**APPENDIX B-PROPOSED SCHEDULE DCG (INDIVIDUAL PLAN INFORMATION) AND INSTRUCTIONS**

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| **Schedule DCG**Department of LaborDepartment 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 1210-0089 |
| **2022** |
| **This Form is Open to Public Inspection.** |

**Part I DCG Information**

|  |  |
| --- | --- |
| **A** Name of DCG  | **B** Three-digit plan number for DCG (PN)  |
| **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 X a single-employer plan X a collectively-bargained plan

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| **Part III Basic Individual Plan Information** |
| **1a** Name of plan**ABCDEFGHI CDEFGHI ABCDEFGHI**  | **1b** Three-digit plan number (PN)  |
| **1c** Effective date of plan**YYYY-MM-DD** |
| **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 **12345678** |
| **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** EIN012345678**3d** PN |
| **4a** Total number of participants at the beginning of the plan year………………………………………… **b** Total number of participants as of the end of the plan year …………………………………………. **c(1)** Total number of active participants at the beginning of the plan year  | **4a** |  |
| **4b** |  |
| **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……………………………. **f** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  | **4e** |  |
| **4f** |  |

**Part IV Financial Information**

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|  |  | **(a)** Beginning of Year | **(b)** End of Year |
| **5a** Total plan assets  | **5a** | **-123456789012345** | **-123456789012345** |
| **(1)** Participant loans  | **5a(1)** | **-123456789012345** | **-123456789012345** |
|  **b** Total plan liabilities ……………………………………………………………….. | **5b** |  |  |
|  **c** Net assets (subtract line 5b from line 5a) …………………………………….. | **5c** |  |  |

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| **6a** | Contributions received or receivable in cash from |  |  |  |  |  |  |  |  |  |  | **Amount** |
| **(1)** | Employers. . . . . . . . . . . |  |  |  |  |  |  |  |  |  | **6a(1)** |  |
| **(2)** | Participants . . . . . . . . . . | . | . |  |  |  |  |  | . | . | **6a(2)** |  |
| **(3**) | Others (including rollovers) ………………… | . | . | . |  |  |  |  |  | . | **6a(3)** |  |
|  **b.** | Noncash contributions . . . . . . . . . . |  |  |  |  |  |  |  |  |  | **6b** |  |
|  **c.** | Total contributions (add lines 6a(1)-(3) and line 6(b)) …….  |  |  |  |  |  |  |  |  |  | **6c** |  |
| **6d** Benefit payment and payments to provide benefits: | **6d(1)** |  |
|  **e** Corrective distributions (see instructions)  | **6e** |  |
|  **f** Certain deemed distributions of participant loans (see instructions)  | **6f** |  |
|  **g** Administrative service provider’s expense (salaries, fees, commissions)………………..  | **6g** |  |
|  **h** Other expenses……………………………………………………………………………… | **6h**  |  |
|  **i** Net income (loss).  | **6i** |  |
|  **j** Transfers of assets | **6j(1)** |  |
| **(1)** To this plan  |
| **(2)** From this plan  | **6j(2)** |  |

 **Part V Plan Characteristics**

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

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|  **Part VI Compliance Questions** |
|  | **Yes** | **No** | **Amount** |
| **8a** 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 there any nonexempt transactions with any party-in-interest?............................................ **c** Has the plan failed to provide any benefit when due under the plan? …………………………….. |  |  |  |  |
| **8a****8b****8c** |  |  |  |

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|  **9a** 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 weretransferred. (See instructions.) |
|  **9b(1)** Name of plan(s) | **9b(2)** EIN(s) | **9b(3)** PN(s) |
|  | **123456789** | **123** |
| **ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFHI** | **123456789** | **123** |

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

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 **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 plansunder 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

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 **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 OpinionLetter \_\_/\_\_\_/\_\_\_\_\_ (MMDD YYYYY) and the Opinion Letter serial number\_\_\_\_\_\_\_\_\_\_.

