

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: VOYA 2050 TARGET SOLUTION TRUST FUND
1b Three-digit plan number (PN): 059
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): C/O VOYA INVESTMENT MANAGEMENT CO. LLC, ONE ORANGE WAY, C1-N, WINDSOR, CT 06095
2b Employer Identification Number (EIN): 06-1440627
2c Plan Sponsor's telephone number: 480-477-2200
2d Business code (see instructions)

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

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

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

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

Form 5500 (2023) v. 230707

| | |
|---|---|
| <p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>VOYA INVESTMENT TRUST CO. C/O VOYA INVESTMENT MANAGEMENT CO. LLC. ONE ORANGE WAY WINDSOR, CT 06095</p> | <p>3b Administrator's EIN 06-1440627</p> <p>3c Administrator's telephone number 480-477-2200</p> |
| <p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p> | <p>4b EIN</p> <p>4d PN</p> |
| <p>5 Total number of participants at the beginning of the plan year</p> | <p>5</p> |
| <p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p> | <p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p> |
| <p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p> | <p>7</p> |

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

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

| | |
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| <p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p> | <p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p> |
|---|---|

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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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 0

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| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection. |
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

| | | |
|--|--|------------|
| A Name of plan <u>VOYA 2050 TARGET SOLUTION TRUST FUND</u> | B Three-digit plan number (PN) | <u>059</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VOYA INVESTMENT TRUST CO.</u> | D Employer Identification Number (EIN) <u>06-1440627</u> | |

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| 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: CORE PLUS TRUST FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

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|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>06-1440627-022</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>27564196</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL INSIGHTS TRUST FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

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| c EIN-PN <u>06-1440627-114</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> |
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE TRUST FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

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| c EIN-PN <u>06-1440627-064</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>37144288</u> |
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH TRUST FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

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| c EIN-PN <u>06-1440627-038</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>21543456</u> |
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a Name of MTIA, CCT, PSA, or 103-12 IE: PREMIA+ INTERNATIONAL TRUST FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

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| c EIN-PN <u>06-1440627-113</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>18564054</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP CORE TRUST FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

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|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>06-1440627-013</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>15447858</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH TRUST FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

