

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) P
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

1a Name of plan: INVESCO DIVERSIFIED DIVIDEND RET OPT
1b Three-digit plan number (PN): 865
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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 _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>INVESCO DIVERSIFIED DIVIDEND RET OPT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>865</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</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:		
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)
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)
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	K2 ADVISORY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	K2 ADVISORY GROUP, LLC	c EIN-PN 82-1079404-001
a	Plan name	PROFESSIONAL RESTORATION 401(K) PLAN	
b	Name of plan sponsor	DRS, INC.	c EIN-PN 84-1485846-002
a	Plan name	LAVENDER HOME, INC. 401(K) PLAN	
b	Name of plan sponsor	LAVENDER HOME, INC.	c EIN-PN 82-3371982-001
a	Plan name	TIMS TRUCK CAPITAL & AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	TIM'S TRUCK CAPITAL & AUTO SALES, INC.	c EIN-PN 02-0468466-001
a	Plan name	TKOR 401(K) PLAN	
b	Name of plan sponsor	RESTON CONSTRUCTION, LLC	c EIN-PN 85-3812403-001
a	Plan name	FULLERTON, LEMANN, SCHAEFER & DOMINICK 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FULLERTON, LEMANN, SCHAEFER & DOMINICK LLP	c EIN-PN 95-3346435-001
a	Plan name	CHEMCEL EMPLOYEES FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CHEMCEL FEDERAL CREDIT UNION	c EIN-PN 74-6047771-001
a	Plan name	SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name	YOUR LOGISTICS CORP. 401(K) PLAN	
b	Name of plan sponsor	YOUR LOGISTICS CORP.	c EIN-PN 83-2760497-001
a	Plan name	NEW PERCEPTIONS, INC. D/C RETIREMENT PLAN	
b	Name of plan sponsor	NEW PERCEPTIONS, INC.	c EIN-PN 61-0705047-001
a	Plan name	NEXTIER INFRASTRUCTURE SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEXTIER INFRASTRUCTURE SOLUTIONS, INC.	c EIN-PN 30-0042820-001
a	Plan name	ON DISPLAY 401(K) PLAN	
b	Name of plan sponsor	ON DISPLAY LTD	c EIN-PN 31-1480546-002

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	STEWARDSHIP MARKETING SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	STEWARDSHIP MARKETING SERVICES INC.	c EIN-PN 47-5066374-001
a	Plan name	ANDERSON AUTO SERVICE 401(K)PLAN	
b	Name of plan sponsor	ANDERSON AUTO SERVICE	c EIN-PN 33-1130970-001
a	Plan name	ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor	ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001
a	Plan name	JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	JESSUP CELLARS HOLDING COMPANY, LLC	c EIN-PN 20-3071245-001
a	Plan name	MASK-OFF COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MASK-OFF COMPANY, INC.	c EIN-PN 95-1942506-001
a	Plan name	20/20 CUSTOM MOLDED PLASTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	20/20 CUSTOM MOLDED PLASTICS, LLC	c EIN-PN 34-1945124-001
a	Plan name	CLOMPUS & RETO VISION ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	CLOMPUS & RETO VISION ASSOCIATES, PC	c EIN-PN 23-2586730-001
a	Plan name	HAGER-RICHTER GEOSCIENCE, INC. 401(K) PLAN	
b	Name of plan sponsor	HAGER-RICHTER GEOSCIENCE, INC.	c EIN-PN 02-0381614-001
a	Plan name	ACE RADON CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ACE RADON CORPORATION	c EIN-PN 20-1929185-001
a	Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	c EIN-PN 38-3601887-001
a	Plan name	STAR TIRE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STAR TIRE, INC.	c EIN-PN 75-1502226-001
a	Plan name	PACIFIC CONCEPTS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC CONCEPTS GROUP, INC.	c EIN-PN 33-0796996-001

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 ATLANTIC GOLF AND TURF 401(K) PLAN	
b	Name of plan sponsor ATLANTIC GOLF AND TURF LLC	c EIN-PN 27-1400038-001
a	Plan name LEBLANC NETTLES LAW GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LEBLANC NETTLES LAW LLC	c EIN-PN 46-2658554-001
a	Plan name SCOBELL COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SCOBELL COMPANY INC	c EIN-PN 25-0929359-001
a	Plan name SHORELINE PRIVATE WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor BOSTON LEDGE, LLC	c EIN-PN 87-3066674-001
a	Plan name SKS COMMUNICATIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SKS COMMUNICATIONS	c EIN-PN 57-1235666-001
a	Plan name STEM CIDERS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STEM CIDERS, LLC	c EIN-PN 46-2031245-001
a	Plan name WATERMAN BROTHERS CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor WATERMAN BROTHERS CONSTRUCTION, INC.	c EIN-PN 36-3713511-001
a	Plan name AMERICAN COATINGS CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN COATINGS CORP.	c EIN-PN 31-1581806-001
a	Plan name BRANDPOINT SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RHOMBUS SERVICES, LLC DBA BRANDPOINT SERVICES	c EIN-PN 27-3635342-001
a	Plan name ELECTROMAGNETIC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTROMAGNETIC SYSTEMS, INC.	c EIN-PN 95-4596366-001
a	Plan name FIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	c EIN-PN 68-0625733-001
a	Plan name HP WORKFORCE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor HP WORKFORCE SOLUTIONS, LLC	c EIN-PN 82-1218028-001