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| **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. X Unmodified  **(2)** X Qualified  **(3)** X 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. X 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:

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**PROPOSED INSTRUCTIONS FOR SCHEDULE DCG**

**2022 Instructions for Schedule DCG (Form 5500) Individual Plan Information**

**General Instructions**

**Purpose of Schedule**

This schedule is used for a plan administrator to report information regarding each individual plan participating in a Defined Contribution Group (DCG) Reporting Arrangement, as permitted by SECURE Act section 202.

**Who Must File**

Schedule DCG must be attached to a Form 5500 filed for a DCG reporting arrangement. Each plan participating in the DCG reporting arrangement must individually complete a Schedule DCG as an attachment to the Form 5500.

Remember to check Schedule DCG box on the Form 5500 (Part II, Line 10(a)(4) to indicate Schedule DCG is attached to the Form 5500.

**Specific Instructions**

**Part I – DCG Information**

Lines A, B, and C. The information must be the same as reported in Part II of the Form 5500 to which this schedule is attached.

Do not use a SSN in line C in lieu of an EIN. The Schedule DCG and its attachments are open to public inspection, and the contents are public information. Because of privacy concerns, the inclusion of a SSN or any portion thereof on this Schedule DCG or any of its attachments may result in the rejection of the filing.

You can apply for an EIN from the IRS online, by fax, or by mail depending on how soon you need to use the EIN. For more information, see Section 3: Electronic Filing Requirement under General Instructions to Form 5500.

**Part II – Individual Plan Identification Information**

A separate Schedule DCG must be filed for each individual plan participating in the DC Group Reporting Arrangement.

**Box for Single-Employer Plan.** Check this box if the Schedule DCG is filed for a single-employer plan. A single-employer plan for this reporting purpose is an employee benefit plan maintained by one employer or one employee organization (determined on a controlled group basis) in which the funds attributable to each employer are available to pay benefits only for that employer’s employees.

**Box for Collectively-Bargained, Single-Employer Plan.** Check this box if the contributions to the plan and/or the benefits paid by the plan are subject to the collective bargaining process. The contributions and/or benefits do not have to be identical for all employees under the plan.

**Part III - Basic Individual Plan Information**

Complete separately for each individual plan that participates in the DCG Reporting Arrangement.

**Line 1a.** Enter the formal name of the plan or enough information to identify the plan. Abbreviate if necessary. If an annual return/report or a schedule has previously been filed on behalf of the plan, regardless of the type of form or schedule that was filed, use the same name or abbreviation as was used on the prior filings. Once you use an abbreviation, continue to use it for that plan on all future annual return/report or schedule filings with the IRS, DOL, and PBGC. Do not use the same name or abbreviation for any other plan, even if the first plan is terminated. If the plan has changed its name from the prior year filing(s), complete line 3 to indicate that the plan was previously identified by a different name.

**Line 1b.** Enter the three-digit plan or entity number (PN) of the employer or plan administrator assigned to the plan. This three-digit number, in conjunction with the EIN entered on line 2b, is used by the IRS, DOL, and PBGC as a unique 12-digit number to identify the plan.

**Line 1c.** Enter the date the plan first became effective.

**Line 2a.** Enter the name of the plan sponsor. If the plan covers only the employees of one employer, enter the employer’s name. Enter the current street address, the name of the city, the two-character abbreviation of the U.S. state or possession and zip code.

A post office box number may be entered if the Post Office does not deliver mail to the sponsor’s street address.

**Note**. Use the IRS Form 8822-B, *Change of Address or Responsible Party — Business*, to notify the IRS if the address provided here is a change in your business mailing address or your business location.

**Line 2b**. Enter the nine-digit EIN assigned to the plan sponsor/employer. Do not use a SSN in lieu of an EIN. Because of privacy concerns, the inclusion of a SSN or any portion thereof on this line may result in the rejection of the filing.

Employers without an EIN must apply for one as soon as possible. To apply for an EIN from the IRS:

* Mail or fax Form SS-4, Application for EIN, obtained at www.irs.gov/orderforms.
* See *https://www.IRS.gov/Businesses* and click on “Employer ID Numbers” for additional information. The EIN is issued immediately once the application information is validated. (The online application process is not yet available for corporations with addresses in foreign countries or Puerto Rico.)

