

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

<p>1a Name of plan <u>VOYA 2065 TARGET SOLUTION TRUST FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>097</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VOYA INVESTMENT TRUST CO.</u></p> <p><u>C/O VOYA INVESTMENT MANAGEMENT CO. LLC.</u></p> <p><u>ONE ORANGE WAY</u> <u>C1-N</u> <u>WINDSOR, CT 06095</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>06-1440627</u></p> <p>2c Plan Sponsor's telephone number <u>480-477-2200</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/15/2025</u>	<u>CRAIG WHEELER</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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

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 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 2065 TARGET SOLUTION TRUST FUND</u>	B Three-digit plan number (PN) ▶	<u>097</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>	

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.

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>2779589</u>
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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.

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.

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>6129280</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.

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>3555016</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.

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>3052355</u>
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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.

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>2548884</u>
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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.

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>1531981</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) 10466275
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) 44065479
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) 4564765
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) 1262525
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) 4109803
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) 3554247
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) 2507000
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) 3067155
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	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	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	HARBOR PACIFIC CONTRACTORS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	HARBOR PACIFIC CONTRACTORS, INC.	c EIN-PN 86-2095487-001
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	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	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	CITY ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	CITY ENTERPRISES, LLC 401(K) PLAN	c EIN-PN 62-1784792-001

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	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	FENWAY GROUP 401(K) PLAN	
b	Name of plan sponsor	FENWAY GROUP, LLC	c EIN-PN 75-3003379-001
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	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	INFOWAVE SYSTEMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	INFOWAVE SYSTEMS, INC.	c EIN-PN 13-3991238-002
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	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	TEXAS ACE HEATING & AIR 401(K) PLAN	
b	Name of plan sponsor	UGOTEM, LLC	c EIN-PN 46-4245537-002
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	K3 SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	K3 SOLUTIONS, LLC	c EIN-PN 20-5012103-001
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	ACTIVE ENGAGEMENT 401(K) PLAN	
b	Name of plan sponsor	ACTIVE ENGAGEMENT LLC	c EIN-PN 94-3472780-001

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	PROVIDENT CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	PROVIDENT CARE, INC.	c EIN-PN 77-0575444-001
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	MID PENN BANK RETIREMENT PLAN	
b	Name of plan sponsor	MID PENN BANK	c EIN-PN 23-0880270-001
a	Plan name	KNOXVILLE ENDODONTICS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KNOXVILLE ENDODONTICS, PLLC	c EIN-PN 26-2534144-002
a	Plan name	PETROPRO SERVICES 401K PLAN	
b	Name of plan sponsor	PETROPRO SERVICES, LLC	c EIN-PN 47-3595429-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF EXCEL ENVIRONMENTAL RESOURCES, INC.	
b	Name of plan sponsor	EXCEL ENVIRONMENTAL RESOURCES, INC.	c EIN-PN 22-3275548-001
a	Plan name	SANAMETRIX, INC. 401(K) PLAN	
b	Name of plan sponsor	SANAMETRIX, INC.	c EIN-PN 54-1988041-001
a	Plan name	ORRSTOWN BANK 401(K) PLAN	
b	Name of plan sponsor	ORRSTOWN BANK	c EIN-PN 23-0934350-002
a	Plan name	ITAMAR MEDICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	ITAMAR MEDICAL, INC.	c EIN-PN 51-0406927-001
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	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	INFORMATION SYSTEMS ENGINEERING, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	INFORMATION SYSTEMS ENGINEERING, INC.	c EIN-PN 39-1497970-001

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	SAYS 401(K) PLAN	
b Name of plan sponsor	ST. AUGUSTINE YOUTH SERVICES, INC	c EIN-PN 59-2925271-001
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	WINEDIRECT, INC. 401(K) PLAN	
b Name of plan sponsor	WINEDIRECT, INC.	c EIN-PN 20-3100579-002
a Plan name	DOCEBO 401K PLAN	
b Name of plan sponsor	DOCEBO NA INC.	c EIN-PN 46-3427175-001
a Plan name	CAMBRIDGE SEVEN SAVINGS AND PROFIT SHARING PLAN	
b Name of plan sponsor	CAMBRIDGE SEVEN ASSOCIATES INC.	c EIN-PN 04-2310225-002
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	ARROWEYE SOLUTIONS INC. 401(K) PLAN	
b Name of plan sponsor	ARROWEYE SOLUTIONS INC.	c EIN-PN 91-2040523-001
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	RADIALL USA 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	RADIALL USA, INC.	c EIN-PN 86-0627714-002
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	CATCHPOINT SYSTEM, INC. 401(K) PLAN	
b Name of plan sponsor	CATCHPOINT SYSTEM, INC.	c EIN-PN 26-3393790-001
a Plan name	MIRROR POLISHING & PLATING CO., INC 401(K) & PROFIT SHARING PLAN	
b Name of plan sponsor	MIRROR POLISHING & PLATING CO., INC	c EIN-PN 06-1124454-002

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	FIRESKY FINANCIAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRESKY FINANCIAL, INC.	c EIN-PN 86-0998277-001
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	HURST ELECTRIC COMPANY 401(K) PLAN	
b	Name of plan sponsor	HURST ELECTRIC LP	c EIN-PN 75-2705484-003
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	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	KENSINGTON MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	KENSINGTON MANAGEMENT RESOURCES, LLC	c EIN-PN 86-1882917-001
a	Plan name	GETAWAYS, INC. 401(K) PLAN	
b	Name of plan sponsor	GETAWAYS, INC.	c EIN-PN 23-2671864-001
a	Plan name	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	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	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	AUDIO ADVICE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AUDIO ADVICE INC	c EIN-PN 56-1214519-001
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

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	ADVANCED INTEGRATED TECHNOLOGIES 401(K) PLAN	
b Name of plan sponsor	ADVANCED INTEGRATED TECHNOLOGIES	c EIN-PN 27-0786071-001
a Plan name	DNESCO ELECTRIC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	DNESCO ELECTRIC, INC.	c EIN-PN 81-4200557-001
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	CROWNE AUDIO RETIREMENT PLAN	
b Name of plan sponsor	CROWNE CONSULTING FIRM, INC.	c EIN-PN 59-3658425-001
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	CAROLINA BEVERAGE SOLUTIONS, LLC 401(K) PLAN	
b Name of plan sponsor	CAROLINA BEVERAGE SOLUTIONS, LLC	c EIN-PN 27-4116419-001
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	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	BOTELLO LUMBER CO. , INC. 401K PROFIT SHARING PLAN	
b Name of plan sponsor	BOTELLO LUMBER CO. , INC.	c EIN-PN 04-2690093-002
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	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	KFK FINANCIAL 401(K) PLAN	
b Name of plan sponsor	KFK FINANCIAL AND INSURANCE SERVICES, LLC	c EIN-PN 21-4016478-001

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	YESTERDAY'S HOMEBUILDERS 401(K) PLAN	
b	Name of plan sponsor	YESTERDAYS HOMEBUILDERS LLC	c EIN-PN 81-0931467-001
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	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	BLACKSTONE DILWORTH 401(K) PLAN	
b	Name of plan sponsor	TOWERS OF TEXAS, LTD	c EIN-PN 74-2339767-001
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	WESTCARE FOUNDATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	WESTCARE FOUNDATION, INC.	c EIN-PN 86-0852629-001
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	KLESK METAL STAMPING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	KLESK METAL STAMPING COMPANY	c EIN-PN 41-0914712-001
a	Plan name	LIQUADRY, INC. 401(K) PLAN	
b	Name of plan sponsor	LIQUADRY, INC.	c EIN-PN 87-0659120-001
a	Plan name	FONDOMONTE HOLDINGS NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	FONDOMONTE ARIZONA, LLC	c EIN-PN 46-3719054-001
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	SALUS WORKERS' COMP 401(K) PLAN	
b	Name of plan sponsor	SALUS WORKERS COMPENSATION, LLC	c EIN-PN 82-5344320-001

