

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>FRANKLIN SMALL CAP VALUE</u>	1b Three-digit plan number (PN) ▶ <u>035</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPNAY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	1c Effective date of plan 2b Employer Identification Number (EIN) <u>82-5217478</u> 2c Plan Sponsor's telephone number 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/22/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <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</u>	B Three-digit plan number (PN)	<u>035</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPNAY</u>	D Employer Identification Number (EIN) <u>82-5217478</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)
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b Name of sponsor of entity listed in (a):		
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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:

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c EIN-PN

d Entity code

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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	CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY	c EIN-PN 31-1541953-001
a	Plan name	GUSTO DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor	GUSTO DISTRIBUTING	c EIN-PN 81-0295720-001
a	Plan name	HARMONY HEALTHCARE IT 401K PLAN	
b	Name of plan sponsor	BUSINESS INTERACTIONS LLC DBA HARMONY HEALTHCARE IT	c EIN-PN 32-0157950-002
a	Plan name	MY FIRST MONTESSORI, INC. 401(K) PLAN	
b	Name of plan sponsor	MY FIRST MONTESSORI, INC.	c EIN-PN 80-0770264-001
a	Plan name	N.E.P., INC. DBA STONE AGENCY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	N.E.P., INC. DBA STONE AGENCY	c EIN-PN 06-1446107-001
a	Plan name	SERENITY CARE RESOURCES LLC 401(K) PLAN	
b	Name of plan sponsor	SERENITY CARE RESOURCES, LLC	c EIN-PN 81-1594721-001
a	Plan name	SGI 401(K) PLAN	
b	Name of plan sponsor	SGI	c EIN-PN 93-4216744-001
a	Plan name	SHEN-PACO INDUSTRIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SHEN-PACO INDUSTRIES, INC.	c EIN-PN 54-0972487-001
a	Plan name	SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SIGMON FAMILY INVESTMENTS, INC.	c EIN-PN 20-3200494-001
a	Plan name	A-WHISCO INC. 401(K) PLAN	
b	Name of plan sponsor	A-WHISCO, INC.	c EIN-PN 52-0979730-001
a	Plan name	COMPASS RETIREMENT CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMPASS RETIREMENT CONSULTING GROUP, INC.	c EIN-PN 20-4795685-001

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	HERITAGE AUTO 401(K) PLAN	
b Name of plan sponsor	HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	c EIN-PN 87-0306275-001
a Plan name	HERITAGE FORD OF VERNAL 401K PLAN	
b Name of plan sponsor	HERITAGE FORD OF VERNAL	c EIN-PN 83-3589085-001
a Plan name	NATURESCAPE 401(K) RETIREMENT PLAN	
b Name of plan sponsor	NATURESCAPE	c EIN-PN 03-0448406-001
a Plan name	NICOLE WATSON SOLO(K)	
b Name of plan sponsor	NICOLE A. WATSON	c EIN-PN 27-0292782-001
a Plan name	SKIENCE, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	SKIENCE, LLC	c EIN-PN 54-2058238-001
a Plan name	SMI AUTOMOTIVE REPAIR 401(K) PLAN	
b Name of plan sponsor	KH AUTOMOTIVE, LLC	c EIN-PN 84-4729796-001
a Plan name	ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b Name of plan sponsor	ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a Plan name	CRAFT CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b Name of plan sponsor	CRAFT CONSTRUCTION COMPANY	c EIN-PN 86-0853895-001
a Plan name	CRANE REHAB CENTER, LLC 401(K) PLAN	
b Name of plan sponsor	CRANE REHAB CENTER, LLC	c EIN-PN 72-1409970-001
a Plan name	CRISWELL AUTOMOTIVE 401(K) PLAN	
b Name of plan sponsor	CRISWELL CHEVROLET INC.	c EIN-PN 52-0950184-001
a Plan name	CRISWELL OF WOODSTOCK 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	CRISWELL FORD OF WOODSTOCK, INC.	c EIN-PN 84-4220321-002
a Plan name	HUMBLE SEA BREWING COMPANY 401(K) PLAN	
b Name of plan sponsor	HUMBLE SEA, INC.	c EIN-PN 47-4082461-001