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| c EIN-PN <u>06-1440627-068</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>9287043</u> |
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| a Name of MTIA, CCT, PSA, or 103-12 IE: EAFE EQUITY INDEX FUND F | | |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. | | |
| c EIN-PN 94-3358162-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54117060 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FUND F | | |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. | | |
| c EIN-PN 94-3262720-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 260872892 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: POLARIS CAPITAL INTERNATIONAL VALUE | | |
| b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY | | |
| c EIN-PN 61-6556739-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30674309 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BRANDYWINEGLOBAL - US FIXED INCOME | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC | | |
| c EIN-PN 38-4097320-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9181568 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD INTERNATIONAL QUALITY GROWTH | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC | | |
| c EIN-PN 38-7312982-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24923554 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CIT-MFS GROWTH EQUITY FUND | | |
| b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY | | |
| c EIN-PN 57-1187281-015 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21539811 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CIT-MFS INTERNATIONAL GROWTH FUND | | |
| b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY | | |
| c EIN-PN 57-1187281-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SANDS CAPITAL COLLECTIVE INVESTMENT | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 85-0894185-143 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15192837 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CIF II INTERNATIONAL OPPORTUNITIES | | |
| b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA | | |
| c EIN-PN 04-6913417-110 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18588071 |
| 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 | INTERNATIONAL DATA GROUP, INC. EMPLOYEE STOCK OWNERSHIP PLAN | |
| b | Name of plan sponsor | INTERNATIONAL DATA GROUP, INC. | c EIN-PN 04-2597651-001 |
| a | Plan name | AMERIPRISE FINANCIAL 401(K) PLAN | |
| b | Name of plan sponsor | AMERIPRISE FINANCIAL, INC. | c EIN-PN 13-3180631-001 |
| a | Plan name | ADP TOTALSOURCE RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | ADP TOTALSOURCE GROUP, INC. | c EIN-PN 59-2452823-001 |
| a | Plan name | CLARION PARTNERS, LLC 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CLARION PARTNERS, LLC | c EIN-PN 13-3379970-001 |
| a | Plan name | NEPHROLOGY ASSOCIATES OF THE C 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | NEPHROLOGY ASSOCIATES OF THE C | c EIN-PN 56-1884447-002 |
| a | Plan name | IVIE, MCNEILL & WYATT EMPLOYEES' 401(K) PLAN | |
| b | Name of plan sponsor | IVIE, MCNEILL & WYATT | c EIN-PN 95-2689585-002 |
| a | Plan name | JAWSH, INC. 401(K) PLAN | |
| b | Name of plan sponsor | JAWSH INC. | c EIN-PN 46-4407936-001 |
| a | Plan name | DAISY NAIL PRODUCTS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | DAISY NAIL PRODUCTS, INC. | c EIN-PN 45-5110500-001 |
| a | Plan name | WACKER SERVICES CORP. 401(K) PLAN | |
| b | Name of plan sponsor | WACKER SERVICES CORP. | c EIN-PN 36-4477599-001 |
| a | Plan name | OMEGA PLASTICS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | OMEGA PLASTICS, LLC | c EIN-PN 46-1565324-001 |
| a | Plan name | TANGIBLE SECURITY 401(K) PLAN | |
| b | Name of plan sponsor | TANGIBLE SOFTWARE, INC. | c EIN-PN 52-2103203-002 |
| a | Plan name | ETEAM INC. 401(K) PLAN | |
| b | Name of plan sponsor | ETEAM INC. | c EIN-PN 22-3651715-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | VOLARE CORP. 401K PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | SOLID PLATFORMS, INC | c EIN-PN 35-2130532-001 |
| a | Plan name | NU LIFE MED LLC 401K PROFIT SHARING PLAN AND | |
| b | Name of plan sponsor | NU LIFE MED LLC | c EIN-PN 27-0780771-001 |
| a | Plan name | THE HETTEMA GROUP PROFIT SHARING 401K PLAN | |
| b | Name of plan sponsor | THE HETTEMA GROUP | c EIN-PN 27-0028214-002 |
| a | Plan name | VTX/OE 401(K) PLAN | |
| b | Name of plan sponsor | CHANNEN CO VXGV LLC | c EIN-PN 27-4462950-001 |
| a | Plan name | GRUPE HUBER COMPANY 401K | |
| b | Name of plan sponsor | GRUPE HUBER COMPANY | c EIN-PN 68-0402163-001 |
| a | Plan name | CLOOS ROBOTIC WELDING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | CLOOS ROBOTIC WELDING, INC. | c EIN-PN 36-3379042-002 |
| a | Plan name | FLYNN'S AIR CONDITIONING SERVICE INC, PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | FLYNN'S AIR CONDITIONING SERVICE INC | c EIN-PN 59-2013037-001 |
| a | Plan name | BEAVER PAPER & GRAPHIC MEDIA 401(K) PLAN | |
| b | Name of plan sponsor | BEAVER PAPER & GRAPHIC MEDIA, INC. | c EIN-PN 23-2111894-001 |
| a | Plan name | IVEK CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | IVEK CORPORATION | c EIN-PN 03-0272922-001 |
| a | Plan name | SADDLEBROOK PROPERTIES, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SADDLEBROOK PROPERTIES, LLC | c EIN-PN 38-3819248-001 |
| a | Plan name | FORTIS PROPERTY GROUP, LLC 401(K) PLAN | |
| b | Name of plan sponsor | FORTIS PROPERTY GROUP, LLC | c EIN-PN 04-3829459-001 |
| a | Plan name | ITAMAR MEDICAL, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ITAMAR MEDICAL, INC. | c EIN-PN 51-0406927-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | FRONTIER PAPER & PACKAGING INCORPORATED 401K & PS | |
| b | Name of plan sponsor | FRONTIER PAPER & PACKAGING INCORPORATED 401K & PS | c EIN-PN 35-1933514-001 |
| a | Plan name | FRACHT FWO INC. 401K PLAN | |
| b | Name of plan sponsor | FRACHT FWO INC. | c EIN-PN 11-2727573-002 |
| a | Plan name | MDH NETWORK 401(K) PLAN | |
| b | Name of plan sponsor | MDH NETWORK, INC. | c EIN-PN 85-4074509-001 |
| a | Plan name | UNIVERSAL POWER GROUP, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | UNIVERSAL POWER GROUP, INC. | c EIN-PN 75-1288690-002 |
| a | Plan name | JOHN R. FISER, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | JOHN R. FISER, INC. | c EIN-PN 62-0567277-001 |
| a | Plan name | CHARTER FURNITURE 401K PLAN | |
| b | Name of plan sponsor | CHARTER FURNITURE RENTAL, INC. | c EIN-PN 75-2355015-001 |
| a | Plan name | TRENCH-ADE 401(K) PLAN | |
| b | Name of plan sponsor | TRENCH-ADE LLC | c EIN-PN 86-3679184-001 |
| a | Plan name | FAMILY DENTISTRY OF COLUMBUS, P.C. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FAMILY DENTISTRY OF COLUMBUS, P.C. | c EIN-PN 58-2405292-001 |
| a | Plan name | SALUS WORKERS' COMP 401(K) PLAN | |
| b | Name of plan sponsor | SALUS WORKERS COMPENSATION, LLC | c EIN-PN 82-5344320-001 |
| a | Plan name | RUAN MEDICAL GROUP RETIREMENT PLAN | |
| b | Name of plan sponsor | RUAN MEDICAL GROUP | c EIN-PN 81-5127333-001 |
| a | Plan name | ICI HOMES RESIDENTIAL HOLDINGS LLC 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | ICI HOMES RESIDENTIAL HOLDINGS LLC | c EIN-PN 47-2689230-001 |
| a | Plan name | CYCURION, INC. | |
| b | Name of plan sponsor | CYCURION, INC. | c EIN-PN 82-3016742-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs) | | |
|---|----------------------|--|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | |
| a | Plan name | BROOK PLAZA AMBULATORY SURGICAL CENTER 401(K) PLAN |
| b | Name of plan sponsor | BROOK PLAZA AMBULATORY SURGICAL CENTER, INC. |
| c | EIN-PN | 11-2877356-001 |
| a | Plan name | CITY ENTERPRISES, LLC 401(K) PLAN |
| b | Name of plan sponsor | CITY ENTERPRISES, LLC 401(K) PLAN |
| c | EIN-PN | 62-1784792-001 |
| a | Plan name | JSC MANAGEMENT GROUP LLC 401(K) PLAN |
| b | Name of plan sponsor | JSC MANAGEMENT GROUP LLC |
| c | EIN-PN | 81-3922140-001 |
| a | Plan name | INFOWAVE SYSTEMS, INC. 401(K) PLAN |
| b | Name of plan sponsor | INFOWAVE SYSTEMS, INC. |
| c | EIN-PN | 13-3991238-001 |
| a | Plan name | MITCHELL EMERT & HILL, P. C. PROFIT SHARING PLAN |
| b | Name of plan sponsor | MITCHELL EMERT & HILL, P.C. |
| c | EIN-PN | 62-1483064-001 |
| a | Plan name | HARBOR PACIFIC CONTRACTORS, INC. RETIREMENT PLAN |
| b | Name of plan sponsor | HARBOR PACIFIC CONTRACTORS, INC. |
| c | EIN-PN | 86-2095487-001 |
| a | Plan name | SENIOR1CARE 401(K) PLAN |
| b | Name of plan sponsor | 1ST SENIORS, LLC |
| c | EIN-PN | 61-1501782-001 |
| a | Plan name | EKSTROM NURSERY INC. 401(K) PLAN |
| b | Name of plan sponsor | EKSTROM NURSERY INC. |
| c | EIN-PN | 93-1160845-001 |
| a | Plan name | WD CONSTRUCTION 401(K) PLAN |
| b | Name of plan sponsor | WD CONSULTING LLC DBA WD CONSTRUCTION |
| c | EIN-PN | 45-4401280-001 |
| a | Plan name | RSI INSTALLATIONS, INC. 401(K) PLAN |
| b | Name of plan sponsor | RSI INSTALLATIONS, INC. |
| c | EIN-PN | 45-5479450-001 |
| a | Plan name | NEWSTYLE COMMUNITIES INC PLAN |
| b | Name of plan sponsor | NEWSTYLE COMMUNITIES INC |
| c | EIN-PN | 46-2299602-001 |
| a | Plan name | ADVANCED INTEGRATED TECHNOLOGIES 401(K) PLAN |
| b | Name of plan sponsor | ADVANCED INTEGRATED TECHNOLOGIES |
| c | EIN-PN | 27-0786071-001 |