**Line 2c.** Enter the plan sponsor’s telephone number, including the area code.

**Line 2d.** Enter the six-digit business code from the list of business codes (on pages xx) that best describes the primary nature of the plan sponsor’s business. Do not enter code 525100 (Insurance & Employee Benefit Funds) or 813930 (Labor Unions and Similar Labor Organizations) unless the predominant industry in which the active participants are employed is the industry of insurance and employee benefit funds, or the industry of labor unions and similar labor organizations.

**Line 3.** If the plan sponsor’s name and/or EIN have changed or the plan name has changed since the last return/report or schedule was filed for this plan, enter the plan sponsor’s name, EIN, the plan name, and the plan number as it appeared on the last return/report or schedule filed.

*The failure to indicate on line 3 that a plan sponsor was previously identified by a different name or a different EIN or that the plan name has been changed could result in correspondence from the DOL and/or the IRS.*

**Line 4a.** Enter the total number of participants at the beginning of the plan year.

Line 4b. Enter the total number of participants at the end of the plan year.

Line 4c(1). Enter the total number of active participants at the beginning of the plan year.

Line 4c(2). Enter the total number of active participants at the end of the plan year.

“Participant” for purpose of lines 4a(1)–4c(2) means any individual who is included in one of the categories below.

1. Active participants (for example, any individuals who are currently in employment covered by the plan and who are earning or retaining credited service under the plan) including:
* Any individuals who are eligible to elect to have the employer make payments under a section 401(k) qualified cash or deferred arrangement, and
* Any nonvested individuals who are earning or retaining credited service under the plan.

This category does not include (a) nonvested former employees who have incurred the break in service period specified in the plan or (b) former employees who have received a “cash-out” distribution or deemed distribution of their entire nonforfeitable accrued benefit.

1. Retired or separated participants receiving benefits (for example, individuals who are retired or separated from employment covered by the plan and who are receiving benefits under the plan). This category does not include any individual to whom an insurance company has made an irrevocable commitment to pay all the benefits to which the individual is entitled under the plan.
2. Other retired or separated participants entitled to future benefits (for example, any individuals who are retired or separated from employment covered by the plan and who are entitled to begin receiving benefits under the plan in the future). This category does not include any individual to whom an insurance company has made an irrevocable commitment to pay all the benefits to which the individual is entitled under the plan.
3. Deceased individuals who had one or more beneficiaries who are receiving or are entitled to receive benefits under the plan. This category does not include any individual to whom an insurance company has made an irrevocable commitment to pay all the benefits to which the beneficiaries of that individual are entitled under the plan.

**Line 4d.** Enter the number of participants included on line 4a (total number of participants at the beginning of the plan year) who have account balances. For example, for a section 401(k) plan the number entered on line 4d should be the number of participants counted on line 4a who have made a contribution, or for whom a contribution has been made, to the plan for this plan year or any prior plan year.

**Line 4e**. Enter the number of participants included on line 4b (total number of participants at the end of the plan year) who have account balances. For example, for a section 401(k) plan the number entered on line 4e should be the number of participants counted on line 4b who have made a contribution, or for whom a contribution has been made, to the plan for this plan year or any prior plan year.

**Line 4f.** Include any individual who terminated employment during this plan year, whether or not he or she (a) incurred a break in service, (b) received an irrevocable commitment from an insurance company to pay all the benefits to which he or she is entitled under the plan, and/or (c) received a cash distribution or deemed cash distribution of his or her nonforfeitable accrued benefit.

**Part IV – Financial Information**

Note. The cash, modified cash, or accrual basis accounting methods may be used for recognition of transactions in Part IV, as long as you use one method consistently. If Form 5500 or Form 5500-SF was filed for the previous year, amounts reported on lines 5a, 5b, and 5c for the beginning of the plan year must be the same as reported for the end of the plan year for the corresponding lines on the return/report for the preceding plan year. However, if Schedule DCG was filed in the previous year, the amount reported on lines 5a, 5b, and 5c for the beginning of the plan year must be the same as reported for the end of the plan year on the Schedule DCG filed for the previous year. Use whole dollars only.