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	HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor	HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001
a	Plan name	NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	NOMAD GLOBAL COMMUNICATION SOLUTIONS	c EIN-PN 35-2182794-777
a	Plan name	NORTHEAST INDIANA WORKS INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHEAST INDIANA WORKS INC.	c EIN-PN 27-4700166-001
a	Plan name	NORTHPOINT CONSTRUCTION MANAGEMENT, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHPOINT CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 20-2902599-001
a	Plan name	NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST CHRISTIAN SCHOOL	c EIN-PN 86-0445016-001
a	Plan name	NOVONIX ANODE MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor	NOVONIX ANODE MATERIALS LLC	c EIN-PN 82-0771516-001
a	Plan name	NUWAVE ENERGY SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NUWAVE ENERGY SOLUTIONS, LLC	c EIN-PN 84-2586779-001
a	Plan name	PREFERRED MEATS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PREFERRED MEATS INC.	c EIN-PN 20-8293251-001
a	Plan name	RENSKO HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	RENSKO HOLDINGS, LLC	c EIN-PN 01-0549518-001
a	Plan name	ADVANCED COSMETIC RESEARCH LABORATORIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED COSMETIC RESEARCH LABORATORIES, INC	c EIN-PN 95-4493756-001
a	Plan name	STUDIO ONE PHOTOGRAPHY, INC. 401(K) PLAN	
b	Name of plan sponsor	STUDIO ONE PHOTOGRAPHY, INC.	c EIN-PN 46-5583445-001
a	Plan name	SUPERIOR CONTRACTING SERVICES 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR CONTRACTING SERVICES, LLC	c EIN-PN 47-3165305-001

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 SYDAPTIC, INC. 401(K) PLAN	
b	Name of plan sponsor SYDAPTIC, INC.	c EIN-PN 74-2898394-001
a	Plan name ARMSTRONG CARPET & LINOLEUM CO. 401(K) PLAN	
b	Name of plan sponsor ARMSTRONG CARPET & LINOLEUM COMPANY	c EIN-PN 94-1509072-001
a	Plan name ASPEN TREE EXPERT CO INC 401(K) PLAN	
b	Name of plan sponsor ASPEN TREE EXPERT CO INC	c EIN-PN 22-2817065-001
a	Plan name THE VALLEY FERTILIZER CHEMICAL CO, INC. 401K PLAN	
b	Name of plan sponsor THE VALLEY FERTILIZER CHEMICAL CO, INC.	c EIN-PN 54-0415185-002
a	Plan name THERMAL SOLUTIONS RESOURCES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor THERMAL SOLUTIONS RESOURCES, LLC D/B/A TSRGROW	c EIN-PN 26-4611654-001
a	Plan name THIRTEEN TWENTY-TWO ADVISORS 401(K) PLAN	
b	Name of plan sponsor THIRTEEN TWENTY-TWO ADVISORS	c EIN-PN 45-5609488-001
a	Plan name TOM CALVIN INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor TOM CALVIN INSURANCE AGENCY, INC.	c EIN-PN 20-3249017-001
a	Plan name WAYNE SMITH'S AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor WAYNE SMITH'S AUTO SALES, INC.	c EIN-PN 22-2343350-001
a	Plan name WELSH FABRICATION & DESIGN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WELSH FABRICATION & DESIGN, INC.	c EIN-PN 26-3962562-001
a	Plan name WEST DES MOINES OB/GYN ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WEST DES MOINES OB/GYN ASSOCIATES, P.C.	c EIN-PN 42-1391851-001
a	Plan name DACO PRECISION-TOOL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DACO PRECISION, INC.	c EIN-PN 39-1710167-001
a	Plan name DECARLO CORPORATION 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor DECARLO CORPORATION DBA DECARLO DEMOLITION COMPANY	c EIN-PN 42-1511387-001