| 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 KINGMOR SUPPLY, INC. 401(K) PLAN | |
| b | Name of plan sponsor KINGMOR SUPPLY, INC. | c EIN-PN 54-1439120-001 |
| a | Plan name WESTERN INSURANCE MARKETING CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor WESTERN INSURANCE MARKETING CORPORATION | c EIN-PN 95-3167841-001 |
| a | Plan name GETAWAYS, INC. 401(K) PLAN | |
| b | Name of plan sponsor GETAWAYS, INC. | c EIN-PN 23-2671864-001 |
| a | Plan name PETROPRO SERVICES 401K PLAN | |
| b | Name of plan sponsor PETROPRO SERVICES, LLC | c EIN-PN 47-3595429-001 |
| a | Plan name MISSOURI PRIME BEEF PACKERS, LLC 401(K) PLAN | |
| b | Name of plan sponsor MISSOURI PRIME BEEF PACKERS, LLC | c EIN-PN 85-0822593-001 |
| a | Plan name ULFBERHT LABS CORP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ULFBERHT LABS CORP DBA HUDSON DATA | c EIN-PN 46-3324405-001 |
| a | Plan name SHERMAN BROS. 401(K) PLAN | |
| b | Name of plan sponsor SHERMAN BROS. INC. | c EIN-PN 93-0459740-001 |
| a | Plan name SAYS 401(K) PLAN | |
| b | Name of plan sponsor ST. AUGUSTINE YOUTH SERVICES, INC | c EIN-PN 59-2925271-001 |
| a | Plan name WALKER EDISON FURNITURE COMPANY LLC 401(K) PROFIT SHARING PLAN AND TRU | |
| b | Name of plan sponsor WALKER EDISON FURNITURE COMPANY LLC | c EIN-PN 20-5246576-001 |
| a | Plan name FENWAY GROUP 401(K) PLAN | |
| b | Name of plan sponsor FENWAY GROUP, LLC | c EIN-PN 75-3003379-001 |
| a | Plan name HOSPICE 401(K) PLAN | |
| b | Name of plan sponsor SACRED HEART HOSPICE, LLC | c EIN-PN 20-4986004-001 |
| a | Plan name SALON SALON PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor SALON SALON | c EIN-PN 26-3944616-001 |

| 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 | COFFEY MODICA O'MEARA CAPOWSKI LLP 401(K) RETIREMENT PLAN |
| b | Name of plan sponsor | COFFEY MODICA OMEARA CAPOWSKI LLP |
| c | EIN-PN | 87-1672163-001 |
| a | Plan name | TEXAS ACE HEATING & AIR 401(K) PLAN |
| b | Name of plan sponsor | UGOTEM, LLC |
| c | EIN-PN | 46-4245537-002 |
| a | Plan name | ACTIVE ENGAGEMENT 401(K) PLAN |
| b | Name of plan sponsor | ACTIVE ENGAGEMENT LLC |
| c | EIN-PN | 94-3472780-001 |
| a | Plan name | OWLET BABY CARE INC 401(K) PLAN |
| b | Name of plan sponsor | OWLET BABY CARE INC |
| c | EIN-PN | 47-2570945-001 |
| a | Plan name | GROUP BENEFIT ASSOCIATES PROFIT SHARING AND 401(K) PLAN AND TRUST |
| b | Name of plan sponsor | BABBITT MUNICIPALITIES, INC. |
| c | EIN-PN | 36-4131121-001 |
| a | Plan name | ELECTRICAL SYSTEMS, INC. 401(K) PLAN |
| b | Name of plan sponsor | ELECTRICAL SYSTEMS, INC. |
| c | EIN-PN | 47-0803699-001 |
| a | Plan name | TOTAL HEALTH ENVIRONMENT, LLC 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | TOTAL HEALTH ENVIRONMENT, LLC |
| c | EIN-PN | 46-4807513-001 |
| a | Plan name | INFINITY BENEFIT SOLUTIONS INC. 401(K) PLAN |
| b | Name of plan sponsor | INFINITY BENEFIT SOLUTIONS INC. |
| c | EIN-PN | 46-0991049-001 |
| a | Plan name | N.B. HARTY COMPANIES 401K PLAN |
| b | Name of plan sponsor | N. B. HARTY GENERAL CONTRACTORS, IN |
| c | EIN-PN | 43-0816008-001 |
| a | Plan name | STUMPHAUZER FOSLID SLOMAN ROSS & KOLAYA, PLLC 401(K) PLAN |
| b | Name of plan sponsor | STUMPHAUZER FOSLID SLOMAN ROSS & KOLAYA, PLLC |
| c | EIN-PN | 27-5029927-001 |
| a | Plan name | PROVIDENT CARE, INC. 401(K) PLAN |
| b | Name of plan sponsor | PROVIDENT CARE, INC. |
| c | EIN-PN | 77-0575444-001 |
| a | Plan name | SUPERIOR EXCHANGE 401(K) PLAN |
| b | Name of plan sponsor | SUPERIOR EXCHANGE, LLC |
| c | EIN-PN | 27-2853814-001 |

| 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 | EXCELERAIT 401(K) PLAN | |
| b Name of plan sponsor | EXCELERAIT CORP. | c EIN-PN 83-0557124-001 |
| a Plan name | KNOXVILLE KIDNEY CENTER, PLLC 401K SAVINGS PLAN | |
| b Name of plan sponsor | KNOXVILLE KIDNEY CENTER, PLLC | c EIN-PN 20-4561957-001 |
| a Plan name | AXELROD 401(K) PLAN | |
| b Name of plan sponsor | AXELROD AUTOMOTIVE, INC. DBA AXELROD BUICK GMC | c EIN-PN 34-1275406-001 |
| a Plan name | MID PENN BANK RETIREMENT PLAN | |
| b Name of plan sponsor | MID PENN BANK | c EIN-PN 23-0880270-001 |
| a Plan name | FLORIDA CENTER FOR DERMATOLOGY, PA 401(K) PLAN | |
| b Name of plan sponsor | FLORIDA CENTER FOR DERMATOLOGY, PA | c EIN-PN 45-4717431-001 |
| a Plan name | PETROFAC, INC. 401(K) PLAN | |
| b Name of plan sponsor | PETROFAC, INC. | c EIN-PN 75-2677702-001 |
| a Plan name | SERVICE LEGENDS 401(K) PLAN | |
| b Name of plan sponsor | LEECHMAN INDUSTRIES, INC. | c EIN-PN 22-3921792-001 |
| a Plan name | SAEMW 401(K) PLAN | |
| b Name of plan sponsor | ST. AUGUSTINE ELECTRIC MOTOR WORKS | c EIN-PN 59-2474434-001 |
| a Plan name | BALANCE ATHLETICA 401(K) PLAN | |
| b Name of plan sponsor | BALANCE ATHLETICA LLC | c EIN-PN 82-2970205-001 |
| a Plan name | INWESCO INCORPORATED 401(K) EMPLOYEE SAVINGS PLAN AND TRUST | |
| b Name of plan sponsor | INWESCO, INC. | c EIN-PN 95-3319063-002 |
| a Plan name | MERAS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b Name of plan sponsor | MERAS ENGINEERING, INC. | c EIN-PN 20-0679322-001 |
| a Plan name | THE CENTER FOR COMMUNITY SOLUTIONS, 401(K) RETIRMENT PLAN | |
| b Name of plan sponsor | THE CENTER FOR COMMUNITY SOLUTIONS | c EIN-PN 34-0714723-001 |

| 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 | ANDREW AUTOMOTIVE GROUP 401(K) PLAN | |
| b | Name of plan sponsor | ANDREW CHEVROLET, INC. | c EIN-PN 39-1764755-002 |
| a | Plan name | RMS 401(K) PLAN | |
| b | Name of plan sponsor | RMS SAFETY | c EIN-PN 35-2057647-002 |
| a | Plan name | AGING WITH CARE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | AGING WITH CARE, INC. | c EIN-PN 46-5300749-001 |
| a | Plan name | STARS 401(K) PLAN | |
| b | Name of plan sponsor | ST. AUGUSTINE REHABILITATION SPECIALISTS, LLC | c EIN-PN 26-4033381-001 |
| a | Plan name | HODERMANN, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | HODERMANN, INC. | c EIN-PN 39-2018954-001 |
| a | Plan name | KENSINGTON MANAGEMENT 401(K) PLAN | |
| b | Name of plan sponsor | KENSINGTON MANAGEMENT RESOURCES, LLC | c EIN-PN 86-1882917-001 |
| a | Plan name | BORGMAN CAPITAL 401(K) PLAN | |
| b | Name of plan sponsor | BORGMAN CAPITAL LLC | c EIN-PN 81-4996677-001 |
| a | Plan name | SMOKEY MOUNTAIN TOPS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SMOKEY MOUNTAIN TOPS, INC. | c EIN-PN 62-1578410-001 |
| a | Plan name | PARKER NELSON & ASSOCIATES CHT 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | PARKER NELSON & ASSOCIATES CHT | c EIN-PN 88-0341393-001 |
| a | Plan name | LIQUADRY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | LIQUADRY, INC. | c EIN-PN 87-0659120-001 |
| a | Plan name | LADOVE, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | LADOVE, INC. | c EIN-PN 59-1720146-001 |
| a | Plan name | HOAMCO 401(K) PLAN | |
| b | Name of plan sponsor | COMMUNITY ASSET MANAGEMENT, LLC | c EIN-PN 27-4388825-001 |

| 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 | CONTOUR MORTGAGE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | CONTOUR MORTGAGE CORPORATION | c EIN-PN 04-3212636-001 |
| a | Plan name | FONDOMONTE HOLDINGS NORTH AMERICA 401(K) PLAN | |
| b | Name of plan sponsor | FONDOMONTE ARIZONA, LLC | c EIN-PN 46-3719054-001 |
| a | Plan name | NATIONAL COMFORT INSTITUTE, INC 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NATIONAL COMFORT INSTITUTE, INC. | c EIN-PN 34-1909034-001 |
| a | Plan name | K3 SOLUTIONS 401(K) PLAN | |
| b | Name of plan sponsor | K3 SOLUTIONS, LLC | c EIN-PN 20-5012103-001 |
| a | Plan name | A BIZ ACTION INSURE ME AGENCY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | A BIZ ACTION INSURE ME AGENCY | c EIN-PN 30-1010036-001 |
| a | Plan name | EASTERN SHORE ORTHOPAEDIC, P.C. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | EASTERN SHORE ORTHOPAEDIC CENTER, P.C. | c EIN-PN 63-1091285-001 |
| a | Plan name | WEATHERCRAFT CO. OF COLORADO SPRINGS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | WEATHERCRAFT CO. OF COLORADO SPRINGS, INC | c EIN-PN 84-0878684-001 |
| a | Plan name | HIGH-TECH WELDING & MACHINE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HIGH-TECH WELDING & MACHINE, INC. | c EIN-PN 87-0400810-001 |
| a | Plan name | RADIALL USA 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | RADIALL USA, INC. | c EIN-PN 86-0627714-002 |
| a | Plan name | KEY WEST SURGICAL GROUP, INC. PROFIT-SHARING PLAN | |
| b | Name of plan sponsor | KEY WEST SURGICAL GROUP, INC. | c EIN-PN 59-2206188-002 |
| a | Plan name | REGESTER CHEVROLET, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | REGESTER CHEVROLET, INC | c EIN-PN 23-1647079-001 |
| a | Plan name | W.H. LONG COMPANIES 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor | W.H. LONG RENTALS, INC. | c EIN-PN 35-1434482-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | WALDSCHMIDT & SONS, INC. PROFIT SHARING & 401(K) PLAN | |
| b | Name of plan sponsor | WALDSCHMIDT & SONS, INC. | c EIN-PN 39-1101868-001 |
| a | Plan name | KLESK METAL STAMPING COMPANY RETIREMENT PLAN | |
| b | Name of plan sponsor | KLESK METAL STAMPING COMPANY | c EIN-PN 41-0914712-001 |
| a | Plan name | GARY RODGERS PLUMBING COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | GARY RODGERS PLUMBING COMPANY, INC. | c EIN-PN 59-1890385-001 |
| a | Plan name | PROFESSIONAL FLOORING SUPPLY 401(K) PLAN | |
| b | Name of plan sponsor | LEE-WRIGHT, INC. DBA | c EIN-PN 75-1577094-001 |
| a | Plan name | CLAWS AND PAWS ANIMAL CLINIC LLC 401(K) PLAN | |
| b | Name of plan sponsor | CLAWS AND PAWS ANIMAL CLINIC LLC | c EIN-PN 83-4622394-001 |
| a | Plan name | DR. LUIS F. LUNA, MD LLC 401(K) PLAN | |
| b | Name of plan sponsor | DR. LUIS F. LUNA, MD LLC | c EIN-PN 27-0352762-002 |
| a | Plan name | WESTCARE FOUNDATION, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | WESTCARE FOUNDATION, INC. | c EIN-PN 86-0852629-001 |
| a | Plan name | FULLY ACCOUNTABLE, LLC 401K PLAN | |
| b | Name of plan sponsor | FULLY ACCOUNTABLE, LLC | c EIN-PN 47-1426271-001 |
| a | Plan name | AUDIO ADVICE INC 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | AUDIO ADVICE INC | c EIN-PN 56-1214519-001 |
| a | Plan name | INN AT 500 CAPITOL 401(K) PLAN | |
| b | Name of plan sponsor | INN AT 500 CAPITOL, LLC | c EIN-PN 30-0863360-002 |
| a | Plan name | JD INTERNATIONAL LIGHTING INC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | J.D. INTERNATIONAL LIGHTING, INC. | c EIN-PN 59-2712384-002 |
| a | Plan name | BEHAVIORAL CROSSROADS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | PRO RECOVERY SOLUTIONS, LLC | c EIN-PN 83-1739137-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name EASTBROOK DENTAL ASSOCIATES, LTD PROFIT SHARING PLAN | |
| b | Name of plan sponsor EASTBROOK DENTAL ASSOCIATES, LTD | c EIN-PN 39-1336533-001 |
| a | Plan name BUTTERFIELD COUNTRY CLUB RETIREMENT PLAN | |
| b | Name of plan sponsor BUTTERFIELD COUNTRY CLUB | c EIN-PN 36-0860710-002 |
| a | Plan name FORE, INC. 401(K) PLAN | |
| b | Name of plan sponsor FORE, INC. | c EIN-PN 39-1818638-001 |
| a | Plan name MOVA LAW GROUP, APLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor MOVA LAW GROUP APLC | c EIN-PN 47-5236848-001 |
| a | Plan name SCRUGGS FAMILY SERVICES, LLC DBA ALWAYS BEST CARE 401(K) PLAN | |
| b | Name of plan sponsor SCRUGGS FAMILY SERVICES, LLC DBA ALWAYS BEST CARE | c EIN-PN 27-4617354-001 |
| a | Plan name UVALLE LAW FIRM 401(K) PLAN | |
| b | Name of plan sponsor UVALLE LAW FIRM PLLC | c EIN-PN 45-1751867-001 |
| a | Plan name CATCHPOINT SYSTEM, INC. 401(K) PLAN | |
| b | Name of plan sponsor CATCHPOINT SYSTEM, INC. | c EIN-PN 26-3393790-001 |
| a | Plan name VENTURA INTERNATIONAL 401(K) PLAN | |
| b | Name of plan sponsor VENTURA INTERNATIONAL, LTD. | c EIN-PN 47-0875832-002 |
| a | Plan name RPM GRINDING 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor RPM GRINDING CO., INC DBA RPM CENTERLESS GRINDING CO. | c EIN-PN 20-8049078-001 |
| a | Plan name SACO INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SACO INDUSTRIES, INC. | c EIN-PN 36-2772495-001 |
| a | Plan name MIDDLETOWN PROPERTY GROUP LLC 401(K) PLAN | |
| b | Name of plan sponsor MIDDLETOWN PROPERTY GROUP LLC | c EIN-PN 81-2481321-001 |
| a | Plan name SPICER HERSCH, INC. 401(K) PLAN | |
| b | Name of plan sponsor SPICER HERSCH, INC. | c EIN-PN 82-3514501-001 |

