

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) D
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report
C If the plan is a collectively-bargained plan, check here
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIRE4ONE DCG GROUP PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2024
2a Plan sponsor's name (employer, if for a single-employer plan): FIDUCIARY WISE LLC
2b Employer Identification Number (EIN): 33-6622948
2c Plan Sponsor's telephone number: 480-855-4017
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor FIDUCIARY WISE LLC THOMAS BICK 2487 SOUTH GILBERT ROAD SUITE 106-454 GILBERT, AZ 85295	3b Administrator's EIN 81-3799174 3c Administrator's telephone number 480-855-4017
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4 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 Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	8
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	8
a(2) Total number of active participants at the end of the plan year	6a(2)	8
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	8
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	8
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	1
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	7
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2G 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input checked="" type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>6</u> (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan RETIRE4ONE DCG GROUP PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FIDUCIARY WISE LLC</p>	<p>D Employer Identification Number (EIN) 33-6622948</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA FINANCIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	863250	2	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	51110
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 0
c	Additions: (1) Contributions deposited during the year	7c(1) 30500
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 134
	(4) Transferred from separate account	7c(4) 0
	(5) Other (specify below)..... ▶ TRANSFERRED ASSETS FROM OTHER PROVIDER	7c(5) 20499
	(6) Total additions	7c(6) 51133
d	Total of balance and additions (add lines 7b and 7c(6))	7d 51133
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 0
	(2) Administration charge made by carrier.....	7e(2) 23
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶	7e(4) 0
(5) Total deductions	7e(5) 23	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 51110

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RETIRE4ONE DCG GROUP PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FIDUCIARY WISE LLC</u>	D Employer Identification Number (EIN) <u>33-6622948</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN LRG CP GROWTH FND R6</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN FUNDS</u>		
c EIN-PN <u>04-3215039-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4128</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS AMERICAN FUNDS 2010 FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST FUNDS</u>		
c EIN-PN <u>38-7271363-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8689</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS AMERICAN FUNDS 2050 FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST FUNDS</u>		
c EIN-PN <u>38-7271371-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>61924</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS AMERICAN FUNDS 2030 FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST FUNDS</u>		
c EIN-PN <u>38-7271367-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>529328</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS AMERICAN FUNDS 2035 FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST FUNDS</u>		
c EIN-PN <u>38-7271368-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30599</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS AMERICAN FUNDS 2060 FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST FUNDS</u>		
c EIN-PN <u>38-7271373-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12839</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIRE4ONE DCG GROUP PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FIDUCIARY WISE LLC	D Employer Identification Number (EIN) 33-6622948

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19481	710439
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	19481	710439
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19481	710439

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	46000	
(B) Participants.....	2a(1)(B)	109787	
(C) Others (including rollovers).....	2a(1)(C)	519301	
(2) Noncash contributions.....	2a(2)	0	675088
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	134	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	17408	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17542
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		692630

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	766	
(3) Recordkeeping fees	2i(3)	906	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1672
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1672

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		690958
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion 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 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:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a 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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**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

2024

This Form is Open to Public Inspection

Part I DCG Information

A Name of DCG RETIRE4ONE DCG GROUP PLAN	B Three-digit plan number (PN) ► 001
C DCG Sponsor's Name (enter here only if different from Name of DCG) FIDUCIARY WISE LLC	D Employer Identification Number (EIN) for DCG 33-6622948

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

E This Schedule DCG is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a collectively-bargained plan
F This Schedule DCG is: <input checked="" 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 HEARTHEALTH VETERINARY CORPORATION 401(K) PLAN	1b Three-digit plan number (PN) 001
	1c Effective date of plan 01/01/2024
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) HEARTHEALTH VETERINARY CORPORATION 120 MOSSWOOD CT SANTA CRUZ, CA 95060	2b Employer Identification Number (EIN) 88-3249977
	2c Plan sponsor's telephone number 925-905-6620
	2d Business code 621399
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 FIDUCIARY WISE LLC THOMAS BICK 2487 SOUTH GILBERT ROAD SUITE 106-454 GILBERT, AZ 85295	4b EIN 81-3799174
	4c Administrator's telephone number 480-855-4017
5a Total number of participants at the beginning of the plan year	5a 1
b Total number of participants as of the end of the plan year	5b 1
c(1) Total number of active participants at the beginning of the plan year	5c(1) 1
c(2) Total number of active participants at the end of the plan year.....	5c(2) 1
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 0
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 1
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 0