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	DWC 401(K) PLAN	
b	Name of plan sponsor	CONSUMER CRUSADERS DBA DISTRIBUTOR WIRE & CABLE	c EIN-PN 01-0692123-001
a	Plan name	E.J. WARD, INC. 401(K) PLAN	
b	Name of plan sponsor	E.J. WARD, INC.	c EIN-PN 88-0284475-001
a	Plan name	EAST VALLEY UROLOGY CENTER 401(K) PLAN	
b	Name of plan sponsor	EAST VALLEY UROLOGY CENTER, PLC	c EIN-PN 81-3825715-001
a	Plan name	INFINITI CREATIONS RETIREMENT PLAN	
b	Name of plan sponsor	INFINITI CREATIONS, LLC	c EIN-PN 27-2501647-001
a	Plan name	INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED TAX ACCOUNTING INC.	c EIN-PN 81-0699291-001
a	Plan name	M & G SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	MAXWELL & GRAVE SOLUTIONS, LLC	c EIN-PN 83-2535568-001
a	Plan name	MANHATTAN MECHANICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	MANHATTAN MECHANICAL SERVICES, INC.	c EIN-PN 27-3969132-001
a	Plan name	OUR COUNTRY HOME ENTERPRISES, INC CUSTOM RETIREMENT PLAN	
b	Name of plan sponsor	OUR COUNTRY HOME ENTERPRISES, INC.	c EIN-PN 34-1524285-001
a	Plan name	OUTDOORSY HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	OUTDOORSY HOLDINGS, INC.	c EIN-PN 85-0558661-001
a	Plan name	KIRKWOOD AUTO CENTER, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KIRKWOOD AUTO CENTER, LLC	c EIN-PN 52-2063437-001
a	Plan name	KLAR, IZSAK, & STENGER LLC 401(K) PLAN	
b	Name of plan sponsor	KLAR, IZSAK, & STENGER LLC	c EIN-PN 43-1844222-001
a	Plan name	KLJ-FB 401(K) PLAN	
b	Name of plan sponsor	FOUR BOARD WOODWORKS LLC	c EIN-PN 81-2214411-001

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	KRASHIDBUILT 401(K) + PROFIT SHARING PLAN	
b	Name of plan sponsor	KRASHIDBUILT LLC	c EIN-PN 81-5001167-001
a	Plan name	MASOULEH CORP. 401(K) PLAN	
b	Name of plan sponsor	MASOULEH CORP.	c EIN-PN 22-3193497-001
a	Plan name	PROFESSIONAL RESTORATION 401(K) PLAN	
b	Name of plan sponsor	DRS, INC.	c EIN-PN 84-1485846-002
a	Plan name	PROSERVICE HAWAII 401(K) PLAN	
b	Name of plan sponsor	PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	c EIN-PN 61-1582293-001
a	Plan name	RIVIERA IMAGING 401(K) PLAN	
b	Name of plan sponsor	RIVIERA IMAGING, INC.	c EIN-PN 85-2960270-001
a	Plan name	ALESIG CONSULTING 401(K) PLAN	
b	Name of plan sponsor	ALESIG CONSULTING	c EIN-PN 61-1591534-001
a	Plan name	ALLSTAR PLUMBERS 401(K) PLAN	
b	Name of plan sponsor	ALLSTAR PLUMBERS, INC.	c EIN-PN 26-0425473-001
a	Plan name	TEC INTEGRATION, INC. 401(K) PLAN	
b	Name of plan sponsor	TEC INTEGRATION, INC.	c EIN-PN 20-3127383-001
a	Plan name	TRADITION GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor	TRADITION GOLF CLUB	c EIN-PN 26-1808354-001
a	Plan name	CANTOR BIOCONNECT, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CANTOR BIOCONNECT, LLC	c EIN-PN 37-1837234-001
a	Plan name	WEST VALLEY ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST VALLEY ENDOCRINOLOGY, DIABETES AND METABOLISM CENTER	c EIN-PN 82-2123099-001
a	Plan name	WHITE PROPERTIES OF WINCHESTER, INC 401K PLAN	
b	Name of plan sponsor	WHITE PROPERTIES OF WINCHESTER, INC	c EIN-PN 54-1370300-001

