Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WATERMAN VILLAGE 401K RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
WATERMAN VILLAGE

250 BROOKFIELD AVE
MOUNT DORA, FL 32757

2b Employer Identification Number (EIN) 59-2867652

2c Sponsor's telephone number 352-383-0051

2d Business code (see instructions) 623000

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	Filed with authorized/valid electronic signature.	11/12/2013	ANDREW DUJON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
WATERMAN VILLAGE

250 BROOKFIELD AVE
MOUNT DORA, FL 32757

3b Administrator's EIN
59-2867652

3c Administrator's telephone number
352-383-0051

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	425
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	394
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	410
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	410
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	69
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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)	X	**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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
WATERMAN VILLAGE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WATERMAN VILLAGE

D Employer Identification Number (EIN)
59-2867652

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	997588-000	69	10/01/2009	09/30/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1260	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DAVID R BILLSBOROUGH
100 S BOYD STREET
WINTER GARDEN, FL 34787-3157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1260			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	401205

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
WATERMAN VILLAGE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WATERMAN VILLAGE

D Employer Identification Number (EIN)
59-2867652

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA EQUITY

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-101	P	4959

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA BALANCED

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-119	P	35109

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA CASH MANAGEMENT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-105	P	23313

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-150	P	49198

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-216	P	4023

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA AGGRESSIVE GROWTH

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-166	P	5411

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA GROWTH OPP

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-167	P	1797

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA CORE EQUITY			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-168	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2290
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS CAPITAL APPRECIATION			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-199	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3343
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-390	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	243
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VAL			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-427	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4709
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS LG VAL			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-428	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4592
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN REAL ESTATE SEC			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-441	**d** Entity code P	**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: DREYFUS INTERNATIONAL VALUE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-446	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2318
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BASIC VALUE INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-448	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	684
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER CHAMPION INCOME			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-449	**d** Entity code P	**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: AMERICAN FUNDS FUNDAMENTAL INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-009	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14192

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GRTH FUND OF AM			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3186
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL SHARES			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-017	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1858
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADV SML CP VAL			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-021	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15818
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL STOCK IND			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-035	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2386
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MID-CAP INDEX			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	197
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27020
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1939
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN PARTNERS			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-044	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	741
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-045	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1329
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2005			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2015

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-048	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31152

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-049	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9428

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA AA - CONSERVATIVE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-052	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7589

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA AA - MODERATE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-053	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35277

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA AA - MOD GROWTH

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-054	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66037

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA AA - GROWTH

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-055	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40930

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL FINANCIAL SERVICES

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-059	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
WATERMAN VILLAGE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WATERMAN VILLAGE

D Employer Identification Number (EIN)
59-2867652

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.

Assets		(a) Beginning of Year	(b) End of Year
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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3642	8246
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	296335	401205
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	299977	409451
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	299977	409451

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)	83700	
	(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)		83700
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	106	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		106
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		0

		(a) Amount	(b) Total
2b (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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		35651
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		119457
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3910	
(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)		3910
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1328
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	200	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4545	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4745
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9983
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		109474
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: GREENLEE, KURRAS, RICE & BROWN, PA (2) EIN: 59-2754585

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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.)	4a		X	
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.)	4b		X	
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.)	4c		X	
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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
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?	4g		X	
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?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
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.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
WATERMAN VILLAGE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WATERMAN VILLAGE

D Employer Identification Number (EIN)
59-2867652

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-6362604

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

WATERMAN VILLAGE 401(K) RETIREMENT PLAN
MOUNT DORA, FLORIDA
SEPTEMBER 30, 2010

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Statements of Net Assets Available for Plan Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
Schedule of Large Plan and DFE Financial Information	9

CLERMONT OFFICE
Jerry D. Brown, C.P.A.

Herbert John Greenlee, Jr. C.P.A.
Suzanne M. Brownlee, C.P.A.

GREENLEE
KURRAS
RICE &
BROWN, PA
CERTIFIED PUBLIC
ACCOUNTANTS

MOUNT DORA OFFICE
John S. Rice, C.P.A.
Patricia A. Sykes-Amos, C.P.A.
C. L. (Chip) Garner, C.P.A.

Keire Rice Hosley, C.P.A.
David A. Donofrio, C.P.A.
Deborah R. Mullins, C.P.A.
Allan L. Silbernagel, C.P.A.
Gabriel P. Burroughs, C.P.A.

