

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 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  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**

<p><b>1a</b> Name of plan <u>BLACKROCK EQUITY DIVIDEND K CLASS K SHARES</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>935</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DFE RETURNS</u></p> <p><u>DIVERSIFIED INVESTMENT ADVISORS</u> <u>4333 EDGEWOOD RD NE, MD 0009 REPORT</u> <u>CEDAR RAPIDS, IA 52499</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>36-6071399</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>319-355-5357</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>BLACKROCK EQUITY DIVIDEND K CLASS K SHARES</u>	<b>B</b> Three-digit plan number (PN)	<u>935</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DFE RETURNS</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GMG GENERAL, INC. EE SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	GMG GENERAL, INC.	<b>c</b> EIN-PN 92-0138234-001
<b>a</b>	Plan name	GMH ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GMH ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2618889-001
<b>a</b>	Plan name	GOLDSMITH GALLERY JEWELERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOLDSMITH GALLERY JEWELERS, INC.	<b>c</b> EIN-PN 81-0504056-001
<b>a</b>	Plan name	INTERPLAN LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERPLAN, LLC	<b>c</b> EIN-PN 59-3667640-001
<b>a</b>	Plan name	LIGHTING & ELECTRICAL SALES CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIGHTING & ELECTRICAL SALES CO., INC.	<b>c</b> EIN-PN 74-1786305-001
<b>a</b>	Plan name	LIVEWIRE ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LIVEWIRE ELECTRICAL SYSTEMS, INC.	<b>c</b> EIN-PN 46-1006222-001
<b>a</b>	Plan name	PETROLEUM EQUIPMENT INSTITUTE 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETROLEUM EQUIPMENT INSTITUTE	<b>c</b> EIN-PN 73-0593344-002
<b>a</b>	Plan name	PGS/GS DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor	PRADKO, GALLAGHER AND SLANEC, PLLC	<b>c</b> EIN-PN 32-0095590-001
<b>a</b>	Plan name	ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
<b>b</b>	Name of plan sponsor	ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	<b>c</b> EIN-PN 99-0222900-001
<b>a</b>	Plan name	TAMERX DIESEL PRODUCTS 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAMERX DIESEL PRODUCTS	<b>c</b> EIN-PN 81-2955885-001
<b>a</b>	Plan name	417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	417 ROYAL RESTAURANT, LLC	<b>c</b> EIN-PN 46-3172979-001
<b>a</b>	Plan name	A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A&B ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 76-0261001-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name A. COLARUSSO & SON, INC. PROFIT SHARING / 401(K) PLAN	
<b>b</b>	Name of plan sponsor A. COLARUSSO & SON, INC.	<b>c</b> EIN-PN 14-1424400-001
<b>a</b>	Plan name ASBESTOS INSTANT RESPONSE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASBESTOS INSTANT RESPONSE, INC.	<b>c</b> EIN-PN 95-4824758-001
<b>a</b>	Plan name CVIN, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CVIN, LLC	<b>c</b> EIN-PN 77-0407563-001
<b>a</b>	Plan name EVERT & WEATHERSBY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EVERT & WEATHERSBY, LLC	<b>c</b> EIN-PN 58-1830721-001
<b>a</b>	Plan name MAGNOLIA COMMUNITY SERVICES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAGNOLIA COMMUNITY SERVICES, INC.	<b>c</b> EIN-PN 72-0423625-001
<b>a</b>	Plan name NEVADA ORTHOPEDIC & SPINE CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEVADA ORTHOPEDIC & SPINE CENTER, LLC	<b>c</b> EIN-PN 88-0313907-001
<b>a</b>	Plan name PK HOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PK HOUSING AND MANAGEMENT COMPANY	<b>c</b> EIN-PN 38-2964283-001
<b>a</b>	Plan name SAGE HEALTH SERVICES OF INDIANA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAGE HEALTH SERVICES OF INDIANA	<b>c</b> EIN-PN 35-1811450-001
<b>a</b>	Plan name UNIVERSITY OF ANTELOPE VALLEY MEDICAL COLLEGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY OF ANTELOPE VALLEY	<b>c</b> EIN-PN 01-0767134-777