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 JONESVILLE ELECTRIC & UNDERGROUND 401(K) PLAN	
b	Name of plan sponsor JONESVILLE ELECTRIC & UNDERGROUND INC.	c EIN-PN 87-0734870-001
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 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 STEINER ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor STEINER ENTERPRISES, INC.	c EIN-PN 35-1896437-001
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 ELECTRICAL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor ELECTRICAL SYSTEMS, INC.	c EIN-PN 47-0803699-001
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 SERVICE LEGENDS 401(K) PLAN	
b	Name of plan sponsor LEECHMAN INDUSTRIES, INC.	c EIN-PN 22-3921792-001
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 PETROFAC, INC. 401(K) PLAN	
b	Name of plan sponsor PETROFAC, INC.	c EIN-PN 75-2677702-001
a	Plan name SENIOR1CARE 401(K) PLAN	
b	Name of plan sponsor 1ST SENIORS, LLC	c EIN-PN 61-1501782-001

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	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	TRENCH-ADE 401(K) PLAN	
b	Name of plan sponsor	TRENCH-ADE LLC	c EIN-PN 86-3679184-001
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	OMEGA PLASTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	OMEGA PLASTICS, LLC	c EIN-PN 46-1565324-001
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	IVIE, MCNEILL & WYATT EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	IVIE, MCNEILL & WYATT	c EIN-PN 95-2689585-002
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	ETEAM INC. 401(K) PLAN	
b	Name of plan sponsor	ETEAM INC.	c EIN-PN 22-3651715-001
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	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	FRACHT FWO INC. 401K PLAN	
b	Name of plan sponsor	FRACHT FWO INC.	c EIN-PN 11-2727573-002
a	Plan name	VOLARE CORP. 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SOLID PLATFORMS, INC	c EIN-PN 35-2130532-001

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	IVEK CORPORATION 401(K) PLAN	
b	Name of plan sponsor	IVEK CORPORATION	c EIN-PN 03-0272922-001
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	8BITCREATIVE 401(K) PLAN	
b	Name of plan sponsor	8BITCREATIVE, LLC	c EIN-PN 85-1310645-001
a	Plan name	TRUSTED WEALTH PARTNERS 401K PLAN	
b	Name of plan sponsor	TRUSTED WEALTH PARTNERS	c EIN-PN 82-3350510-001
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	STARS 401(K) PLAN	
b	Name of plan sponsor	ST. AUGUSTINE REHABILITATION SPECIALISTS, LLC	c EIN-PN 26-4033381-001
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	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	MARKIT INTERACTIVE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARKIT INTERACTIVE, LLC	c EIN-PN 37-1916082-001
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	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	ENE SYSTEMS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ENE. SYSTEMS INC.	c EIN-PN 04-2956130-001

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 INDUSTRIAL SCREW & SUPPLY COMPANY, INC. 401K PLAN

b Name of plan sponsor INDUSTRIAL SCREW & SUPPLY COMPANY, INC. **c** EIN-PN 72-0650697-001

a Plan name THE PEOPLES FEDERAL CREDIT UNION 401K PLAN

b Name of plan sponsor THE PEOPLES FEDERAL CREDIT UNION **c** EIN-PN 75-0870102-001

a Plan name MIDFLORIDA CREDIT UNION CAPITAL ACCUMULATION PLAN

b Name of plan sponsor MIDFLORIDA CREDIT UNION **c** EIN-PN 59-6194363-033

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 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 VOYA 2065 TARGET SOLUTION TRUST FUND	B Three-digit plan number (PN) ▶ 097
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	241746	98612
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15230	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)	46049609	93194354
(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)	5485891	8649937
(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	51792476	101942903
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	313812	94145
k Total liabilities (add all amounts in lines 1g through 1j)	1k	313812	94145
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	51478664	101848758

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)	1266	
(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)		1266
(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)	215863	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		215863
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		17923291
(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)		1566000
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		19706420

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)	91256	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	23758	
(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)	101400	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		239844
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		239844

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19466576
l Transfers of assets:			
(1) To this plan.....	2l(1)		46150875
(2) From this plan.....	2l(2)		15247357

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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