*Current value* means fair market value where available. Otherwise, it means the fair value as determined in good faith under the terms of the plan by a trustee or a named fiduciary, assuming an orderly liquidation at time of the determination. *See* ERISA section 3(26).

**Line 5a.** Enter the total amount of plan assets at the beginning of the plan year in column (a).Do not include contributions designated for the 2022 plan year in column (a). Enter the total amount of plan assets at the end of the plan year in column (b).

**Line 5a(1).** Enter the current value of all loans to participants including residential mortgage loans that are subject to Code section 72(p). Include the sum of the value of the unpaid principal balances, plus accrued but unpaid interest, if any, for participant loans made under an individual account plan with investment experience segregated for each account, which are made in accordance with 29 CFR 2550.408b-1 and secured solely by a portion of the participant’s vested accrued benefit. When applicable, combine this amount with the current value of any other participant loans. Do not include in column (b) a participant loan that has been deemed distributed during the plan year under the provisions of Code section 72(p) and Treasury Regulations section 1.72(p)-1, if both of the following circumstances apply:

 1. Under the plan, the participant loan is treated as a directed investment solely of the participant’s individual account; and

 2. As of the end of the plan year, the participant is not continuing repayment under the loan.

 If both of these circumstances apply, report the loan as a deemed distribution on line 6f. However, if either of these circumstances does not apply, the current value of the participant loan (including interest accruing thereon after the deemed distribution) must be included in column (b) without regard to the occurrence of a deemed distribution.

**Note.** After a participant loan that has been deemed distributed is included in the amount reported on line 6f, it is no longer to be reported as an asset on line 5a unless, in a later year, the participant resumes repayment under the loan. However, such a loan (including interest accruing thereon after the deemed distribution) that has not been repaid is still considered outstanding for purposes of applying Code section 72(p)(2)(A) to determine the maximum amount of subsequent loans. Also, the deemed distribution is not treated as an actual distribution for other purposes, such as the qualification requirements of Code section 401, including, for example, the determination of top-heavy status under Code section 416 and the vesting requirements of Treasury Regulations section 1.411(a)-7(d)(5). See Q&As 12 and 19 of Treasury Regulations section 1.72(p)-1.

 The entry on line 5a, column (b) (plan assets at end of year) must include the current value of any participant loan included as a deemed distribution in the amount reported for any earlier year if, during the plan year, the participant resumes repayment under the loan. In addition, the amount to be entered on line 6f must be reduced by the amount of the participant loan reported as a deemed distribution for the earlier year.

**Line 5b.** Enter the total liabilities at the beginning and end of the plan year. Liabilities to be entered here do not include the value of future pension payments to participants. The amount to be entered in line 5b for accrual basis filers includes, among other things:

 1. Benefit claims that have been processed and approved for payment by the plan but have not been paid (including all incurred but not reported (IBNR) welfare benefit claims);

 2. Accounts payable obligations owed by the plan that were incurred in the normal operations of the plan but have not been paid; and

 3. Other liabilities such as acquisition indebtedness and any other amount owed by the plan.

**Line 5c.** Enter the net assets as of the beginning and end of the plan year. (Subtract line 5b from 5a). Line 5c, column (b), must equal the sum of line 5c, column (a), plus lines 6g (net income (loss)) and 6h (transfers to (from) the plan).

Lines 6a(1) and (2). Enter the total cash contributions received and/or receivable by the plan from employers and participants during the plan year. Plans using the accrual basis of accounting must not include contributions designated for years before the 2022 plan year on line 6a(1).

Line 6a(3). Enter the amount of all other contributions including transfers or rollovers received from other plans valued on the date of contribution.

**Line 6b.** Enter the current value, at date contributed, of securities or other noncash property.

**Line 6c.** Enter the total cash, noncash, and other contributions received and/or receivable by the plan from employers and participants during the plan year.