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Waterman Village 401(k) Retirement Plan
Mount Dora, Florida

We have audited the accompanying financial statements of the Waterman Village 401(k) Retirement Plan as of September 30, 2010 and 2009, and for the year ended September 30, 2010, and supplemental schedules as of and for the year ended September 30, 2010, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes C and D, which was certified by the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended September 30, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee or custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Greenlee, Kurras, Rice & Brown, P.A.

Mount Dora, Florida
April 22, 2013

MEMBER: FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS & AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

605 Montrose Street.
P.O. Box 120400 • Clermont, FL 34712-0400
(352) 394-3256 • FAX (352) 394-6910

www.gkrb.com

627 N. Donnelly Street.
P.O. Box 8 • Mount Dora, FL 32756-0008
(352) 383-6300 • FAX (352) 383-6356

WATERMAN VILLAGE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	September	
	2010	**2009**
ASSETS		
Investments at fair value	$ 401,206	$ 296,341
Receivables:		
Contributions receivable	3,161	3,274
Participants' notes receivable	8,246	3,642
Total assets	412,613	303,257
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 412,613	$ 303,257

The accompanying notes are an integral part of these financial statements.

WATERMAN VILLAGE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended September 30, 2010
ADDITIONS:	
Additions to net assets attributed to:	
Investment income:	
Net investment gain (loss)	$ 35,649
Interest	106
	35,755
Contributions:	
Participants	83,587
Employer	. . .
Allocated forfeitures	. . .
	83,587
Total additions	119,342
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits/withdrawals paid to participants	$ 5,238
Administrative fees	4,748
Total deductions	9,986
Net increase	109,356
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	303,257
End of year	$ 412,613

The accompanying notes are an integral part of these financial statements.

A. Description of Plan

The following description of the Waterman Village 401(k) Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering employees of the Company who have completed at least three months of service and have attained age 18. It is subject to the provisions of the Employee Retirement Income Security Act 1974 (ERISA).

Contributions - Participants may make voluntary salary deferral contributions up to $16,500 of their cumulative earnings from the employer for the time they actively participate in the plan. Participants may also contribute rollover amounts from other qualified plans.

The Plan provides that the Employer may make matching contributions equal to a discretionary percentage of your salary reductions to be determined by the Employer.

Participant Account - Participants direct the investment of their contributions into various investment options offered by the Plan. Each participant's account is credited with the participant's contribution and allocations of the employer's contribution. Plan earnings and losses are credited to an account maintained for each participant. Earnings and losses are generally credited daily.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. The following schedule applies to vesting in employer contributions: 2 years, 20%; 3 years, 40%; 4 years, 66%; 5 or more years 100%.

Participant Loans - Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum of $50,000 and must secure each loan with an irrevocable pledge and assignment of 50% of the non-forfeitable amount of the participant's account balance under the Plan. The Plan Administrator will fix the term for repayment not to exceed five years. A longer repayment period may be granted by the Trustees if the loan is used to purchase or repair a primary residence. The interest rate is fixed and shall be comparable to the prevailing rate charged in the Plan's geographic locale for similar commercial loans. The loan is considered to be a direct investment from the account of a Participant. Loan payments are due each pay period through payroll deduction with all payments of principal and interest credited only to the borrowing Participant's account.

Forfeitures - Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Matching contribution forfeitures are allocated among participants in the ratio that each participant's compensation for the plan year bears to the total compensation of all qualifying participants for such plan year.

Payment of Benefits - Upon retirement (with normal retirement age of 65), a participant may elect to receive either a single sum payment equal to the value of his or her account or installments. On termination of service, a participant may elect to receive a single sum payment equal to the vested value of his or her account or rollover the account. If the account's value, excluding any rollovers, exceeds $1,000, the participant may elect to continue in the plan with the existing balance.

B. Summary of Account Policies

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation - The Plan's investments are reported at fair value as measured by quoted prices in an active market. Participant notes receivable are valued at amortized cost, which approximates fair value.

Payment of Benefits - Benefits are recorded when paid.

C. Investment Options

Upon enrollment in the Plan, a participant may direct contributions in the following investment options:

Those marked with an * represent five percent or more of the Plan's net assets.

