

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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, 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, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: FRANKLIN SMALL CAP VALUE RET ACCT; 1b Three-digit plan number (PN): 086; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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>FRANKLIN SMALL CAP VALUE RET ACCT</u>	B Three-digit plan number (PN)	<u>086</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</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)

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	ERT DESIGN GROUP 401(K) PLAN	
b Name of plan sponsor	ERT DESIGN GROUP LLC	c EIN-PN 46-2799256-001
a Plan name	C.W. BEACH CO., INC. 401(K) PLAN	
b Name of plan sponsor	C.W. BEACH CO., INC.	c EIN-PN 04-3734644-001
a Plan name	ISR OF LOUISIANA 401(K) PLAN	
b Name of plan sponsor	ISR OF LOUISIANA	c EIN-PN 46-4028718-001
a Plan name	LRP MANAGEMENT 401(K) RETIREMENT PLAN	
b Name of plan sponsor	LRP MANAGEMENT NY CORP	c EIN-PN 86-2827816-001
a Plan name	NELLA MEDIA GROUP, LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	NELLA MEDIA GROUP, LLC	c EIN-PN 26-2724679-001
a Plan name	THE PRISM GROUP, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THE PRISM GROUP, LLC	c EIN-PN 80-0329401-001
a Plan name	JAY'S CUSTOM CABINETS 401(K) PLAN	
b Name of plan sponsor	JAY'S CUSTOM CABINETS, INC	c EIN-PN 26-1712172-001
a Plan name	MARIA SCHWARTZ, PC 401(K)	
b Name of plan sponsor	MARIA SCHWARTZ, PC	c EIN-PN 82-1680509-001
a Plan name	PLATINUM DENTAL SPECIALTIES LLC 401(K) PLAN	
b Name of plan sponsor	PLATINUM DENTAL SPECIALTIES LLC	c EIN-PN 27-1385150-001
a Plan name	DEALERDNA	
b Name of plan sponsor	DEALERDNA, INC.	c EIN-PN 46-2762607-001
a Plan name	DYKE NELSON ARCHITECTURE LLC 401(K) PLAN	
b Name of plan sponsor	DYKE NELSON ARCHITECTURE LLC	c EIN-PN 45-4214031-001
a Plan name	CAPITAL DISTRICT ADVANCED DENTAL ARTS 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CAPITAL DISTRICT ADVANCED DENTAL ARTS	c EIN-PN 27-1404048-001

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 CATARACT STEEL INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor COSTANZO'S WELDING INC. DBA CATARACT STEEL INDUSTRIES	c EIN-PN 16-1095041-001
a	Plan name FASHION ANGELS ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor M&G PARTNERS, LLP DBA FASHION ANGELS ENTERPRISES	c EIN-PN 39-1724800-001
a	Plan name SRC 401(K) PLAN	
b	Name of plan sponsor SRC SERVICES, INC.	c EIN-PN 77-0713955-001
a	Plan name HARBOR POINT REALTY 401(K) PLAN	
b	Name of plan sponsor HARBOR POINT REALTY & INVESTMENTS, LLC	c EIN-PN 54-2064398-001
a	Plan name HARD SAFARI CORP 401(K)	
b	Name of plan sponsor HARD SAFARI CORP.	c EIN-PN 47-1919954-001
a	Plan name HARDLINE EQUIPMENT LLC 401(K) PLAN	
b	Name of plan sponsor HARDLINE EQUIPMENT LLC	c EIN-PN 27-2085949-001
a	Plan name THE WILHELM GROUP RETIREMENT PLAN & TRUST	
b	Name of plan sponsor THE WILHELM GROUP RETIREMENT PLAN & TRUST	c EIN-PN 81-5035218-001
a	Plan name THOMAS D. BLORE ARCHITECT PC 401(K) PLAN	
b	Name of plan sponsor THOMAS D. BLORE ARCHITECT PC	c EIN-PN 20-8781670-001
a	Plan name BLUE OPS, LLC 401(K) PLAN	
b	Name of plan sponsor BLUE OPS, LLC	c EIN-PN 82-5030716-001
a	Plan name DISCLOSURE LAW GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DISCLOSURE LAW GROUP	c EIN-PN 81-1103971-001
a	Plan name EGGSHELL LIGHTING COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EGGSHELL LIGHTING COMPANY, INC.	c EIN-PN 99-0284485-001
a	Plan name HONOLULU BEERWORKS 401(K) PLAN	
b	Name of plan sponsor HONOLULU BEERWORKS LLC	c EIN-PN 46-0821421-001