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 KENOSHA ACHIEVEMENT CENTER, INC. EMPLOYEES' PROFIT SHARING TRUST	
b	Name of plan sponsor KENOSHA ACHIEVEMENT CENTER, INC.	c EIN-PN 39-1399101-001
a	Plan name AQUA POWER, INC. 401(K) PLAN	
b	Name of plan sponsor AQUA POWER	c EIN-PN 61-1592855-001
a	Plan name CROSSTOWN COURIER, INC. 401(K) PLAN	
b	Name of plan sponsor CROSSTOWN COURIER, INC.	c EIN-PN 62-1591750-001
a	Plan name WINDOW ENERGY FILM, INC. / SOLAR TINT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WINDOW ENERGY FILM, INC. / SOLAR TINT	c EIN-PN 03-0381876-001
a	Plan name MCCOY & SPARKS 401(K) PLAN	
b	Name of plan sponsor MCCOY & SPARKS, PLLC	c EIN-PN 20-1412812-001
a	Plan name MPX 401(K) PLAN	
b	Name of plan sponsor MPX	c EIN-PN 01-0457729-001
a	Plan name NOVA AMP 401(K) PLAN	
b	Name of plan sponsor NOVA ASSOCIATION MANAGEMENT PARTNERS, LLC	c EIN-PN 83-3585159-001
a	Plan name VETERINARY DENTAL SERVICES, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor VETERINARY DENTAL SERVICES, LLC	c EIN-PN 27-0225775-001
a	Plan name VEXUS FIBER, LLC DBA VEXUS FIBER 401K PLAN	
b	Name of plan sponsor VEXUS FIBER, LLC	c EIN-PN 75-1791082-001
a	Plan name CENTRAL MACHINERY COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor CENTRAL MACHINERY COMPANY, LLC DBA CEN MAC METAL WORKS	c EIN-PN 34-1943090-001
a	Plan name NVISNX 401(K) PLAN	
b	Name of plan sponsor NVISNX LLC	c EIN-PN 83-1395572-001
a	Plan name TRI-RIVERS HEALTHCARE, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRI-RIVERS HEALTHCARE, PLLC	c EIN-PN 61-1357247-001

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	WSA USA 401(K) PLAN	
b	Name of plan sponsor	WSA USA	c EIN-PN 27-4503720-001
a	Plan name	BROADWAY MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BROADWAY MEDICAL GROUP, INC.	c EIN-PN 06-1542347-001
a	Plan name	IDEAL LEGAL GROUP 401(K) PLAN	
b	Name of plan sponsor	IDEAL LEGAL GROUP	c EIN-PN 27-0318536-001
a	Plan name	KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP 401(K) PLAN	
b	Name of plan sponsor	KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP	c EIN-PN 47-0395621-002
a	Plan name	KRASHIDBUILT 401(K) + PROFIT SHARING PLAN	
b	Name of plan sponsor	KRASHIDBUILT LLC	c EIN-PN 81-5001167-001
a	Plan name	SOUTHERN CALIFORNIA EMERGENCY MEDICINE 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN CALIFORNIA EMERGENCY MEDICINE, A MEDICAL CORPORATION	c EIN-PN 87-0698478-001
a	Plan name	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	
b	Name of plan sponsor	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	c EIN-PN 42-0680307-002
a	Plan name	BULTHAUP SCOTTSDALE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BULTHAUP SCOTTSDALE, LLC	c EIN-PN 20-5667168-001
a	Plan name	EAST COAST RECOVERY LLC 401(K) PLAN	
b	Name of plan sponsor	EAST COAST RECOVERY LLC	c EIN-PN 47-2225497-001
a	Plan name	FRANK W. NEAL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	FRANK W. NEAL & ASSOCIATES, INC.	c EIN-PN 75-2208740-001
a	Plan name	LUSSON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	LUSSON ENTERPRISES	c EIN-PN 20-2947469-001
a	Plan name	PIES & PINTS 401(K) PLAN	
b	Name of plan sponsor	PIES & PINTS MANAGEMENT COMPANY, LLC	c EIN-PN 46-0800537-001

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INVESCO DIVERSIFIED DIVIDEND RET OPT	B Three-digit plan number (PN) ▶ 865
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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)	1
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(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)	37203862
(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	45918149	37203863
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 through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	45918149	37203863

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	821410	
(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)		
(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)	1309338	
(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)		
(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)		3623794
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5754542

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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5754542
l Transfers of assets:			
(1) To this plan	2l(1)		6740043
(2) From this plan	2l(2)		21208871

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 _____.