	2010		2009
	INVESCO VALUE OPPORTUNITIES INV OPT		INVESCO VALUE OPPORTUNITIES INV OPT
	AMERICAN FUNDS FUNDAMENTAL INVESTORS INV OPT		AMERICAN FUNDS FUNDAMENTAL INVESTORS INV OPT
	AMERICAN FUNDS GROWTH FUND OF AMERICA INV OPT		AMERICAN FUNDS GROWTH FUND OF AMERICA INV OPT
	INVESCO SMALL CAP GROWTH INV OPT		INVESCO SMALL CAP GROWTH INV OPT
	DREYFUS INTERNATIONAL VALUE INV OPT		DREYFUS INTERNATIONAL VALUE INV OPT
	. . .		FRANKLIN REAL ESTATE SECURITIES INV OPT
	FRANKLIN UTILITIES INV OPT		FRANKLIN UTILITIES INV OPT
	JANUS CAPITAL APPRECIATION RET OPT		JANUS CAPITAL APPRECIATION RET OPT
*	LOOMIS SAYLES BOND RET OPT	*	LOOMIS SAYLES BOND RET OPT
	MUTUAL FINANCIAL SERVICES INV OPT		MUTUAL FINANCIAL SERVICES INV OPT
	MUTUAL SHARES INV OPT		MUTUAL SHARES INV OPT
	NEUBERGER BERMAN LARGE CAP INV OPT		NEUBERGER BERMAN LARGE CAP INV OPT
	. . .		OPPENHEIMER CHAMPION INCOME INV OPT
	OPPENHEIMER GLOBAL RET OPT		OPPENHEIMER GLOBAL RET OPT
	WELLS FARGO ADVANTAGE SMALL CAP VALUE INV OPT		WELLS FARGO ADVANTAGE SMALL CAP VALUE INV OPT
	MORGAN STANLEY GROWTH RET OPT		MORGAN STANLEY GROWTH RET OPT
*	AEGON JPMORGAN BALANCED RET OPT	*	AEGON JPMORGAN BALANCED RET OPT
*	AEGON CASH MANAGEMENT RET OPT		AEGON CASH MANAGEMENT RET OPT
	WMC QUALITY GROWTH RET OPT		WMC QUALITY GROWTH RET OPT
	SSGA INTERNATIONAL INDEX RET OPT		SSGA INTERNATIONAL INDEX RET OPT
	TRANSAMERICA ASSET ALLOC-CONSERVATIVE PORTFOLIO		TRANSAMERICA ASSET ALLOC-CONSERVATIVE PORTFOLIO
*	TRANSAMERICA ASSET ALLOC -GROWTH PORTFOLIO RET	*	TRANSAMERICA ASSET ALLOC -GROWTH PORTFOLIO RET
*	TRANSAMERICA ASSET ALLOC-MODERATE GROWTH RET	*	TRANSAMERICA ASSET ALLOC-MODERATE GROWTH RET
*	TRANSAMERICA ASSET ALLOC-MODERATE PORTFOLIO RET	*	TRANSAMERICA ASSET ALLOC-MODERATE PORTFOLIO RET

	SSGA S&P MID CAP INDEX RET OPT	SSGA S&P MID CAP INDEX RET OPT
	TRANSAMERICA PARTNERS MID VALUE RET OPT	TRANSAMERICA PARTNERS MID VALUE RET OPT
	MORGAN STANLEY GROWTH OPPORTUNITIES RET OPT	MORGAN STANLEY GROWTH OPPORTUNITIES RET OPT
	WMC CORE EQUITY RET OPT	WMC CORE EQUITY RET OPT
	VANGUARD TARGET RETIREMENT INCOME RET OPT	VANGUARD TARGET RETIREMENT INCOME RET OPT
*	VANGUARD TARGET RETIREMENT 2015 RET OPT	* VANGUARD TARGET RETIREMENT 2015 RET OPT
	VANGUARD TARGET RETIREMENT 2025 RET OPT	VANGUARD TARGET RETIREMENT 2025 RET OPT
*	VANGUARD TARGET RETIREMENT 2035 RET OPT	* VANGUARD TARGET RETIREMENT 2035 RET OPT
	VANGUARD TARGET RETIREMENT 2045 RET OPT	VANGUARD TARGET RETIREMENT 2045 RET OPT
	TRANSAMERICA PARTNERS LARGE VALUE RET OPT	TRANSAMERICA PARTNERS LARGE VALUE RET OPT

Participants may change their investment options at will.