| 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 | EQUITABLE COMMERCIAL 401(K) PLAN | |
| b Name of plan sponsor | EQUITABLE COMMERCIAL REALTY, PLLC | c EIN-PN 27-1622340-002 |
| a Plan name | NEUROPSYCHIATRIC CARE CENTER 401(K) PLAN | |
| b Name of plan sponsor | NEUROPSYCHIATRIC CARE CENTER, PLLC | c EIN-PN 46-1984041-001 |
| a Plan name | ROOT MORTGAGE 401(K) PLAN | |
| b Name of plan sponsor | ROOT EXECUTIVES, LLC | c EIN-PN 81-3138853-001 |
| a Plan name | LEGAL FULFILLMENT GROUP. LLC 401(K) PLAN | |
| b Name of plan sponsor | LEGAL FULFILLMENT GROUP, LLC | c EIN-PN 46-3500974-001 |
| a Plan name | DELTA GRANITE AND MARBLE, INC. 401K PLAN | |
| b Name of plan sponsor | DELTA GRANITE AND MARBLE, INC. | c EIN-PN 74-2492140-001 |
| a Plan name | POWER NORTHWEST 401(K) PLAN | |
| b Name of plan sponsor | POWER NORTHWEST, INC. | c EIN-PN 84-4119864-001 |
| a Plan name | INFORMATION SYSTEMS ENGINEERING, INC. EMPLOYEES RETIREMENT PLAN | |
| b Name of plan sponsor | INFORMATION SYSTEMS ENGINEERING, INC. | c EIN-PN 39-1497970-001 |
| a Plan name | ROSEVILLE DENTAL GROUP 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | ROSEVILLE DENTAL GROUP | c EIN-PN 94-2692387-003 |
| a Plan name | BRIARWOOD CCRC/SALEM COMMUNITY CORPORATION 401(K) PLAN & TRUST | |
| b Name of plan sponsor | BRIARWOOD CCRC/SALEM COMMUNITY CORPORATION | c EIN-PN 04-2696489-001 |
| a Plan name | BRADDOCK METALLURGICAL HOLDING COMPANY, INC. 401(K) PROFIT SHARING PLA | |
| b Name of plan sponsor | BRADDCOK METALLURGICAL HOLDING COMPANY, INC. | c EIN-PN 20-2602775-001 |
| a Plan name | C.S. ENGINEERING, INC. 401(K) PLAN | |
| b Name of plan sponsor | C.S. ENGINEERING, INC. | c EIN-PN 62-1514336-001 |
| a Plan name | STEINER ENTERPRISES, INC. 401(K) PLAN | |
| b Name of plan sponsor | STEINER ENTERPRISES, INC. | c EIN-PN 35-1896437-001 |