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 KNEGO CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor DAN KNEGO CONSTRUCTION, INC.	c EIN-PN 27-4440861-001
a	Plan name MIA 401(K) PLAN	
b	Name of plan sponsor MALAIS INSURANCE AGENCY, INC.	c EIN-PN 90-0181266-001
a	Plan name STERLING HEALTHCARE LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor STERLING HEALTHCARE LOGISTICS, LLC	c EIN-PN 46-1843222-001
a	Plan name THE HOYT ORGANIZATION, INC. 401(K) PLAN	
b	Name of plan sponsor THE HOYT ORGANIZATION, INC.	c EIN-PN 33-0414128-001
a	Plan name THE LOUDERMILK COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor THE LOUDERMILK COMPANIES, LLC	c EIN-PN 45-4095096-001
a	Plan name ELEMENT DESIGN GROUP 401(K) PLAN	
b	Name of plan sponsor EDC, INC.	c EIN-PN 03-0546249-001
a	Plan name LAKE HILL DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor LAKE HILL DENTAL CARE P.C.	c EIN-PN 83-1908844-001
a	Plan name MOM & POP MUSIC CO. LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOM & POP MUSIC CO. LLC	c EIN-PN 26-2920997-001
a	Plan name PARKSIDE EQUITIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PARKSIDE EQUITIES, LLC	c EIN-PN 81-2783964-001
a	Plan name TOSA PEDIATRICS, S.C. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor TOSA PEDIATRICS, S.C.	c EIN-PN 39-1387768-001
a	Plan name BRADFORD INDEPENDENT INSURANCE AGENCIES, INC. 401(K) PLAN	
b	Name of plan sponsor BRADFORD INDEPENDENT INSURANCE AGENCIES, INC.	c EIN-PN 11-2817906-001
a	Plan name MOONDANCE ADVENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor MOONDANCE ADVENTURES, INC.	c EIN-PN 58-2208578-001

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	PAUL ANDERSON 401(K) PLAN	
b	Name of plan sponsor	PAUL ANDERSON YOUTH HOME, INC.	c EIN-PN 58-6041868-001
a	Plan name	GATEWAY DEMO/CIVIL CORP. 401(K) PLAN	
b	Name of plan sponsor	GATEWAY DEMO/CIVIL CORP.	c EIN-PN 13-2873389-001
a	Plan name	INTEGRATED CONTROL SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED CONTROL SYSTEMS	c EIN-PN 62-1538849-002
a	Plan name	401(K) AND NEW COMPARABILITY PLAN FOR TRI-STATE RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TRI STATE RETIREMENT PLAN EXCHANGE	c EIN-PN 22-3349752-001
a	Plan name	ARC ENVIRONMENTAL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ARC ENVIRONMENTAL, LLC	c EIN-PN 52-1905017-001
a	Plan name	GBWY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GBWY INVESTMENT GROUP, INC. DBA STATELINE SERVICE	c EIN-PN 26-2344233-001
a	Plan name	JOE TANNER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JOE TANNER & ASSOCIATES, INC.	c EIN-PN 58-2339665-001
a	Plan name	JOHN MAYE COMPANY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN MAYE COMPANY INC.	c EIN-PN 46-3255828-001
a	Plan name	MOOREFIELD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOOREFIELD CONSTRUCTION, INC.	c EIN-PN 95-3419477-002
a	Plan name	MORTENSEN FUNERAL HOME, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	MORTENSEN FUNERAL HOME, INC.	c EIN-PN 38-2420931-002
a	Plan name	LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	LEGON FODIMAN & SUDDUTH, P.A.	c EIN-PN 65-0520887-001
a	Plan name	ABC OF IOWA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ABC OF IOWA	c EIN-PN 42-1029016-001