D. Fair Value Measurements

Financial Accounting Standards Board's Accounting Standards Codification (FASB ASC) Topic 820, Fair Value Measurements and Disclosures (FASB ASC 820) defines fair value, requires expanded disclosures about fair value measurements, and establishes a three-level hierarchy for fair value measurements based on the observable inputs to the valuation of an asset or liability at the measurement date. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. FASB ASC 820 prioritizes the inputs to the valuation techniques used to measure fair value by giving the highest priority to unadjusted quoted prices in active markets for identical assets (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The levels of fair value hierarchy applied to the Plan's investments are as follows:

Mutual funds - Valued at year end net asset value (Level 1)

Participant loans - Valued at amortized cost, which approximates fair value. (Level 3)

Participant loans:	**2010**	**2009**
Beginning balance	$ 3,642	$ . . .
Issuances and payments	4,604	3,642
Ending balance	$ 8,246	$ 3,642

The September 30, 2010 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended September 30, 2010 and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Custodian in accordance with 29 CFR 2520.103-8 of the department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

E. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

F. Tax Status

The Internal Revenue Service has determined and informed the Organization that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

G. Uncertain Tax Positions

The Plan follows the reporting and disclosure guidance for uncertainty in income taxes as defined in FASB ASC 740. The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. As of September 30, 2010, the Plan had no uncertain tax positions that qualify for recognition or disclosure in the financial statements. Generally, the IRS may review the returns for the past three years.

H. Terminated Benefits

Net assets available for benefits at September 30, 2010 includes $46,974 allocated to accounts of persons who as of or prior to that date were no longer employed by the Organization.

I. Risks and Uncertainties

The Plan invests in various securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

For the Plan year ended September 30, 2010, the Waterman Village 401(k) Retirement Plan failed to complete in a timely manner the required audit for an employee benefit plan having more than one hundred participants. As a result, interest and penalties may be assessed against the Plan by the Department of Labor. Because of the uncertainty regarding the amount of interest and penalties, if any, that may be assessed, an estimation of the amount is not practical.

J. Reconciliation to Form 5500

Net assets per 5500	$ 409,452	Contributions per 5500	$ 83,700
2010 contributions receivable	3,161	2009 contributions receivable	(3,274)
Net assets per audit	$ 412,613	2010 contributions receivable	3,161
		Contributions per audit	$ 83,587

K. Other Matters

There were no party-in-interest transactions.

There were no assets which were both acquired and disposed of under the group contract during the year.

Since the plan consists of individual accounts, the plan is excluded from Pension Benefit Guaranty Corporation insurance.

L. Subsequent Events

The Plan has evaluated subsequent events through April 22, 2013, the date the financial statements were available to be issued.

WATERMAN VILLAGE 401(K) RETIREMENT PLAN
SCHEDULE OF LARGE PLAN AND DFE FINANCIAL INFORMATION
SEPTEMBER 30, 2010

Schedule of Assets (Held at End of Year)

	Description of Investment	Current Value
	INVESCO VALUE OPPORTUNITIES INV OPT	$ 684
	AMERICAN FUNDS FUNDAMENTAL INVESTORS INV OPT	14,192
	AMERICAN FUNDS GROWTH FUND OF AMERICA INV OPT	3,186
	INVESCO SMALL CAP GROWTH INV OPT	243
	DREYFUS INTERNATIONAL VALUE INV OPT	2,318
	FRANKLIN UTILITIES INV OPT	1,329
	JANUS CAPITAL APPRECIATION RET OPT	3,343
*	LOOMIS SAYLES BOND RET OPT	49,198
	MUTUAL FINANCIAL SERVICES INV OPT	95
	MUTUAL SHARES INV OPT	1,858
	NEUBERGER BERMAN LARGE CAP INV OPT	741
	OPPENHEIMER GLOBAL RET OPT	4,023
	WELLS FARGO ADVANTAGE SMALL CAP VALUE INV OPT	15,818
	MORGAN STANLEY GROWTH RET OPT	5,411
*	AEGON JPMORGAN BALANCED RET OPT	35,109
*	AEGON CASH MANAGEMENT RET OPT	23,312
	WMC QUALITY GROWTH RET OPT	4,959
	SSGA INTERNATIONAL INDEX RET OPT	2,385
	TRANSAMERICA ASSET ALLOC-CONSERVATIVE PORTFOLIO	7,589
*	TRANSAMERICA ASSET ALLOC -GROWTH PORTFOLIO RET	40,930
*	TRANSAMERICA ASSET ALLOC-MODERATE GROWTH RET	66,037
*	TRANSAMERICA ASSET ALLOC-MODERATE PORTFOLIO RET	35,277
	SSGA S&P MID CAP INDEX RET OPT	196
	TRANSAMERICA PARTNERS MID VALUE RET OPT	4,709
	MORGAN STANLEY GROWTH OPPORTUNITIES RET OPT	1,797
	WMC CORE EQUITY RET OPT	2,290
	VANGUARD TARGET RETIREMENT INCOME RET OPT	45
*	VANGUARD TARGET RETIREMENT 2015 RET OPT	31,152
	VANGUARD TARGET RETIREMENT 2025 RET OPT	9,428
*	VANGUARD TARGET RETIREMENT 2035 RET OPT	27,020
	VANGUARD TARGET RETIREMENT 2045 RET OPT	1,939
	TRANSAMERICA PARTNERS LARGE VALUE RET OPT	4,593
		$ 401,206

Those investments marked with an * represent five percent or more of the Plan's net assets.

