	TOGETHERWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOGETHERWORK OPERATIONS, LLC	<b>c</b> EIN-PN 82-0616547-001
<b>a</b>	Plan name	RUBEN J. MENASHE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RUBEN J. MENASHE, INC.	<b>c</b> EIN-PN 93-0514419-001
<b>a</b>	Plan name	AUSHERMAN FAMILY FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUSHERMAN FAMILY FOUNDATION	<b>c</b> EIN-PN 20-4937263-001
<b>a</b>	Plan name	NEW YORK ENERGY INC. 401-K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK ENERGY INC.	<b>c</b> EIN-PN 54-2120240-001
<b>a</b>	Plan name	RICHARD KERNS TRUCK PARTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RICHARD KERNS TRUCK PARTS, INC.	<b>c</b> EIN-PN 58-1304486-001
<b>a</b>	Plan name	LODGING KIT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LODGING KIT COMPANY	<b>c</b> EIN-PN 16-1363460-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GRAMERCY SURGERY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAMERCY SURGERY CENTER, INC.	<b>c</b> EIN-PN 20-4336660-002
<b>a</b>	Plan name	DUBAK ELECTRICAL 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUBAK ELECTRICAL MAINTENANCE CORP.	<b>c</b> EIN-PN 36-3496779-001
<b>a</b>	Plan name	TRAC 9 LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRAC 9 LLC	<b>c</b> EIN-PN 82-2345690-001
<b>a</b>	Plan name	FIRSCHING, MARSTILLER, RUSBARSKY AND WOLF ENGINEERING, INC. SAFE HARBO	
<b>b</b>	Name of plan sponsor	FIRSCHING, MARSTILLER, RUSBARSKY AND WOLF ENGINEERING, INC.	<b>c</b> EIN-PN 25-1776245-001
<b>a</b>	Plan name	EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SNYDERS, LTD.	<b>c</b> EIN-PN 74-2739117-001
<b>a</b>	Plan name	KIRSCHENBAUM & PHILLIPS, P.C. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KIRSCHENBAUM & PHILLIPS, P.C.	<b>c</b> EIN-PN 11-2498563-001
<b>a</b>	Plan name	SIGMA ENGINEERS & CONSTRUCTORS, L.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIGMA ENGINEERS & CONSTRUCTORS, L.L.C.	<b>c</b> EIN-PN 72-1462640-001
<b>a</b>	Plan name	STANI CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STANI CORPORATION	<b>c</b> EIN-PN 95-4301453-002
<b>a</b>	Plan name	HYPOWER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HYPOWER, LLC	<b>c</b> EIN-PN 88-0271249-002
<b>a</b>	Plan name	BERGER, FISCHOFF, SHUMER, WEXLER & GOODMAN, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERGER, FISCHOFF, SHUMER, WEXLER & GOODMAN LLP	<b>c</b> EIN-PN 46-1489704-001
<b>a</b>	Plan name	WINDSOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WINDSOR, INC.	<b>c</b> EIN-PN 35-1384413-002
<b>a</b>	Plan name	THE PRESTON PARTNERSHIP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PRESTON PARTNERSHIP, LLC	<b>c</b> EIN-PN 58-2596220-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	GARRISON & SISSON PROFIT SHARING 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GARRISON & SISSON, INC.	<b>c</b> EIN-PN 52-1838761-001
<b>a</b>	Plan name	FULLER DEVELOPMENT COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FULLER DEVELOPMENT COMPANY, INC.	<b>c</b> EIN-PN 13-4098224-001
<b>a</b>	Plan name	KURTZ ERSA, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KURTZ ERSA, INC.	<b>c</b> EIN-PN 39-1538385-001
<b>a</b>	Plan name	KANSAS MEDICAL CLINIC, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KANSAS MEDICAL CLINIC, P.A.	<b>c</b> EIN-PN 48-1203592-001
<b>a</b>	Plan name	JB CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JB CONSTRUCTION, LLC	<b>c</b> EIN-PN 45-4124791-001
<b>a</b>	Plan name	THEATER X, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THEATER X, LLC	<b>c</b> EIN-PN 20-3245320-001
<b>a</b>	Plan name	DDS FINANCIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DDS FINANCIAL LLC, DBA WELLS FARGO ADVISORS FINANCIAL NETWORK	<b>c</b> EIN-PN 85-0514685-001
<b>a</b>	Plan name	BORDERS & LONG OIL, INC. DISCRETIONARY CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	BORDERS AND LONG OIL, INC.	<b>c</b> EIN-PN 75-1715872-001
<b>a</b>	Plan name	DAVIDOFF HUTCHER & CITRON LLP SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DAVIDOFF HUTCHER & CITRON LLP	<b>c</b> EIN-PN 13-3138680-002
<b>a</b>	Plan name	SUSTAINABLE FACILITIES MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUSTAINABLE FACILITIES MANAGEMENT SERVICES LLC	<b>c</b> EIN-PN 46-2511512-001
<b>a</b>	Plan name	FAMILY GENERATIONS INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAMILY GENERATIONS INC.	<b>c</b> EIN-PN 47-4378152-001
<b>a</b>	Plan name	ESTHETIC ENHANCEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESTHETIC ENHANCEMENT, LLC	<b>c</b> EIN-PN 30-0856446-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BRAYTON PURCELL, LLP 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRAYTON PURCELL, LLP	<b>c</b> EIN-PN 20-1361089-001
<b>a</b>	Plan name	CARTON SERVICE CSI, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARTON SERVICE CSI, LLC	<b>c</b> EIN-PN 81-3781387-001
<b>a</b>	Plan name	PA TRUE CHOICE LLC DEFINED BENEFIT PEN PL	
<b>b</b>	Name of plan sponsor	PA TRUE CHOICE LLC	<b>c</b> EIN-PN 82-4373371-001
<b>a</b>	Plan name	HPM AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HPM AUTO GROUP	<b>c</b> EIN-PN 83-3393093-001
<b>a</b>	Plan name	PIERCEY AUTOMOTIVE GROUP 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PIERCEY MANAGEMENT SERVICES, INC	<b>c</b> EIN-PN 33-0640459-001
<b>a</b>	Plan name	EASTERN ENGINEERED WOOD PRODUCTS 401K PLAN	