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 ALASKA TRAILBLAZING, INC. 401(K) PLAN	
b	Name of plan sponsor ALASKA TRAILBLAZING, INC.	c EIN-PN 20-5716253-001
a	Plan name ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLEVITY, INC.	c EIN-PN 94-2264491-001
a	Plan name NEXT RETIREMENT PLAN - EMERGING MARKET	
b	Name of plan sponsor NEXT RETIREMENT PLAN - EMERGING	c EIN-PN 26-2480211-001
a	Plan name BRIDGEMAN ART LIBRARY INTERNATIONAL LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor BRIDGEMAN IMAGES	c EIN-PN 13-3947335-001
a	Plan name BUILDERS HARDWARE & SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUILDERS HARDWARE & SUPPLY CO., INC.	c EIN-PN 91-0715362-001
a	Plan name SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a	Plan name COTTERMAN & COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COTTERMAN & COMPANY, INC.	c EIN-PN 34-1391975-001
a	Plan name ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTECH HAWAII, INC.	c EIN-PN 99-0229338-001
a	Plan name ELITE TOOL & MANUFACTURING LLC 401(K) PLAN	
b	Name of plan sponsor ELITE TOOL & MANUFACTURING LLC	c EIN-PN 83-3913745-001
a	Plan name VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
b	Name of plan sponsor VALLEY HUNT CLUB	c EIN-PN 95-1325050-002
a	Plan name KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001
a	Plan name GREAT AMERICAN CAPITAL 401(K) PLAN	
b	Name of plan sponsor GREAT AMERICAN CAPITAL	c EIN-PN 88-0302449-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	INTEGRATED LEADERSHIP SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTEGRATED LEADERSHIP SYSTEMS	c EIN-PN 94-3462501-001
a	Plan name	ISHR 401(K) PLAN	
b	Name of plan sponsor	ISHR, LLC.	c EIN-PN 26-1160348-333
a	Plan name	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	KINGBRIGHT COMPANY, LLC.	c EIN-PN 46-0987944-001
a	Plan name	ACADIA HR MEP	
b	Name of plan sponsor	HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	c EIN-PN 14-1725479-001
a	Plan name	NATHAN W. MOGREN, D.M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor	NATHAN W. MOGREN, D.M.D., P.C.	c EIN-PN 27-1009572-001
a	Plan name	ATLANTIC SMART TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC SMART TECHNOLOGIES, INC.	c EIN-PN 20-1523617-001
a	Plan name	PINNACLE WALL SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	PINNACLE WALL SYSTEMS, INC.	c EIN-PN 26-4353827-001
a	Plan name	PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name	SKY BLUE RETIREMENT PLAN	
b	Name of plan sponsor	SKY BLUE BUILDERS, LLC	c EIN-PN 20-8411005-001
a	Plan name	SOFM 401(K) PLAN	
b	Name of plan sponsor	SOUTH OAKS FAMILY MEDICINE, P.A.	c EIN-PN 74-2978615-001
a	Plan name	CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRUICKSHANK, INC.	c EIN-PN 58-1409679-001
a	Plan name	STONY POINT DENTAL, PC	
b	Name of plan sponsor	STONY POINT DENTAL, PC	c EIN-PN 27-2392177-002