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

**Schedule DCG (2024)
v. 240311**

Part IV Financial Information

6 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	0	61924
	(1) Participant loans	0	0
b	Total plan liabilities	0	0
c	Net Assets (subtract line 6b from line 6a)	0	61924

		Amount	
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	46000
	(2) Participants	7a(2)	15999
	(3) Others (including rollovers)	7a(3)	0
b	Noncash contributions	7b	0
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	61999
d	Other income (loss)	7d	217
e	Total Income (add lines 7c and 7d)	7e	62216
f	Benefit payment and payments to provide benefits	7f	0
g	Corrective distributions (see instructions)	7g	0
h	Certain deemed distributions of participant loans (see instructions)	7h	0
i	Administrative service provider's expense (salaries, fees, commissions)	7i	292
j	Other expenses	7j	0
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	292
l	Net income (loss) (subtract line 7k from line 7e)	7l	61924
m	Transfers of assets		
	(1) To this plan	7m(1)	0
	(2) From this plan	7m(2)	0

Part V Plan Characteristics

8 Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions.
 2E 2G 2J 3D

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.)		X	
b	Were there any nonexempt transactions with any party-in-interest?		X	
c	Has the plan failed to provide any benefit when due under the plan?		X	
d	Was the plan covered by a fidelity bond?		X	
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	

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 combining this plan with any other plans under the permissive aggregation rules? Yes No

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 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704091A.

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: _____

**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

2024

This Form is Open to Public Inspection

Part I DCG Information

A Name of DCG RETIRE4ONE DCG GROUP PLAN	B Three-digit plan number (PN) ►	001
C DCG Sponsor's Name (enter here only if different from Name of DCG) FIDUCIARY WISE LLC	D Employer Identification Number (EIN) for DCG 33-6622948	

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

E This Schedule DCG is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a collectively-bargained plan
F This Schedule DCG is: <input checked="" 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 JCTC VENTURES LLC 401(K) PLAN	1b Three-digit plan number (PN)	001
	1c Effective date of plan	01/01/2024
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) JCTC VENTURES LLC 1093 IRON EAGLE DRIVE SUITE 115 EAGLE, ID 83616	2b Employer Identification Number (EIN)	85-3495198
	2c Plan sponsor's telephone number	208-412-6337
	2d Business code	541600
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 FIDUCIARY WISE LLC THOMAS BICK 2487 SOUTH GILBERT ROAD SUITE 106-454 GILBERT, AZ 85295	4b EIN	81-3799174
	4c Administrator's telephone number	480-855-4017
5a Total number of participants at the beginning of the plan year	5a	1
b Total number of participants as of the end of the plan year	5b	1
c(1) Total number of active participants at the beginning of the plan year	5c(1)	1
c(2) Total number of active participants at the end of the plan year.....	5c(2)	1
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1)	0
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2)	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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

**Schedule DCG (2024)
v. 240311**

Part IV Financial Information

6 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	0	0
	(1) Participant loans	0	0
b	Total plan liabilities	0	0
c	Net Assets (subtract line 6b from line 6a)	0	0

7a Contributions received or receivable in cash from		Amount	
	(1) Employers	7a(1)	0
	(2) Participants	7a(2)	0
	(3) Others (including rollovers)	7a(3)	0
b	Noncash contributions	7b	0
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	0
d	Other income (loss)	7d	0
e	Total Income (add lines 7c and 7d)	7e	0
f	Benefit payment and payments to provide benefits	7f	0
g	Corrective distributions (see instructions)	7g	0
h	Certain deemed distributions of participant loans (see instructions)	7h	0
i	Administrative service provider's expense (salaries, fees, commissions)	7i	0
j	Other expenses	7j	0
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	0
l	Net income (loss) (subtract line 7k from line 7e)	7l	0
m	Transfers of assets		
	(1) To this plan	7m(1)	0
	(2) From this plan	7m(2)	0

Part V Plan Characteristics

8 Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions.
 2E 2G 2J 3D

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.)		X	
b	Were there any nonexempt transactions with any party-in-interest?		X	
c	Has the plan failed to provide any benefit when due under the plan?		X	
d	Was the plan covered by a fidelity bond?		X	
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	

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 combining this plan with any other plans under the permissive aggregation rules? Yes No

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 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704091A.