<b>a</b>	Plan name UPSTATE OB/GYN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UPSTATE OB/GYN ASSOCIATES, P.C.	<b>c</b> EIN-PN 14-1600870-001
<b>a</b>	Plan name HEIN SCHNEIDER & BOND P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEIN SCHNEIDER & BOND	<b>c</b> EIN-PN 43-1696065-001
<b>a</b>	Plan name THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE PEOPLES BANK COMPANY	<b>c</b> EIN-PN 34-4327300-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	A.M.E. INC. 401(K)	
<b>b</b>	Name of plan sponsor	A.M.E. INC.	<b>c</b> EIN-PN 22-3603962-001
<b>a</b>	Plan name	J. MILANO CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J. MILANO CO., INC.	<b>c</b> EIN-PN 94-1653879-001
<b>a</b>	Plan name	JAFCO AMERICA VENTURES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAFCO AMERICA VENTURES, INC. DBA ICON VENTURES	<b>c</b> EIN-PN 94-2948334-001
<b>a</b>	Plan name	ALABAMA AGC 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.	<b>c</b> EIN-PN 63-6049915-555
<b>a</b>	Plan name	ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALCON ENTERTAINMENT	<b>c</b> EIN-PN 62-1674411-001
<b>a</b>	Plan name	JR STRUCTURAL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JR STRUCTURAL ENGINEERING, INC.	<b>c</b> EIN-PN 94-3347891-001
<b>a</b>	Plan name	MARCIA HARRER SOBEK, D.D.S., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARCIA HARRER SOBEK, D.D.S., LLC	<b>c</b> EIN-PN 86-0917714-001
<b>a</b>	Plan name	MARCUS, WATANABE & DAVE, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARCUS, WATANABE & DAVE, LLP	<b>c</b> EIN-PN 95-4319447-001
<b>a</b>	Plan name	BAUERSCHMIDT & SONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BAUERSCHMIDT & SONS, INC.	<b>c</b> EIN-PN 11-2287095-001
<b>a</b>	Plan name	BAYSHORE HEALTH & HOMEMAKER SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAYSHORE HEALTH & HOMEMAKER SERVICES, INC.	<b>c</b> EIN-PN 59-2833315-001
<b>a</b>	Plan name	ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C.	<b>c</b> EIN-PN 38-3553403-001
<b>a</b>	Plan name	CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL PAPER STOCK CO., INC	<b>c</b> EIN-PN 43-1234352-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name CHAMPION DISCS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CHAMPION DISCS, INC.	<b>c</b> EIN-PN 95-3894688-001
<b>a</b>	Plan name DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVE ARBOGAST GROUP, INC.	<b>c</b> EIN-PN 31-1409301-001
<b>a</b>	Plan name DAVID MANCINI & SONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVID MANCINI & SONS, INC.	<b>c</b> EIN-PN 27-3716806-001
<b>a</b>	Plan name DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVID&GOLIATH, LLC	<b>c</b> EIN-PN 13-4088671-001
<b>a</b>	Plan name DE MATTEI CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DE MATTEI CONSTRUCTION INC.	<b>c</b> EIN-PN 77-0210774-001
<b>a</b>	Plan name SCHRAM AUTO & TRUCK PARTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHRAM AUTO & TRUCK PARTS, INC.	<b>c</b> EIN-PN 38-3453628-001
<b>a</b>	Plan name FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FACTORY DIRECT SUPPLY WPB LLC	<b>c</b> EIN-PN 46-2159293-001
<b>a</b>	Plan name AVMA LIFE TRUST, LLC MEP 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor AVMA LIFE TRUST, LLC	<b>c</b> EIN-PN 84-2685033-001
<b>a</b>	Plan name MEHRAN FOTOVATJAH, DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEHRAN FOTOVATJAH, DDS, INC.	<b>c</b> EIN-PN 77-0516617-002
<b>a</b>	Plan name MERRELL LLC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERRELL LLC	<b>c</b> EIN-PN 81-2931810-001
<b>a</b>	Plan name NOBEL CARGO SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NOBEL CARGO SYSTEMS, INC.	<b>c</b> EIN-PN 65-0911588-001
<b>a</b>	Plan name CAROLINA DENTAL STUDIO, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAROLINA DENTAL STUDIO, PA	<b>c</b> EIN-PN 57-1089630-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CARSON, CLELLAND & SCHREDER, PLLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARSON, CLELLAND & SCHREDER, PLLP	<b>c</b> EIN-PN 41-1356458-003
<b>a</b>	Plan name	OPSPRO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TDI OPERATIONS LLC DBA OPSPRO	<b>c</b> EIN-PN 45-5597348-001