| 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 | WILSON GROUP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WILSON INDUSTRIAL SALES | c EIN-PN 35-1292668-001 |
| a | Plan name | AFFORDABLE RENT-TO-OWN, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | AFFORDABLE RENT-TO-OWN, LLC | c EIN-PN 72-1147185-001 |
| a | Plan name | ANDERSON COMMERCIAL CONCRETE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ANDERSON COMMERCIAL CONCRETE, INC. | c EIN-PN 42-1019175-001 |
| a | Plan name | 1ST CHOICE CONCRETE PUMPING SERVICE 401(K) PLAN | |
| b | Name of plan sponsor | 1ST CHOICE CONCRETE PUMPING SERVICE, INC. | c EIN-PN 46-0674685-001 |
| a | Plan name | ARROWEYE SOLUTIONS INC. 401(K) PLAN | |
| b | Name of plan sponsor | ARROWEYE SOLUTIONS INC. | c EIN-PN 91-2040523-001 |
| a | Plan name | VANDALAY MANAGEMENT 401(K) PLAN | |
| b | Name of plan sponsor | VANDALAY MANAGEMENT SERVICES, INC. | c EIN-PN 26-2265452-001 |
| a | Plan name | SPIRAL BINDING, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SPIRAL BINDING LLC | c EIN-PN 82-1444334-002 |
| a | Plan name | SHEELEY LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SHEELEY LLP | c EIN-PN 83-2308991-001 |
| a | Plan name | WINEDIRECT, INC. 401(K) PLAN | |
| b | Name of plan sponsor | WINEDIRECT, INC. | c EIN-PN 20-3100579-002 |
| a | Plan name | SANAMETRIX, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SANAMETRIX, INC. | c EIN-PN 54-1988041-001 |
| a | Plan name | FASCO, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | FASCO, INC. | c EIN-PN 36-2971064-002 |
| a | Plan name | BOTELLO LUMBER CO. , INC. 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BOTELLO LUMBER CO. , INC. | c EIN-PN 04-2690093-002 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | VIRAMONTES EXPRESS 401(K)PLAN | |
| b | Name of plan sponsor | VIRAMONTES EXPRESS, INC. | c EIN-PN 20-2191353-001 |
| a | Plan name | ATEAH MANAGEMENT 401(K) PLAN | |
| b | Name of plan sponsor | ATEAH MANAGEMENT LLC | c EIN-PN 84-3661854-001 |
| a | Plan name | OBIE INDUSTRIES 401(K) PLAN | |
| b | Name of plan sponsor | OBIE INDUSTRIES, INC. | c EIN-PN 93-0496774-001 |
| a | Plan name | COMPETITIVE TELEPHONE SYSTEMS, INC. EMPLOYEES' PROFIT SHARING PLAN | |
| b | Name of plan sponsor | COMPETITIVE TELEPHONE SYSTEMS, INC. | c EIN-PN 38-2317936-001 |
| a | Plan name | MITTEN, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MITTEN, INC. | c EIN-PN 48-0777627-002 |
| a | Plan name | ASCENSION PROPERTY SERVICES, LLC RETIREMENT READINESS 401(K) PLAN | |
| b | Name of plan sponsor | ASCENSION PROPERTY SERVICES, LLC | c EIN-PN 83-3362895-001 |
| a | Plan name | JESSICA STUART MEDIA INC DBA/ LONG STORY SHORT MEDIA 401K PLAN | |
| b | Name of plan sponsor | JESSICA STUART MEDIA INC DBA/LON | c EIN-PN 26-3866146-001 |
| a | Plan name | DOCEBO 401K PLAN | |
| b | Name of plan sponsor | DOCEBO NA INC. | c EIN-PN 46-3427175-001 |
| a | Plan name | 8BITCREATIVE 401(K) PLAN | |
| b | Name of plan sponsor | 8BITCREATIVE, LLC | c EIN-PN 85-1310645-001 |
| a | Plan name | WILLS ANIMAL HOSPITAL 401(K) PLAN | |
| b | Name of plan sponsor | WILLS ANIMAL HOSPITAL, P.S.C. | c EIN-PN 61-1202512-002 |
| a | Plan name | NORTHWEST CONSTRUCTION, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | NORTHWEST CONSTRUCTION, INC. | c EIN-PN 91-1487252-001 |
| a | Plan name | THEATER X, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THEATER X, LLC | c EIN-PN 20-3245320-001 |