Participant loans – There was one loan issued and three outstanding as of and for the year ended September 30, 2010. Interest rates on the three loans ranged from 4.25% to 6%.

There were no parties-in-interest to the plan.

A column presenting cost has been omitted as investments are reported on an individual account plan that a participant directed with respect to assets allocated to his or her account.

Schedule of Assets (Acquired and Disposed of Within Year)

As indicated in the notes to the audited financial statements, there were no assets both acquired and disposed during the fiscal year.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WATERMAN VILLAGE 401k RETIREMENT PLAN **EIN:** 59-2867652
Plan Sponsor's Name WATERMAN VILLAGE **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA EQUITY PSA	0	4,959
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA BALANCED PSA	0	35,109
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA CASH MANAGEMENT PSA	0	23,313
*	TRANSAMERICA LIFE INSURANCE COMPANY	LOOMIS SAYLES BOND PSA	0	49,198
*	TRANSAMERICA LIFE INSURANCE COMPANY	OPPENHEIMER GLOBAL PSA	0	4,023
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA AGGRESSIVE GROWTH PSA	0	5,411
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA GROWTH OPP PSA	0	1,797

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WATERMAN VILLAGE 401k RETIREMENT PLAN **EIN:** 59-2867652
Plan Sponsor's Name WATERMAN VILLAGE **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA CORE EQUITY PSA	0	2,290
*	TRANSAMERICA LIFE INSURANCE COMPANY	JANUS CAPITAL APPRECIATION PSA	0	3,343
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO SMALL CAP GROWTH INV PSA	0	243
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS MID VAL PSA	0	4,709
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS LG VAL PSA	0	4,592
*	TRANSAMERICA LIFE INSURANCE COMPANY	DREYFUS INTERNATIONAL VALUE PSA	0	2,318
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO BASIC VALUE INV OPT PSA	0	684

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WATERMAN VILLAGE 401k RETIREMENT PLAN **EIN:** 59-2867652
Plan Sponsor's Name WATERMAN VILLAGE **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN FUNDS FUNDAMENTAL INV PSA	0	14,192
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN FUNDS GRTH FUND OF AM PSA	0	3,186
*	TRANSAMERICA LIFE INSURANCE COMPANY	MUTUAL SHARES PSA	0	1,858
*	TRANSAMERICA LIFE INSURANCE COMPANY	WELLS FARGO ADV SML CP VAL PSA	0	15,818
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA INTERNATIONAL STOCK IND PSA	0	2,386
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA MID CAP INDEX PSA	0	197
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RET 2035 PSA	0	27,020

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WATERMAN VILLAGE 401k RETIREMENT PLAN **EIN:** 59-2867652
Plan Sponsor's Name WATERMAN VILLAGE **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RET 2045 PSA	0	1,939
*	TRANSAMERICA LIFE INSURANCE COMPANY	NEUBERGER BERMAN PARTNERS PSA	0	741
*	TRANSAMERICA LIFE INSURANCE COMPANY	FRANKLIN UTILITIES PSA	0	1,329
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RET 2005 PSA	0	45
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RET 2015 PSA	0	31,152
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RET 2025 PSA	0	9,428
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA AA - CONSERVATIVE PSA	0	7,589

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WATERMAN VILLAGE 401k RETIREMENT PLAN **EIN:** 59-2867652
Plan Sponsor's Name WATERMAN VILLAGE **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA AA - MODERATE PSA	0	35,277
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA AA - MOD GROWTH PSA	0	66,037
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA AA - GROWTH PSA	0	40,930
*	TRANSAMERICA LIFE INSURANCE COMPANY	MUTUAL FINANCIAL SERVICES PSA	0	95
*	PARTICIPANT PLAN LOANS	PARTICIPANT PLAN LOANS 12 MONTHS - 60 MONTHS INTEREST RANGE 4.25% - 6.00%	0	8,246