<b>a</b>	Plan name	ORTHO SPINE ADVANCE HEALTH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORTHO SPINE ADVANCE HEALTH, INC.	<b>c</b> EIN-PN 46-1326710-001
<b>a</b>	Plan name	POWERS GENERATOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWERS GENERATOR	<b>c</b> EIN-PN 02-0523661-001
<b>a</b>	Plan name	PRECISION FABRICATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION FABRICATING GROUP	<b>c</b> EIN-PN 47-1669880-001
<b>a</b>	Plan name	DECON LABORATORIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DECON LABORATORIES, INC.	<b>c</b> EIN-PN 23-2097317-002
<b>a</b>	Plan name	EASTCOAST ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EASTCOAST ENTERTAINMENT, INC.	<b>c</b> EIN-PN 54-1024623-001
<b>a</b>	Plan name	SGCP MANAGEMENT CO., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SGCP MANAGEMENT CO., LLC	<b>c</b> EIN-PN 82-4752245-001
<b>a</b>	Plan name	FARM PUMP AND IRRIGATION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FARM PUMP AND IRRIGATION COMPANY, INC.	<b>c</b> EIN-PN 95-3868044-001
<b>a</b>	Plan name	FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FERREIRA CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 22-3334957-001
<b>a</b>	Plan name	FORT WORTH EYE ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORT WORTH EYE ASSOCIATES	<b>c</b> EIN-PN 75-1645994-001
<b>a</b>	Plan name	FPE 401(K)	
<b>b</b>	Name of plan sponsor	FORKLIFT PARTS AND EQUIPMENT IMPORT & EXPORT, INC.	<b>c</b> EIN-PN 65-0130280-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SPERTUS LANDES & JOSEPHS, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPERTUS LANDES & JOSEPHS, LLP	<b>c</b> EIN-PN 46-1531301-001
<b>a</b>	Plan name	THE FARBER COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FARBER SPECIALTY VEHICLES, INC.	<b>c</b> EIN-PN 41-2043544-001
<b>a</b>	Plan name	HICKS LIN(K) GROUP PLAN SOLUTION	
<b>b</b>	Name of plan sponsor	HICKS PENSION SERVICES	<b>c</b> EIN-PN 77-0155091-001
<b>a</b>	Plan name	HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGHTOWERS PETROLEUM CO.	<b>c</b> EIN-PN 31-1151689-001
<b>a</b>	Plan name	THE SCHUMACHER CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE SCHUMACHER CONSTRUCTION COMPANY	<b>c</b> EIN-PN 34-1091859-001
<b>a</b>	Plan name	JENKINS WOODWORKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JENKINS WOODWORKING, INC.	<b>c</b> EIN-PN 05-0419446-001
<b>a</b>	Plan name	VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLE MAKOFF LLP	<b>c</b> EIN-PN 27-1587480-001
<b>a</b>	Plan name	VANGUARD ENERGY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANGUARD ENERGY PARTNERS, LLC	<b>c</b> EIN-PN 26-4685348-002
<b>a</b>	Plan name	KENTUCKY MACHINE AND TOOL INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENTUCKY MACHINE AND TOOL INC.	<b>c</b> EIN-PN 61-0720003-001
<b>a</b>	Plan name	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KETTMANN MACHINING INC.	<b>c</b> EIN-PN 26-4023756-001
<b>a</b>	Plan name	KEVIN J. ROBERTSON, D.D.S., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROBERTSON FAMILY DENTISTRY, INC.	<b>c</b> EIN-PN 34-1959064-001
<b>a</b>	Plan name	WALKER CRANE & RIGGING CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALKER CRANE & RIGGING CORP.	<b>c</b> EIN-PN 06-0664957-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALPHA BROKERS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPHA BROKERS CORPORATION	<b>c</b> EIN-PN 65-0140528-001
<b>a</b>	Plan name	BILL BRADLEY PLUMBING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BILL BRADLEY PLUMBING, INC.	<b>c</b> EIN-PN 63-0657536-001
<b>a</b>	Plan name	COAST DIAMOND, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COAST DIAMOND, INC.	<b>c</b> EIN-PN 94-2551495-002
<b>a</b>	Plan name	ECOLOGY SERVICES, INC. (NON-UNION) 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECOLOGY SERVICES, INC.	<b>c</b> EIN-PN 52-1633982-002
<b>a</b>	Plan name	ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECOLOGY SERVICES, INC.	<b>c</b> EIN-PN 52-1633980-001