| 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 | KFK FINANCIAL 401(K) PLAN |
| b | Name of plan sponsor | KFK FINANCIAL AND INSURANCE SERVICES, LLC |
| c | EIN-PN | 21-4016478-001 |
| a | Plan name | SIERRA CONSTRUCTION COMPANY, INC. PROFIT SHARING RETIREMENT PLAN |
| b | Name of plan sponsor | SIERRA CONSTRUCTION COMPANY, INC. |
| c | EIN-PN | 91-1345528-001 |
| a | Plan name | PLAZA HEALTHCARE & REHABILITATION CENTER, LLC 401(K) PLAN |
| b | Name of plan sponsor | PLAZA HEALTHCARE & REHABILITATION CENTER, LLC |
| c | EIN-PN | 43-2038752-001 |
| a | Plan name | ORRSTOWN BANK 401(K) PLAN |
| b | Name of plan sponsor | ORRSTOWN BANK |
| c | EIN-PN | 23-0934350-002 |
| a | Plan name | PLANTATION BAY COUNTRY CLUB 401(K) SAVINGS PLAN |
| b | Name of plan sponsor | PLANTATION BAY COUNTRY CLUB, LLC |
| c | EIN-PN | 01-0570714-001 |
| a | Plan name | NETRONIX CORPORATION 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | NETRONIX CORPORATION |
| c | EIN-PN | 36-4069640-001 |
| a | Plan name | WFES HOLDINGS, INC. 401(K) PLAN |
| b | Name of plan sponsor | WFES HOLDINGS, INC. |
| c | EIN-PN | 47-3401563-001 |
| a | Plan name | OUTBOUND TECHNOLOGIES, INC. PROFIT SHARING AND 401(K) PLAN |
| b | Name of plan sponsor | OUTBOUND TECHNOLOGIES INCORPORATED |
| c | EIN-PN | 38-3192245-001 |
| a | Plan name | WEST-TECH CONTRACTING, INC. 401(K) PLAN |
| b | Name of plan sponsor | WEST-TECH CONTRACTING, INC. |
| c | EIN-PN | 33-0506018-002 |
| a | Plan name | RIVERTOWN PEDIATRICS, P.C. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | RIVERTOWN PEDIATRICS, P.C. |
| c | EIN-PN | 58-2359322-001 |
| a | Plan name | NORTH SHORE HEALTH CENTERS 401(K) PLAN |
| b | Name of plan sponsor | NORTH SHORE HEALTH CENTERS, INC |
| c | EIN-PN | 35-2028588-001 |
| a | Plan name | COMMERCIAL BANK AND TRUST CO. 401K PROFIT SHARING PLAN |
| b | Name of plan sponsor | COMMERCIAL BANK & TRUST COMPANY |
| c | EIN-PN | 62-0167630-002 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST | |
| b | Name of plan sponsor | DATA ANALYSIS, INC. | c EIN-PN 95-3936696-001 |
| a | Plan name | ENE SYSTEMS INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ENE. SYSTEMS INC. | c EIN-PN 04-2956130-001 |
| a | Plan name | COMPUTER DATA SOURCE, INC 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | COMPUTER DATA SOURCE, INC. | c EIN-PN 22-3103339-001 |
| a | Plan name | CENTRAL JERSEY LEGAL SERVICES, INC. PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | CENTRAL JERSEY LEGAL SERVICES, INC. | c EIN-PN 21-0684259-002 |
| a | Plan name | THE ULTIMATE COMPANIES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THE ULTIMATE COMPANIES, INC. | c EIN-PN 20-0170468-001 |
| a | Plan name | NARF EMPLOYEES' RETIREMENT TRUST | |
| b | Name of plan sponsor | NATIVE AMERICAN RIGHTS FUND, INC. | c EIN-PN 84-0611876-002 |
| a | Plan name | IMAGINEERING FINISHING TECHNOLOGIES EMPLOYEES RETIREMENT PLAN | |
| b | Name of plan sponsor | IMAGINEERING ENTERPRISES, INC. | c EIN-PN 38-1655157-003 |
| a | Plan name | LAKES PILOTS ASSOCIATION, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LAKES PILOTS ASSOCIATION, INC. | c EIN-PN 38-1655424-005 |
| a | Plan name | SOUTHCOAST MEDICAL GROUP, LLC PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | SOUTHCOAST MEDICAL GROUP, LLC | c EIN-PN 58-2194871-001 |
| a | Plan name | OLAM AMERICA EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor | OLAM AMERICAS, INC. | c EIN-PN 11-3662046-001 |
| a | Plan name | CAPITAL WOMENS CARE, LLC EMPLOYEES 401(K) PLAN | |
| b | Name of plan sponsor | CAPITAL WOMENS CARE, LLC | c EIN-PN 52-2112078-001 |
| a | Plan name | MIDFLORIDA CREDIT UNION CAPITAL ACCUMULATION PLAN | |
| b | Name of plan sponsor | MIDFLORIDA CREDIT UNION | c EIN-PN 59-6194363-033 |

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 | MEMBERS FIRST CREDIT UNION 401(K) PLAN | |
| b Name of plan sponsor | MEMBERS FIRST CREDIT UNION | c EIN-PN 38-1489454-001 |

| | | |
|-------------------------------|--|--------------------------------|
| a Plan name | INTERNATIONAL PLANNING ALLIANCE, LLC 401(K) PLAN | |
| b Name of plan sponsor | INTERNATIONAL PLANNING ALLIANCE, LLC | c EIN-PN 22-3606228-001 |

| | | |
|-------------------------------|--|-----------------|
| 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 |

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|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2023 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 | |
| A Name of plan VOYA 2050 TARGET SOLUTION TRUST FUND | B Three-digit plan number (PN) ▶ 059 |
| C Plan sponsor's name as shown on line 2a of Form 5500 VOYA INVESTMENT TRUST CO. | D Employer Identification Number (EIN) 06-1440627 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (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) | 1174651 | 513224 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1112818 | 0 |
| (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) | 398516724 | 564640997 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 39209110 | 52438614 |
| (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 | 440013303 | 617592835 |
| Liabilities | | | |
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | 1624037 | 509440 |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 1624037 | 509440 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 438389266 | 617083395 |

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) | 21903 | |
| (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) | | 21903 |
| (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) | 1536212 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 1536212 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds | 2b(4)(A) | 7304479 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 7451647 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | -147168 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 161455 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 161455 |

| | | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts..... | 2b(6) | | 125535940 |
| (7) Net investment gain (loss) from pooled separate accounts..... | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts..... | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 9816105 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 136924447 |

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) | 23430 | |
| (5) Investment advisory and investment management fees | 2i(5) | 863489 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 55050 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 748076 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 1690045 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 1690045 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 135234402 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 116893017 |
| (2) From this plan | 2l(2) | | 73433290 |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.

| | Yes | No | Amount |
|-----------|-----|----|--------|
| 4a | | | |
| 4b | | | |
| 4c | | | |
| 4d | | | |
| 4e | | | |
| 4f | | | |
| 4g | | | |
| 4h | | | |
| 4i | | | |
| 4j | | | |
| 4k | | | |
| 4l | | | |
| 4m | | | |
| 4n | | | |

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 _____.