<b>b</b>	Name of plan sponsor	EASTERN ENGINEERED WOOD PRODUCTS	<b>c</b> EIN-PN 23-2941528-001
<b>a</b>	Plan name	FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS & MATCH PLAN	
<b>b</b>	Name of plan sponsor	FINISH THOMPSON, INC.	<b>c</b> EIN-PN 25-0985057-001
<b>a</b>	Plan name	RESEARCH SQUARE AJE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESEARCH SQUARE AJE, LLC	<b>c</b> EIN-PN 41-2141424-001
<b>a</b>	Plan name	DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DATA ANALYSIS, INC.	<b>c</b> EIN-PN 95-3936696-001
<b>a</b>	Plan name	GRANT & EISENHOFER, P. A. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	GRANT & EISENHOFER, P.A.	<b>c</b> EIN-PN 52-2019724-001
<b>a</b>	Plan name	PROPERTIES 3, INC. SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PROPERTIES 3, INC.	<b>c</b> EIN-PN 34-0963156-001
<b>a</b>	Plan name	DISCOUNT EMPORIUM, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DISCOUNT EMPORIUM, INC.	<b>c</b> EIN-PN 55-0679668-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CHASAN LAMPARELLO MALLON & CAPPUZZO, PC PROFIT	
<b>b</b>	Name of plan sponsor	CHASAN LAMPARELLO MALLON & CAPPUZZO	<b>c</b> EIN-PN 22-1933096-001
<b>a</b>	Plan name	COMMUNITY FIRST CREDIT UNION OF FLORIDA SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY FIRST CREDIT UNION OF	<b>c</b> EIN-PN 59-0227113-002
<b>a</b>	Plan name	AERO GEAR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AERO GEAR, INC.	<b>c</b> EIN-PN 06-1053693-001
<b>a</b>	Plan name	OMEGA PLASTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMEGA PLASTICS, LLC	<b>c</b> EIN-PN 46-1565324-001
<b>a</b>	Plan name	SAGE PUBLICATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAGE PUBLICATIONS, INC.	<b>c</b> EIN-PN 95-2454902-002
<b>a</b>	Plan name	HONDA WORLD DOWNEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURN 2 AG, LLC DBA HONDA WORLD	<b>c</b> EIN-PN 82-3338966-001
<b>a</b>	Plan name	TJOAPACK US 401(K)	
<b>b</b>	Name of plan sponsor	PHARMA PACKAGING SOLUTIONS LLC	<b>c</b> EIN-PN 34-0873311-004
<b>a</b>	Plan name	CHARTER FURNITURE 401K PLAN	
<b>b</b>	Name of plan sponsor	CHARTER FURNITURE RENTAL, INC.	<b>c</b> EIN-PN 75-2355015-001
<b>a</b>	Plan name	CONNECTICUT COMMUNITY INVESTMENT CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor	CONNECTICUT COMMUNITY INVESTMENT	<b>c</b> EIN-PN 06-0968039-001
<b>a</b>	Plan name	BOWMANS HEATING AND AIR CONDITIONING 401K PLAN	
<b>b</b>	Name of plan sponsor	BOWMANS HEATING AND AIR CONDITIONI	<b>c</b> EIN-PN 54-1827235-001
<b>a</b>	Plan name	KYNTRONICS INC. 401 K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KYNTRONICS INC.	<b>c</b> EIN-PN 81-5259836-001
<b>a</b>	Plan name	NAPLES PATHOLOGY ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAPLES PATHOLOGY ASSOCIATES	<b>c</b> EIN-PN 65-0026153-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<b>A</b> Name of plan <b>VOYA MID CAP GROWTH TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>038</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VOYA INVESTMENT TRUST CO.</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1440627</b>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1311941	13277441
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	5822815	3841208
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	213052897	179086027
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	220187653	196204676
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	3469201	13910203
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	3469201	13910203
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	216718452	182294473

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	81033	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		81033
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	1158769	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	229145127	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	203677075	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	-19292384	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		7415470

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	21900	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	473482	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	25419	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	5288	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		526089
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		526089

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6889381
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		92534092
(2) From this plan .....	<b>2l(2)</b>		133847452

**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
<b>a</b> 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>b</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.).....			
<b>c</b> 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.) .....			
<b>d</b> 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.).....			
<b>e</b> Was this plan covered by a fidelity bond?.....			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....			
<b>g</b> 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? .....			
<b>h</b> 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?.....			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
<b>j</b> 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.).....			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....			
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.