<b>a</b>	Plan name	FUKUDA DENSHI RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FUKUDA DENSHI USA, INC.	<b>c</b> EIN-PN 91-1725100-001
<b>a</b>	Plan name	HOSPICE OF SAN JOAQUIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOSPICE OF SAN JOAQUIN	<b>c</b> EIN-PN 94-2777980-005
<b>a</b>	Plan name	JOHNSTON FARMS FLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSTON FARMS, FLP	<b>c</b> EIN-PN 95-2377683-001
<b>a</b>	Plan name	MILLARD WIRE COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MILLARD WIRE CO.	<b>c</b> EIN-PN 05-0460409-001
<b>a</b>	Plan name	PACIFIC ELECTRONIC ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC ELECTRONIC ENTERPRISES, INC.	<b>c</b> EIN-PN 95-2220026-001
<b>a</b>	Plan name	RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RALPH BRENNAN RESTAURANT GROUP, L.L.C.	<b>c</b> EIN-PN 72-1350467-001
<b>a</b>	Plan name	THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON & HARVEY BAY AREA, LLC	<b>c</b> EIN-PN 27-1531650-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THOMPSON BROS PLUMBING 401K PLAN	
<b>b</b>	Name of plan sponsor THOMPSON BROS PLUMBING	<b>c</b> EIN-PN 37-1458920-001
<b>a</b>	Plan name TIL GAMING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIL GAMING LLC	<b>c</b> EIN-PN 30-0855844-001
<b>a</b>	Plan name AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN PILE AND FOUNDATION, LLC	<b>c</b> EIN-PN 32-0400145-001
<b>a</b>	Plan name BLUE RUNNER FOODS, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLUE RUNNER FOODS, INC.	<b>c</b> EIN-PN 72-1238130-001
<b>a</b>	Plan name BOARDMAN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOARDMAN, LLC	<b>c</b> EIN-PN 73-1470937-003
<b>a</b>	Plan name BOGHOSIAN RAISIN PACKING COMPANY, INC. 401(K)	
<b>b</b>	Name of plan sponsor BOGHOSIAN RAISIN PACKING COMPANY, INC.	<b>c</b> EIN-PN 94-2175344-002
<b>a</b>	Plan name COLUMBIA RIVER FLOOR COVERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COLUMBIA RIVER FLOOR COVERING, INC.	<b>c</b> EIN-PN 91-0839015-002
<b>a</b>	Plan name COMCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMCARE PRIMARY MEDICAL GROUP	<b>c</b> EIN-PN 46-1164827-001
<b>a</b>	Plan name GACE 401(K) PLAN	
<b>b</b>	Name of plan sponsor GACE CONSULTING ENGINEERS, P.C.	<b>c</b> EIN-PN 20-5995207-001
<b>a</b>	Plan name HOWARD & ASSOCIATES INTERNATIONAL, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOWARD & ASSOCIATES INTERNATIONAL, INC	<b>c</b> EIN-PN 72-1290834-001
<b>a</b>	Plan name KUHANA ASSOCIATES, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KUHANA ASSOCIATES, LLC	<b>c</b> EIN-PN 99-0335219-001
<b>a</b>	Plan name MOCERI MANAGEMENT CO. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MOCERI MANAGEMENT CO	<b>c</b> EIN-PN 38-6175411-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor REISCHLING PRESS, INC.	<b>c</b> EIN-PN 91-1013222-001
<b>a</b>	Plan name TOP HAT UNIFORM 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOP HAT UNIFORM, INC.	<b>c</b> EIN-PN 11-1979505-001
<b>a</b>	Plan name WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILD, CARTER AND TIPTON A PROFESSIONAL CORP	<b>c</b> EIN-PN 94-2589967-002
<b>a</b>	Plan name WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILLIAMS FIRE & HAZARD, LLC	<b>c</b> EIN-PN 93-4675784-001
<b>a</b>	Plan name WILLITS & NEWCOMB 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSTON NURSERIES, FLP, DBA WILLITS & NEWCOMB	<b>c</b> EIN-PN 47-2188570-001
<b>a</b>	Plan name AMI DISTRIBUTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMI DISTRIBUTORS	<b>c</b> EIN-PN 46-5048256-001
<b>a</b>	Plan name BOO-KER OIL & GAS CORP. SECTION 401 (K) PLAN	
<b>b</b>	Name of plan sponsor BOO-KER OIL & GAS CORP.	<b>c</b> EIN-PN 72-0750276-001
<b>a</b>	Plan name BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOSS COMMUNICATION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 99-0259632-001
<b>a</b>	Plan name ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELM MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 82-2104879-001
<b>a</b>	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE II	
<b>b</b>	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-302