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 ENVIRONET SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor ENVIRONET SYSTEMS, LLC	c EIN-PN 13-3851048-001
a	Plan name AMERICAN ONE SOURCE, INC. MEP 401(K) PLAN	
b	Name of plan sponsor AMERICAN ONE SOURCE, INC.	c EIN-PN 71-0934616-001
a	Plan name BEARDOWADAMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEARDOWADAMS, INC.	c EIN-PN 99-0372789-001
a	Plan name CANTEEN 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor CANTEEN FOOD & VENDING OF COASTAL CA, INC.	c EIN-PN 95-3084005-001
a	Plan name COMMUNITY FOUNDATION OF TAMPA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor COMMUNITY FOUNDATION OF TAMPA	c EIN-PN 59-3001853-777
a	Plan name HABITAT FOR HUMANITY NEW CASTLE COUNTY 401(K) PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY NEW CASTLE COUNTY	c EIN-PN 51-0294138-001
a	Plan name J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J. J. MAUGET COMPANY, INC.	c EIN-PN 95-1968672-002
a	Plan name JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY	c EIN-PN 26-2257289-001
a	Plan name LUMUS CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor LUMUS CONSTRUCTION, INC.	c EIN-PN 04-3413392-001
a	Plan name M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
b	Name of plan sponsor M&W DISTRIBUTION SERVICES, INC.	c EIN-PN 58-1164068-001
a	Plan name OHIO CONTRACTORS ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OHIO CONTRACTORS ASSOCIATION	c EIN-PN 31-4269300-002
a	Plan name SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor SBARRO, INC.	c EIN-PN 11-2501939-001

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 SC RETIREMENT PLAN	
b	Name of plan sponsor SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
a	Plan name SCHULTZ FORD LINCOLN MERCURY INC. & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor SCHULTZ FORD LINCOLN MERCURY INC.	c EIN-PN 13-1730338-001
a	Plan name SOUTHERN STRUCTURAL STEEL, INC. 401(K) PLAN	
b	Name of plan sponsor SOUTHERN STRUCTURAL STEEL, INC.	c EIN-PN 54-1809752-001
a	Plan name SPECTRUM MONTESSORI 401(K) PLAN	
b	Name of plan sponsor SPECTRUM MONTESSORI	c EIN-PN 45-5022138-001
a	Plan name TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor TARBELL MANAGEMENT GROUP, LLC	c EIN-PN 27-3567818-002
a	Plan name WEG AND MYERS, PC 401(K) PLAN	
b	Name of plan sponsor WEG AND MYERS, PC	c EIN-PN 13-2669273-001
a	Plan name WELLPOWER U.E. LOCAL #1135 401(K) PLAN	
b	Name of plan sponsor STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-010
a	Plan name WELLPOWER UAW LOCAL #2571 401(K) PLAN	
b	Name of plan sponsor STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-011
a	Plan name CERRI & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CERRI & SON, INC.	c EIN-PN 45-3450785-001
a	Plan name CES GROUP 401(K) PLAN	
b	Name of plan sponsor CES GROUP DBA CES, ERG AND NOVACOM	c EIN-PN 52-2356815-001
a	Plan name DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name MASTODON DESIGN, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MASTODON DESIGN, LLC	c EIN-PN 46-3846727-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SECURCOM, INC. 401(K) PLAN	
b	Name of plan sponsor	SECURCOM, INC.	c EIN-PN 34-1852124-002
a	Plan name	BENEFIT PROVIDERS MULTIPLE EMPLOYER 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor	BENEFIT PROVIDERS, LLC	c EIN-PN 52-2010356-333
a	Plan name	DELTA PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DELTA PACKAGING, INC.	c EIN-PN 23-2424721-001
a	Plan name	M.R.S. INDUSTRIAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MRS INDUSTRIAL	c EIN-PN 31-1499453-001
a	Plan name	PRECISION PAVING OF TAMPA, INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION PAVINGS	c EIN-PN 59-2359657-001
a	Plan name	TECH VALLEY TALENT LLC 401(K) PLAN	
b	Name of plan sponsor	TECH VALLEY TALENT LLC	c EIN-PN 26-2582540-001
a	Plan name	BILL'S BOOKKEEPING SERVICES 401(K) PLAN	
b	Name of plan sponsor	BILL'S BOOKKEEPING SERVICES, LLC	c EIN-PN 27-0420780-001
a	Plan name	RETIRE READY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RETIRE READY	c EIN-PN 20-1826963-333
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 FRANKLIN SMALL CAP VALUE RET ACCT	B Three-digit plan number (PN) ▶ 086
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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)	
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)	3500859
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3372082
(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	3500859	3372082
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	3500859	3372082

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)		
(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)	391878	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		391878

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		391878
l Transfers of assets:			
(1) To this plan.....	2l(1)		276584
(2) From this plan	2l(2)		797239

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 _____.