

**SCHEDULE DCG
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Individual Plan Information

This schedule is required to be filed under section 103 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

Part I DCG Information

A Name of DCG	B Three-digit plan number (PN) ►
	D Employer Identification Number (EIN) for DCG
C DCG Sponsor's Name (enter here only if different from Name of DCG)	

Part II Individual Schedule DCG Information. Complete a separate Schedule for each individual defined contribution pension plan.

E This Schedule DCG is for:	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a collectively-bargained plan
F This Schedule DCG is:	<input type="checkbox"/> the first Schedule	<input type="checkbox"/> the final Schedule
	<input type="checkbox"/> an amended Schedule	

Part III Basic Individual Plan Information

1a Name of plan	1b	Three-digit plan number (PN)
	1c	Effective date of plan
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)	2b	Employer Identification Number (EIN)
	2c	Plan sponsor's telephone number
	2d	Business code
3 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 Plan sponsor's name c Plan Name	3b	EIN
	3d	PN
4a Plan administrator's name and address	4b	EIN
	4c	Administrator's telephone number
5a Total number of participants at the beginning of the plan year	5a	
b Total number of participants as of the end of the plan year	5b	
c(1) Total number of active participants at the beginning of the plan year.....	5c(1)	
c(2) Total number of active participants at the end of the plan year	5c(2)	
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1)	
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2)	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	

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

Schedule DCG (2023)
v. 230728

Part IV Financial Information

6 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	6a	
	(1) Participant loans	6a(1)	
b	Total plan liabilities	6b	
c	Net Assets (subtract line 6b from line 6a).....	6c	

			Amount
7a	Contributions received or receivable in cash from.....		
	(1) Employers.....	7a(1)	
	(2) Participants.....	7a(2)	
	(3) Others (including rollovers).....	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b)).....	7c	
d	Other income (loss)	7d	
e	Total Income (add lines 7c and 7d)	7e	
f	Benefit payment and payments to provide benefits.....	7f	
g	Corrective distributions (see instructions).....	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions).....	7i	
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j).....	7k	
l	Net income (loss) (subtract line 7k from line 7e)	7l	
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan.....	7m(2)	

Part V Plan Characteristics

8 Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions.

Part VI Compliance Questions

		Yes	No	Amount
9a	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.).....	9a		
b	Were there any nonexempt transactions with any party-in-interest?	9b		
c	Has the plan failed to provide any benefit when due under the plan?	9c		
d	Was the plan covered by a fidelity bond?	9d		
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	9e		

10 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)

10a Name of plan(s)	10b EIN(s)	10c PN(s)

11 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? Yes No

12a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by Yes No combining this plan with any other plans under the permissive aggregation rules?

12b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2)?

Design-based safe harbor method "Prior year" ADP test "Current year" ADP test N/A

13 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Part VII Accountant Opinion Information for Participating Plans

14 Is the plan required to attach a report of an independent qualified public accountant (IQPA)? (See instructions on eligibility and condition for waiver of the annual examination and report of an IQPA under 29 CFR 2520.104-46): Yes No

Complete lines 14a through 14c if you checked "YES" and the report of an IQPA for the plan is required to be attached to this Schedule DCG.

a The opinion reflected in the attached report of an IQPA 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: _____