<b>a</b>	Plan name MONTANA HEALTH NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONTANA HEALTH NETWORK	<b>c</b> EIN-PN 81-0440728-002
<b>a</b>	Plan name PAUL K. WEIN M.D. P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PAUL K. WEIN M.D. P.C.	<b>c</b> EIN-PN 11-2612651-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name RICHARDSON WAYLAND FERREIRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHARDSON-WAYLAND FERREIRA, LLC	<b>c</b> EIN-PN 93-4818877-001
<b>a</b>	Plan name SUNDOWN RANCH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUNDOWN RANCH, INC.	<b>c</b> EIN-PN 75-2195214-001
<b>a</b>	Plan name SUPERIOR AUTO BODY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SGS HOLDINGS DBA SUPERIOR AUTO BODY	<b>c</b> EIN-PN 20-3365670-001
<b>a</b>	Plan name TOWER ENGINEERING SOLUTIONS, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOWER ENGINEERING SOLUTIONS, LLC.	<b>c</b> EIN-PN 46-2297448-001
<b>a</b>	Plan name TOYOTA BOSHOKU AKI USA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOYOTA BOSHOKU AKI USA, LLC	<b>c</b> EIN-PN 84-2857865-001
<b>a</b>	Plan name MR. BS BISTRO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MR. B'S BISTRO, INC.	<b>c</b> EIN-PN 72-0847066-001
<b>a</b>	Plan name MRC CREATIONS, LLC 401(K)	
<b>b</b>	Name of plan sponsor MRC CREATIONS, LLC	<b>c</b> EIN-PN 46-4236344-002
<b>a</b>	Plan name RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	<b>c</b> EIN-PN 27-2566095-001
<b>a</b>	Plan name TAB LAW FIRM 401(K)	
<b>b</b>	Name of plan sponsor TAB LAW FIRM	<b>c</b> EIN-PN 20-5864838-001
<b>a</b>	Plan name TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	<b>c</b> EIN-PN 62-1874762-001
<b>a</b>	Plan name TREVOR K IRISH O.D. INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TREVOR K IRISH O.D. INC.	<b>c</b> EIN-PN 27-1758327-001
<b>a</b>	Plan name TRINITY DESIGN BUILD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRINITY DESIGN BUILD, INC.	<b>c</b> EIN-PN 74-3111479-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b>	Plan name	YZER LLC 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	82-2501890-001
<b>b</b>	Name of plan sponsor	YZER LLC	<b>c</b>	EIN-PN	82-2501890-001
<b>a</b>	Plan name	BREEDLOVE, DENNIS, & ASSOCIATES, INC. 401(K) PLAN	<b>c</b>	EIN-PN	59-1694414-001
<b>b</b>	Name of plan sponsor	BREEDLOVE, DENNIS, & ASSOCIATES, INC.	<b>c</b>	EIN-PN	59-1694414-001
<b>a</b>	Plan name	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	72-0477660-001
<b>b</b>	Name of plan sponsor	BRYAN CHEVROLET LLC	<b>c</b>	EIN-PN	72-0477660-001
<b>a</b>	Plan name	BRYLAK & ASSOCIATES 401(K) RETIREMENT PLAN	<b>c</b>	EIN-PN	37-1510264-001
<b>b</b>	Name of plan sponsor	BRYLAK & ASSOCIATES, LLC	<b>c</b>	EIN-PN	37-1510264-001
<b>a</b>	Plan name	COXSACKIE PHYSICAL THERAPY 401(K) PLAN	<b>c</b>	EIN-PN	05-0588304-001
<b>b</b>	Name of plan sponsor	COXSACKIE PHYSICAL THERAPY	<b>c</b>	EIN-PN	05-0588304-001
<b>a</b>	Plan name	ENGLANDER CONTAINER CO. 401(K) PLAN	<b>c</b>	EIN-PN	74-1588088-002
<b>b</b>	Name of plan sponsor	ENGLANDER CONTAINER CORPORATION	<b>c</b>	EIN-PN	74-1588088-002
<b>a</b>	Plan name	INSURANCE PROFESSIONALS OF TENNESSEE, LLC 401(K) PLAN	<b>c</b>	EIN-PN	20-1340121-001
<b>b</b>	Name of plan sponsor	INSURANCE PROFESSIONALS OF TENNESSEE, LLC	<b>c</b>	EIN-PN	20-1340121-001
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BLACKROCK EQUITY DIVIDEND K CLASS K SHARES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>935</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DFE RETURNS</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	41031657
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	47304551
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	41031657	47304551
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	41031657	47304551

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	4210971	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		4210971

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4210971
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		10976170
(2) From this plan .....	<b>2l(2)</b>		8914247

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.