**Line 6d.** Enter the total amount of benefits paid directly to participants or beneficiaries, including payments made (and for accrual basis filers payments due) to or on behalf of participants or beneficiaries in cash, securities, or other property (including rollovers of an individual’s accrued benefit or account balance); all eligible rollover distributions as defined in Code section 401(a)(31)(D) paid at the participant’s election to an eligible retirement plan (including an IRA within the meaning of Code section 401(a)(31)(E)).

**Line 6e.** Enter total amount of corrective distributions, including all distributions paid during the plan year of excess deferrals under section 402(g)(2)(A)(ii), excess contributions under section 401(k)(8), excess aggregate contributions under Code section 401(m)(6), and allocable income distributed. Also include on this line any elective deferrals and employee contributions distributed or returned to employees during the plan year as well as any attributable income that was also distributed.

**Line 6f.** Enter the total amount of certain deemed distributions of participant loans, including a participant loan that has been deemed distributed during the plan year under the provisions of Code section 72(p) and Treasury Regulations section 1.72(p)-1 only if both of the following circumstances apply:

 1. Under the plan, the participant loan is treated as a directed investment solely of the participant’s individual account; and

 2. As of the end of the plan year, the participant is not continuing repayment under the loan.

 If either of these circumstances does not apply, a deemed distribution of a participant loan should not be reported on line 6d. Instead, the current value of the participant loan (including interest accruing thereon after the deemed distribution) must be included on line 5a(1)), column (b) (participant loans – end of year), without regard to the occurrence of a deemed distribution.

**Line 6g.** The amount to be reported for expenses involving administrative service providers (salaries, fees, and commissions) during the plan year includes the total fees paid (or in the case of accrual basis plans, costs incurred during the plan year but not paid as of the end of the plan year) by the plan for, among others:

 1. Salaries to employees of the plan;

 2. Fees and expenses for accounting, actuarial, legal, investment management, investment advice, and securities brokerage services; 3. Contract administrator fees; and

 4. Fees and expenses for individual plan trustees, including reimbursement for travel, seminars, and meeting expenses.

**Line 6h.** Other expenses (paid and/or payable) include other administrative and miscellaneous expenses paid by or charged to the plan during the plan year, including among others office supplies and equipment, telephone, and postage.

Part V - Plan Characteristics

Line 7. Enter all applicable plan characteristics codes that applied during the reporting year from the List of Plan Characteristics Codes shown in the instructions for Form 5500.

Part VI - Compliance Questions

**Line 8a.** Plans that check “Yes,” must enter the aggregate amount of all late contributions for the year. The total amount of the delinquent contributions must be included on line 8a for the year in which the contributions were delinquent and must be carried over and reported again on line 8a for each subsequent year (or on line 4a of Schedule H or I of the Form 5500 if not eligible to file the Form 5500-SF or not eligible or choosing not to rely on a DCG Form 5500 filing to satisfy the plan’s reporting requirement in the subsequent year) until the year after the violation has been fully corrected by payment of the late contributions and reimbursement of the plan for lost earnings or profits. If no participant contributions were received or withheld by the employer during the plan year, answer “No.”

 An employer holding participant contributions commingled with its general assets after the earliest date on which such contributions can reasonably be segregated from the employer’s general assets will have engaged in a prohibited use of plan assets (see ERISA section 406). If such a nonexempt prohibited transaction occurred with respect to a disqualified person (see Code section 4975(e)(2)), file IRS Form 5330, Return of Excise Taxes Related to Employee Benefit Plans, with the IRS to pay any applicable excise tax on the transaction.

**Line 8b.**  Check “Yes” if any nonexempt transaction with a party-in-interest occurred. Do not check “Yes” with respect to transactions that are: (1) statutorily exempt under Part 4 of Title I of ERISA; (2) administratively exempt under ERISA section 408(a); (3) exempt under Code sections 4975(c) or 4975(d); (4) the holding of participant contributions in the employer’s general assets for a welfare plan that meets the conditions of ERISA Technical Release 92-01; or (5) delinquent participant contributions or delinquent loan repayments reported on line 8a. You may indicate that an application for an administrative exemption is pending. If you are unsure whether a transaction is exempt or not, you should consult either with a qualified public accountant, legal counsel, or both. If the plan is a qualified pension plan and a nonexempt prohibited transaction occurred with respect to a disqualified person, an IRS Form 5330 is required to be filed with the IRS to pay the excise tax on the transaction. Plans that check “Yes” must enter the amount.

**Nonexempt transactions.** Nonexempt transactions with a party-in-interest include any direct or indirect:

 **A.** Sale or exchange, or lease, of any property between the plan and a party-in-interest.

 **B.** Lending of money or other extension of credit between the plan and a party-in-interest.

 **C.** Furnishing of goods, services, or facilities between the plan and a party-in-interest.

 **D.** Transfer to, or use by or for the benefit of, a party in-interest, of any income or assets of the plan.

 **E.** Acquisition, on behalf of the plan, of any employer security or employer real property in violation of ERISA section 407(a).

 **F.** Dealing with the assets of the plan for a fiduciary’s own interest or own account.

 **G.** Acting in a fiduciary’s individual or any other capacity in any transaction involving the plan on behalf of a party (or represent a party) whose interests are adverse to the interests of the plan or the interests of its participants or beneficiaries.

 **H.** Receipt of any consideration for his or her own personal account by a party-in-interest who is a fiduciary from any party dealing with the plan in connection with a transaction involving the income or assets of the plan.

**Party-in-Interest.** For purposes of this form, party-in interest is deemed to include a disqualified person. *See* Code section 4975(e)(2). The term “party-in-interest” means, as to an employee benefit plan:

 **A.** Any fiduciary (including, but not limited to, any administrator, officer, trustee, or custodian), counsel, or employee of the plan;

 **B.** A person providing services to the plan;

 **C.** An employer, any of whose employees are covered by the plan;

 **D.** An employee organization, any of whose members are covered by the plan;

 **E.** An owner, direct or indirect, of 50% or more of:

 1. the combined voting power of all classes of stock entitled to vote or the total value of shares of all classes of stock of a corporation;

 2. the capital interest or the profits interest of a partnership; or

 3. the beneficial interest of a trust or unincorporated enterprise which is an employer or an employee organization described in C or D;

 **F.** A relative of any individual described in A, B, C, or E;

 **G.** A corporation, partnership, or trust or estate of which (or in which) 50% or more of:

 1. the combined voting power of all classes of stock entitled to vote or the total value of shares of all classes of stock of such corporation,

 2. the capital interest or profits interest of such partnership, or

 3. the beneficial interest of such trust or estate, is owned directly or indirectly, or held by persons described in A, B, C, D, or E;

 **H.** An employee, officer, director (or an individual having powers or responsibilities similar to those of officers or directors), or a 10% or more shareholder directly or indirectly, of a person described in B, C, D, E, or G, or of the employee benefit plan; or

 I. A 10% or more (directly or indirectly in capital or profits) partner or joint venture of a person described in B, C, D, E, or G.

**Line 8c.** You must check “Yes” if any benefits due under the plan were not timely paid or not paid in full. This would include required minimum distributions to 5% owners who have attained 72 whether or not retired and/or non-5% owners who have attained 72 and have retired or separated from service; see Code section 401(a)(9). Include in this amount the total of any outstanding amounts that were not paid when due in previous years that have continued to remain unpaid.

**Note**: In the absence of other guidance, filers do not need to report on this line unpaid required minimum distribution (RMD) amounts for participants who have retired or separated from service, or their beneficiaries, who cannot be located after reasonable efforts or where the plan is in the process of engaging in such reasonable efforts at the end of the plan year reporting period. Plan administrators and employers should review their plan documents for written procedures on locating missing participants. Although the Department of Labor’s Field Assistance Bulletin 2014-01 is specifically applicable to terminated defined contribution plans, employers and plan administrators of ongoing plans may want to consider periodically using one or more of the search methods described in the Field Assistance Bulletin in connection with making reasonable efforts to locate RMD-eligible missing participants.

**Line 9a.** Check “Yes” if all of the plan assets (including insurance/annuity contracts) were distributed to the participants and beneficiaries, legally transferred to the control of another plan, or brought under the control of the PBGC.

**Line 9b.** Enter information concerning assets and/or liabilities transferred from this plan to another plan(s) (including spinoffs) during the plan year. A transfer of assets or liabilities occurs when there is a reduction of assets or liabilities with respect to one plan and the receipt of these assets or the assumption of these liabilities by another plan. Enter the name, plan sponsor EIN, and PN of the transferee plan(s) involved on lines 9b(1), (2), and (3), respectively.

 Do not use a SNN in place of an EIN or include an attachment that contains visible SSN.

**Note.** A distribution of all or part of an individual participant’s account balance that is reportable on Form 1099-R should not be included on line 9c.

 *IRS Form 5310-A, Notice of Plan Merger or Consolidation, Spinoff, or Transfer of Plan Assets or Liabilities; Notice of Qualified Separate Lines of Business, must be filed at least 30 days before any plan merger or consolidation or any transfer of plan assets or liabilities to another plan. There is a penalty for not filing IRS Form 5310-A on time.*

Line 10. Check “Yes” if this is a defined contribution plan subject to the minimum funding requirements of Code section 412.

**Line 11a.** Check “Yes” if this plan was permissively aggregated with another plan to satisfy the requirements of Code sections 410(b) and 401(a)(4). Generally, each single plan must separately satisfy the coverage and nondiscrimination requirements. However, generally, an employer may designate two or more separate plans as a single plan for purposes of applying the ratio percentage test of Treasury Regulations section 1.410(b)-2(b)(2) or the nondiscriminatory classification test of Treasury Regulations section 1.410(b)-4. Two or more plans that are permissively aggregated and treated as a single plan for purposes of the minimum coverage test of Code section 410(b) must also be treated as a single plan for purpose of the nondiscrimination test under Code section 401(a)(4). *See* Treasury Regulations sections 1.410(b)-7(d) and 1.401(a)(4)-(9)(a) for more information.

**Line 11b.** Check the applicable method used to satisfy the nondiscrimination requirements of Code section 401(k). A safe harbor 401(k) plan is similar to a traditional 401(k) plan but, among other things, it must provide for employer contributions. These contributions may be employer matching contributions, limited to employees who defer, or employer contributions made on behalf of all eligible employees, regardless of whether they make elective deferrals. The safe harbor 401(k) plan is not subject to the complex annual nondiscrimination tests that apply to traditional 401(k) plans. Check “Design-based safe harbor method” if this is a safe harbor 401(k) plan, that is, a SIMPLE 401(k) plan under Code section 401(k)(11), a safe harbor 401(k) plan under Code section 401(k)(12), or a qualified automatic contribution arrangement under Code section 401(k)(13). If the plan, by its terms, does not satisfy the safe harbor method, it generally must satisfy the regular nondiscrimination test, known as the actual deferral percentage (ADP) test. Check the appropriate box to indicate if the plan uses the “current year” ADP test or the “prior year” ADP test. Check “current year” ADP test if the plan uses the current year testing method under which the ADP test is performed by comparing the current plan year’s ADP for highly compensated employees (HCEs) with the current plan year’s (rather than the prior plan year’s) ADP for nonhighly compensated employees (NHCEs). Check all boxes that apply for a plan that tests different groups of employees on a disaggregated basis. Check “N/A” if the plan is not required to test for nondiscrimination under Code section 401(k)(3), such as a plan in which no HCE is benefiting.

**Line 12.** If a plan sponsor or an employer adopted a pre-approved plan that relied on a favorable Opinion Letter of a pre-approved plan, enter the date of the most recent favorable Opinion Letter issued by the IRS and the Opinion Letter serial number listed on the letter.

**Part VII – Accountant’s Opinion for Individual Participating Plan**

**Line 13.** If any plans participating in the arrangement have 100 participants or more, using the same rules for counting participants as for individual plan filings, including the “80 to 120” rule at 29 CFR 2520.103-1(d), each such plan must be audited and an IQPA report and audited financial statements for such plan must be attached to the Schedule DCG for that participating plan. The audit and its report must follow the same rules as required for a plan that is filing its own Form 5500 Annual Return/Report and not having any of its reporting obligations satisfied by the filing of a Form 5500 by a DCG. *See* Instructions to Schedule H, Line 3.

**Line 13a.**  These boxes identify the type of opinion offered by the IQPA. The plan administrator should confirm with their IQPA whether the opinion was an unmodified, qualified, disclaimer of, or adverse opinion before answering Line 13a. Line 13a(1). Check if an unmodified opinion was issued pursuant to SAS 136. Generally, an unmodified opinion is issued when the IQPA concludes that the plan’s financial statements are presented fairly, in all material respects, in accordance with the applicable financial reporting framework (generally accepted accounting principles (GAAP) or another basis such as modified cash or cash basis). This also includes the form of opinion that SAS 136 permits an IQPA to issue when the IQPA has performed an ERISA section 103(a)(3)(C) audit pursuant to 29 CFR 2520.103-8 or 29 CFR 2520.103-12, or both, and had no modifications. Under 29 CFR 2520.103-8, the examination and report of an IQPA does not need to extend to statements or information regarding assets held by a bank, similar institution, or insurance carrier that is regulated and supervised and subject to periodic examination by a state or federal agency provided that the statements or information are prepared by and certified to by the bank or similar institution or the insurance carrier. The term ‘‘similar institution’’ as used here does not extend to securities brokerage firms (see DOL Advisory Opinion 93-21A). Under 29 CFR 2520.103-12, an audit of an employee benefit plan does not need extend to the investments in a pooled investment fund that files a separate audited Form 5500 as a 103-12 IE. For more information on filing requirements for 103-12 IEs, See Section 4: What to File. Neither of these regulations exempt the plan administrator from engaging an IQPA nor from attaching the IQPA’s report to the Schedule DCG.

**Line 13a(2).** Check if a qualified opinion was issued. Generally, a qualified opinion is issued by an IQPA when (a) the IQPA, having obtained sufficient appropriate audit evidence, concludes that misstatements, individually or in the aggregate, are material but not pervasive to the financial statements or (b) the IQPA is unable to obtain sufficient appropriate audit evidence on which to base the opinion, but the auditor concludes that the possible effects on the financial statements of undetected misstatements, if any, could be material but not pervasive.

**Line 13a(3)**. Check if a disclaimer of opinion was issued. A disclaimer of opinion is issued when the IQPA is unable to obtain sufficient appropriate audit evidence on which to base the opinion, and the IQPA concludes that the possible effects on the financial statements of undetected misstatements, if any, could be both material and pervasive.

**Line 13a(4).** Check if the plan received an adverse accountant’s opinion. Generally, an adverse opinion is issued by an IQPA Instructions for Schedule H (Form 5500) -37- when the IQPA having obtained sufficient appropriate audit evidence, concludes that misstatements, individually or in the aggregate, are both material and pervasive to the financial statements.

**Line 13b.** Check “DOL Regulation 2520.103-8” or “DOL Regulation 2520.103-12(d)” (or both boxes, if applicable) if the IQPA performed an ERISA Section 103(a)(3)(C) audit of the plan’s financial statements pursuant to DOL regulations 29 CFR 2520.103-8, 29 CFR 2520.103-12(d), or under both. If it was not performed pursuant to 29 CFR 2520.103-8 or 29 CFR 2520 103-12(d), check box (3). Note. These regulations do not exempt the plan administrator from engaging an IQPA or from attaching the IQPA’s report to the Form 5500. If you check box 103-8 or 103-12(d) or both, you must also check the appropriate box on line 13a to identify the type of opinion offered by the IQPA.

**Line 13c.** Enter the name and EIN of the accountant (or accounting firm) in the space provided on line 13c. Do not use a SSN or any portion thereof in lieu of an EIN. The Schedule DCG is open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a SSN or any portion thereof on this Schedule DCG may result in the rejection of the filing.