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	WILDCAT OIL TOOLS 401(K) PLAN	
b	Name of plan sponsor	WILDCAT OIL TOOLS, LLC	c EIN-PN 45-4421709-001
a	Plan name	WINDOW TO RECOVERY 401(K) PLAN	
b	Name of plan sponsor	WINDOW TO RECOVERY	c EIN-PN 82-3124954-001
a	Plan name	WLFCO PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	WLFCO, LLC	c EIN-PN 83-4272397-001
a	Plan name	DESERT SHORES PEDIATRICS, P.C. 401(K) PLAN	
b	Name of plan sponsor	DESERT SHORES PEDIATRICS, P.C.	c EIN-PN 20-2851929-002
a	Plan name	DESERT VISTA DENTAL WEST, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DESERT VISTA DENTAL WEST, PLLC	c EIN-PN 43-1971397-001
a	Plan name	DIEFFENBACH'S POTATO CHIPS 401(K) PLAN	
b	Name of plan sponsor	DIEFFENBACH'S POTATO CHIPS, INC.	c EIN-PN 23-3044270-001
a	Plan name	DIRT POOR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HELMS & SONS EXCAVATING, INC.	c EIN-PN 31-1547042-001
a	Plan name	EHS SUPPORT SERVICES 401(K) PLAN	
b	Name of plan sponsor	EHS SUPPORT SERVICES, LLC	c EIN-PN 20-0915717-001
a	Plan name	EMBRACE RELIEF FOUNDATION INC. 401(K) PLAN	
b	Name of plan sponsor	EMBRACE RELIEF FOUNDATION INC.	c EIN-PN 26-2393075-001
a	Plan name	EMERGE ATS, LLC 401K PLAN	
b	Name of plan sponsor	EMERGE ADVANCED TECHNOLOGY SOLUTIONS, LLC	c EIN-PN 20-8060822-001
a	Plan name	ENVIROCHEM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENVIROCHEM, INC.	c EIN-PN 22-2051993-001
a	Plan name	GENTLE FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GENTLE FAMILY DENTISTRY LLC	c EIN-PN 26-3340419-001

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	JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK MILLIKIN INC.	c EIN-PN 38-1852235-002
a	Plan name	BBB AUTO 401(K) PLAN	
b	Name of plan sponsor	BBB AUTOMOTIVE	c EIN-PN 85-2848240-001
a	Plan name	CATHOLIC CHARITIES 401(K) PLAN	
b	Name of plan sponsor	CATHOLIC CHARITIES	c EIN-PN 85-0110070-001
a	Plan name	CENTERA BIOSCIENCE 401(K) PLAN	
b	Name of plan sponsor	CENTERA BIOSCIENCE INC.	c EIN-PN 46-3097866-001
a	Plan name	EVS 401(K) PLAN	
b	Name of plan sponsor	EVANS VETERINARY SERVICES, PLLC	c EIN-PN 84-5150912-001
a	Plan name	GRADIENT CYBER, INC. 401(K) PLAN	
b	Name of plan sponsor	GRADIENT CYBER, INC.	c EIN-PN 37-1833819-002
a	Plan name	JEFFREY A. STOLARZ, DDS, P.C. SAFE HARBOR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	JEFFREY A. STOLARZ, DDS, P.C.	c EIN-PN 35-2111364-001
a	Plan name	JKA WELL DRILLING 401(K) PLAN	
b	Name of plan sponsor	JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP	c EIN-PN 91-1893642-001
a	Plan name	JL LOCAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JL LOCAL, LLC	c EIN-PN 82-3122671-001
a	Plan name	JMAC DISTRIBUTION, LLC 401(K) PLAN	
b	Name of plan sponsor	JMAC DISTRIBUTION, LLC	c EIN-PN 20-4317474-001
a	Plan name	MECHANICAL SPECIALTIES, LLC 401(K) PLAN	
b	Name of plan sponsor	MECHANICAL SPECIALTIES, LLC	c EIN-PN 37-1489883-001
a	Plan name	MIDDLETOWN KITCHEN AND BATH LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDDLETOWN KITCHEN AND BATH LLC	c EIN-PN 47-2871462-001

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	MIKE-TELL-CHAR, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MIKE-TELL-CHAR, INC. DBA BASSETTS MARKET	c EIN-PN 34-1489585-001
a	Plan name	PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PERKINS MOTOR PLEX LLC	c EIN-PN 26-4307208-001
a	Plan name	PSG/TEP 401(K) PLAN	
b	Name of plan sponsor	PENTENBURG SEARCH GROUP, INC.	c EIN-PN 26-4202912-001
a	Plan name	QMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	QMETRICS, INC.	c EIN-PN 87-0761590-001
a	Plan name	QUALITY FABRICATION & DESIGN 401(K) PLAN	
b	Name of plan sponsor	QUALITY FABRICATION & DESIGN	c EIN-PN 75-2191833-001
a	Plan name	RUSSELL PETROLEUM 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RUSSELL PETROLEUM CORP.	c EIN-PN 27-1487169-002
a	Plan name	UFS OF CO LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	UFS OF CO LLC	c EIN-PN 46-1301189-001
a	Plan name	UNITED GRANITE PENNA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNITED GRANITE PENNA, LLC	c EIN-PN 84-4073225-001
a	Plan name	WRA ARCHITECTS, INC. 401K PLAN	
b	Name of plan sponsor	WRA ARCHITECTS, INC	c EIN-PN 75-1084671-001
a	Plan name	BRC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BILL RISINGER CONSTRUCTION & REMODELING CO., INC.	c EIN-PN 61-1194338-001
a	Plan name	LAW OFFICES OF LAWRENCE ROHLFING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICES OF LAWRENCE ROHLFING	c EIN-PN 22-8046503-001
a	Plan name	LG AUDIOLOGICAL ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor	LG AUDIOLOGICAL ENTERPRISES LLC	c EIN-PN 26-3982693-001

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	RABB WATER SYSTEMS, INC. 401(K) PLAN	c	EIN-PN	35-1750694-001
b	Name of plan sponsor	RABB WATER SYSTEMS, INC.	c	EIN-PN	35-1750694-001
a	Plan name	RAMSEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	c	EIN-PN	61-1197581-001
b	Name of plan sponsor	RAMSEY & ASSOCIATES INC.	c	EIN-PN	61-1197581-001
a	Plan name	UPPER CERVICAL CHIROPRACTIC 401(K) PLAN	c	EIN-PN	25-1910563-001
b	Name of plan sponsor	UPPER CERVICAL CHIROPRACTIC OF MONMOUTH, LLC	c	EIN-PN	25-1910563-001
a	Plan name	VELOCITY MACHINE, INC. 401(K) RETIREMENT PLAN	c	EIN-PN	39-1939229-001
b	Name of plan sponsor	VELOCITY MACHINE INC.	c	EIN-PN	39-1939229-001
a	Plan name	CHOICE COMPANIES INC. 401(K) PLAN	c	EIN-PN	52-1318848-001
b	Name of plan sponsor	CHOICE COMPANIES INC.	c	EIN-PN	52-1318848-001
a	Plan name	CHROMA MODERN EYEWEAR EYECARE 401(K) PLAN	c	EIN-PN	20-2038982-001
b	Name of plan sponsor	MATTHEW G BARBER, OD PA	c	EIN-PN	20-2038982-001
a	Plan name	MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	c	EIN-PN	39-0968183-001
b	Name of plan sponsor	MORELAND PLAZA PHARMACY, INC.	c	EIN-PN	39-0968183-001
a	Plan name	SCALE-TEC 401(K) PLAN	c	EIN-PN	39-1909602-001
b	Name of plan sponsor	SCALE-TEC LTD	c	EIN-PN	39-1909602-001
a	Plan name	SCOGGIN DICKEY CHEVROLET 401K PROFIT SHARING PLAN	c	EIN-PN	75-0744374-001
b	Name of plan sponsor	SCOGGIN DICKEY CHEVROLET BUICK, INC.	c	EIN-PN	75-0744374-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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	B Three-digit plan number (PN) ▶ 035
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPNAY	D Employer Identification Number (EIN) 82-5217478

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(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)	22089022
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20185806
(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	22089022	20185806
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	22089022	20185806

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)	229741	
(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)	1073854	
(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)		1064354
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2367949

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		2367949
l Transfers of assets:			
(1) To this plan.....	2l(1)		4029188
(2) From this plan	2l(2)		8300353

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 _____.