

**SCHEDULE DCG
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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).

OMB No. 1210-0110

2024This Form is Open to Public
Inspection

ACK_ID

FORM_ID

► File as an attachment to Form 5500.

Part I DCG Information

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

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	DCG_PLAN_TYPE
F This Schedule DCG is:	<input type="checkbox"/> the first Schedule	<input type="checkbox"/> the final Schedule	DCG_INITIAL_FILING_IND
	<input type="checkbox"/> an amended Schedule		DCG_FINAL_IND
			DCG_AMENDED_IND

Part III Basic Individual Plan Information

1a Name of plan	DCG_PLAN_NAME	1b Three-digit plan number (PN)	DCG_PLAN_NUM
		1c Effective date of plan	DCG_PLAN_EFF_DATE
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)	Refer to Page 4, Part III 2a	2b Employer Identification Number (EIN)	DCG_SPONS_EIN
		2c Plan sponsor's telephone number	DCG_SPONS_PHONE_NUM
		2d Plan sponsor's business code	DCG_SPONS_PHONE_NUM_FOREIGN
			DCG_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:		3b EIN	DCG_LAST_RPT_SPONS_EIN
a Plan sponsor's name	DCG_LAST_RPT_SPONS_NAME	3d PN	DCG_LAST_RPT_PLAN_NUM
c Plan Name	DCG_LAST_RPT_PLAN_NAME		
4a Plan administrator's name and address	Refer to Page 4, Part III 4a	4b EIN	DCG_ADMIN_EIN
		4c Administrator's telephone number	DCG_ADMIN_PHONE_NUM
			DCG_ADMIN_PHONE_NUM_FOREIGN
5a Total number of participants at the beginning of the plan year		5a	DCG_TOT_PARTCP_BOY_CNT
b Total number of participants as of the end of the plan year		5b	DCG_TOT_ACT_RTD_SEP_BENEF_CNT
c(1) Total number of active participants at the beginning of the plan year		5c(1)	DCG_TOT_ACT_PARTCP_BOY_CNT
c(2) Total number of active participants at the end of the plan year		5c(2)	DCG_TOT_ACT_PARTCP_EOY_CNT
d(1) Number of participants with account balances as of the beginning of the plan year			DCG_PARTCP_ACCOUNT_BAL_BOY_CNT
d(2) Number of participants with account balances as of the end of the plan year			DCG_PARTCP_ACCOUNT_BAL_EOY_CNT
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		5	DCG_SEP_PARTCP_PARTL_VSTD_CNT

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

Schedule DCG (2024)
v. 240311

Part IV Financial Information

		(a) Beginning of Year	(b) End of Year
6	Plan Assets and Liabilities		
a	Total plan assets	6a DCG_TOT_ASSETS_BOY_AMT	DCG_TOT_ASSETS_EOY_AMT
	(1) Participant loans	DCG_PARTCP_LOANS_BOY_AMT	DCG_PARTCP_LOANS_EOY_AMT
b	Total plan liabilities	DCG_TOT_LIABILITIES_BOY_AMT	DCG_TOT_LIABILITIES_EOY_AMT
c	Net Assets (subtract line 6b from line 6a)	6c DCG_NET_ASSETS_BOY_AMT	DCG_NET_ASSETS_EOY_AMT

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

Part V Plan Characteristics

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

DCG_TYPE_PENSION_BNFT_CODE

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 Compliance Initiative)	DCG_FAIL_TRANSMIT_CONTRIB_IND	DCG_FAIL_TRANSMIT_CONTRIB_AMT	
b	Were there any nonexempt transactions with any party-in-interest?	DCG_PARTY_IN_INT_NOT_RPTD_IND	DCG_PARTY_IN_INT_NOT_RPTD_AMT	
c	Has the plan failed to provide any benefit when due?	DCG_FAIL_PROVIDE_BENEFIT_DUE_IND	DCG_FAIL_PROVIDE_BENEFIT_DUE_AMT	
d	Was the plan covered by a fidelity bond?	DCG_FIDELITY_BOND_IND	DCG_FIDELITY_BOND_AMT	
e	Did the plan have a loss, whether or not reimbursed by the plan, caused by fraud or dishonesty?	DCG_LOSS_DISCV_DUR_YEAR_IND	DCG_LOSS_DISCV_DUR_YEAR_AMT	

10 If, during this year, you transferred assets or liabilities from one or more plans (see instructions) to one or more plans, identify the plan(s) to which assets or liabilities were transferred.

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

11 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? **DCG_DC_PLAN_FUNDING_REQD**

12a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? **DCG_PLAN_SATISFY_TESTS_IND**

12b If this is a Code section 401(k) plan, is the plan 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 **DCG_401K_NA_IND**

DCG_OPIN_LETTER_DATE If the plan 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 **DCG_OPIN_LETTER_SERIAL_NUM**

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 **DCG_IQPA_ATTACHED_IND**

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 **DCG_ACCTNT_OPINION_TYPE_CD**

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 (1) and (2). If pursuant to neither, check (3).

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ Neither DOL Regulation 2520.103-8 nor DOL

DCG_ACCT_PERFORMED_LTD_AUDIT_103_8_IND **DCG_ACCT_PERFORMED_LTD_AUDIT_103_12D_IND** **DCG_ACCT_PERFORMED_NOT_LTD_AUDIT_IND**

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

(1) Name: **DCG_ACCOUNTANT_FIRM_NAME** (2) EIN: **DCG_ACCOUNTANT_FIRM_EIN**

Part III 2a Variables

DCG_SPONSOR_NAME

DCG_SPONS_DBA_NAME

DCG_SPONS_CARE_OF_NAME

DCG_SPONS_US_ADDRESS1

DCG_SPONS_US_ADDRESS2

DCG_SPONS_US_CITY

DCG_SPONS_US_STATE

DCG_SPONS_US_ZIP

DCG_SPONS_FOREIGN_ADDRESS1

DCG_SPONS_FOREIGN_ADDRESS2

DCG_SPONS_FOREIGN_CITY

DCG_SPONS_FOREIGN_PROV_STATE

DCG_SPONS_FOREIGN_CNTRY

DCG_SPONS_FOREIGN_POSTAL_CD

DCG_SPONS_LOC_US_ADDRESS1

DCG_SPONS_LOC_US_ADDRESS2

DCG_SPONS_LOC_US_CITY

DCG_SPONS_LOC_US_STATE

DCG_SPONS_LOC_US_ZIP

DCG_SPONS_LOC_FOREIGN_ADDRESS1

DCG_SPONS_LOC_FOREIGN_ADDRESS2

DCG_SPONS_LOC_FOREIGN_CITY

DCG_SPONS_LOC_FOREIGN_PROV_STATE

DCG_SPONS_LOC_FOREIGN_CNTRY

DCG_SPONS_LOC_FOREIGN_POSTAL_CD

Part III 4a Variables

DCG_ADMIN_NAME

DCG_ADMIN_CARE_OF_NAME

DCG_ADMIN_US_ADDRESS1

DCG_ADMIN_US_ADDRESS2

DCG_ADMIN_US_CITY

DCG_ADMIN_US_STATE

DCG_ADMIN_US_ZIP

DCG_ADMIN_FOREIGN_ADDRESS1

DCG_ADMIN_FOREIGN_ADDRESS2

DCG_ADMIN_FOREIGN_CITY

DCG_ADMIN_FOREIGN_PROV_STATE

DCG_ADMIN_FOREIGN_CNTRY

DCG_ADMIN_FOREIGN_POSTAL_CD