

Schedule DCG

Department of Labor
 Department of the Treasury
 Internal Revenue Service

Individual Plan Information

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

► File as an attachment to Form 5500

OMB Nos. 1210XXXX
 1210-XXXX

2022

This Form is Open to Public Inspection.

Part I DCG Information

A Name of DCG	B Three-digit plan number for DCG (PN) <input type="text"/>
	C EIN for DCG

Part II Individual Plan Identification Information Complete a separate Schedule DCG for each individual plan whose reporting obligations are intended to be satisfied by the DCG's Form 5500 filing

This Schedule is for a single-employer plan a collectively-bargained plan

Part III Basic Individual Plan Information

1a Name of plan	1b Three-digit plan number (PN) <input type="text"/>
	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: 3a Sponsor's name 3c Plan Name	3b EIN 3d PN
4a Total number of participants at the beginning of the plan year.....	4a
b Total number of participants as of the end of the plan year	4b
c(1) Total number of active participants at the beginning of the plan year	4c(1)
c(2) Total number of active participants at the end of the plan year	4c(2)
d Number of participants with account balances as of the beginning of the plan year	4d
e Number of participants with account balances as of the end of the plan year.....	4e
f Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	4f

Part IV Financial Information

		(a) Beginning of Year	(b) End of Year
5a Total plan assets.....	5a		
(1) Participant loans.....	5a(1)		

11a 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? Yes No

11b If this is a Code section 401(k) plan, check the correct box 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

12 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 / / (MMDDYYYY) and the Opinion Letter serial number .

Part VII Accountant Opinion Information for Large Participating Plans

13 Complete lines 13a through 13c if the report of an independent qualified public accountant is attached to this Schedule DCG.

a The opinion reflected in the attached report 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 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:
