

**SCHEDULE DCG
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

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).

Part I DCG Information

- A** Name of DCG

- C** DCG Sponsor's Name (enter here only if different from Name of DCG)

Part II Individual Schedule DCG Information.
contribution pension plan.

- E** This Schedule DCG is for: a single-employer plan
- F** This Schedule DCG is: the first Schedule
 an amended Schedule

Part III Basic Individual Plan Information

1a Name 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)

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

4a Plan administrator's name and address

- 5a** 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
- c(2)** Total number of active participants at the end of the plan year
- d(1)** Number of participants with account balances as of the beginning of the plan year
- d(2)** Number of participants with account balances as of the end of the plan year
- e** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....

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

Part IV Financial Information

| | |
|----------|-------------------------------------------------------------------------|
| 6 | Plan Assets and Liabilities |
| a | Total plan assets..... |
| | (1) Participant loans..... |
| b | Total plan liabilities..... |
| c | Net Assets (subtract line 6b from line 6a) |
| | Contributions received or receivable in cash from |
| | (1) Employers..... |
| | (2) Participants..... |
| | (3) Others (including rollovers)..... |
| b | Noncash contributions..... |
| c | Total Contributions (add lines 7a(1)-(3) and line 7(b)) |
| d | Other income (loss)..... |
| e | Total Income (add lines 7c and 7d)..... |
| f | Benefit payment and payments to provide benefits |
| g | Corrective distributions (see instructions) |
| h | Certain deemed distributions of participant loans (see instructions) |
| i | Administrative service provider's expense (salaries, fees, commissions) |
| j | Other expenses..... |
| k | Total expenses (add lines 7f, 7g, 7h, 7i, and 7j) |
| l | Net income (loss) (subtract line 7k from line 7e) |
| m | Transfers of assets |
| | (1) To this plan..... |
| | (2) From this plan..... |

Part V Plan Characteristics

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

Part VI Compliance Questions

| | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
| 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? |
| d | Was the plan covered by a fidelity bond? |
| e | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? |

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 were transferred. (See instructions)

10a Name of plan(s)

| |
|--|
| |
| |

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

12a Does the plan satisfy the coverage and nondiscrimination combining this plan with any other plans

12b If this is a Code section 401(k) plan, check all boxes that apply requirements for employee deferrals and employer

Design-based safe harbor method

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

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

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

(1) Name:

| |
|--|
| |
|--|