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: _____

**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

2024

This Form is Open to Public Inspection

Part I DCG Information

A Name of DCG RETIRE4ONE DCG GROUP PLAN	B Three-digit plan number (PN) ►	001
C DCG Sponsor's Name (enter here only if different from Name of DCG) FIDUCIARY WISE LLC	D Employer Identification Number (EIN) for DCG 33-6622948	

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

E This Schedule DCG is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a collectively-bargained plan
F This Schedule DCG is: <input checked="" 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 JEFFREY J SCRIMENTI 401(K) PLAN	1b Three-digit plan number (PN)	001
	1c Effective date of plan	01/01/2024
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) JEFFREY J SCRIMENTI 7575 HENON STREET NE SALEM, OR 97305	2b Employer Identification Number (EIN)	30-0305095
	2c Plan sponsor's telephone number	503-201-6093
	2d Business code	524210
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 FIDUCIARY WISE LLC THOMAS BICK 2487 SOUTH GILBERT ROAD SUITE 106-454 GILBERT, AZ 85295	4b EIN	81-3799174
	4c Administrator's telephone number	480-855-4017
5a Total number of participants at the beginning of the plan year	5a	1
b Total number of participants as of the end of the plan year	5b	1
c(1) Total number of active participants at the beginning of the plan year	5c(1)	1
c(2) Total number of active participants at the end of the plan year	5c(2)	1
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1)	1
d(2) Number of participants with account balances as of the end of the plan year	5d(2)	1
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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

Schedule DCG (2024)
v. 240311

Part IV Financial Information

6 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	6a 19481	51043
	(1) Participant loans	6a(1) 0	0
b	Total plan liabilities	6b 0	0
c	Net Assets (subtract line 6b from line 6a)	6c 19481	51043

7a		Amount	
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	0
	(2) Participants	7a(2)	30500
	(3) Others (including rollovers)	7a(3)	0
b	Noncash contributions	7b	0
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	30500
d	Other income (loss)	7d	1086
e	Total Income (add lines 7c and 7d)	7e	31586
f	Benefit payment and payments to provide benefits	7f	0
g	Corrective distributions (see instructions)	7g	0
h	Certain deemed distributions of participant loans (see instructions)	7h	0
i	Administrative service provider's expense (salaries, fees, commissions)	7i	24
j	Other expenses	7j	0
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	24
l	Net income (loss) (subtract line 7k from line 7e)	7l	31562
m	Transfers of assets		
	(1) To this plan	7m(1)	0
	(2) From this plan	7m(2)	0

Part V Plan Characteristics

8 Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions.
 2E 2G 2J 3D

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.)		X	
b	Were there any nonexempt transactions with any party-in-interest?		X	
c	Has the plan failed to provide any benefit when due under the plan?		X	
d	Was the plan covered by a fidelity bond?		X	
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	

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 combining this plan with any other plans under the permissive aggregation rules? Yes No

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 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704091A.

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: _____

**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

2024

This Form is Open to Public Inspection

Part I DCG Information

A Name of DCG RETIRE4ONE DCG GROUP PLAN	B Three-digit plan number (PN) ►	001
C DCG Sponsor's Name (enter here only if different from Name of DCG) FIDUCIARY WISE LLC	D Employer Identification Number (EIN) for DCG 33-6622948	

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

E This Schedule DCG is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a collectively-bargained plan
F This Schedule DCG is: <input checked="" 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 JULES BIANCHI PHOTOGRAPHY 401(K) PLAN	1b Three-digit plan number (PN)	001
	1c Effective date of plan	01/01/2024
	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) JULIET MARIE BIANCHI D/B/A JULES BIANCHI PHOTOGRAPHY 311 W 29TH STREET APT A VANCOUVER, WA 98660	2b Employer Identification Number (EIN)
	2c Plan sponsor's telephone number	323-428-6402
	2d Business code	541920
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 FIDUCIARY WISE LLC THOMAS BICK 2487 SOUTH GILBERT ROAD SUITE 106-454 GILBERT, AZ 85295	4b EIN	81-3799174
	4c Administrator's telephone number	480-855-4017
5a Total number of participants at the beginning of the plan year	5a	1
b Total number of participants as of the end of the plan year	5b	1
c(1) Total number of active participants at the beginning of the plan year	5c(1)	1
c(2) Total number of active participants at the end of the plan year	5c(2)	1
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1)	0
d(2) Number of participants with account balances as of the end of the plan year	5d(2)	1
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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

Schedule DCG (2024)
v. 240311

Part IV Financial Information

6 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	0	30599
	(1) Participant loans	0	0
b	Total plan liabilities	0	0
c	Net Assets (subtract line 6b from line 6a)	0	30599

7a		Amount	
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	0
	(2) Participants	7a(2)	30500
	(3) Others (including rollovers)	7a(3)	0
b	Noncash contributions	7b	0
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	30500
d	Other income (loss)	7d	120
e	Total Income (add lines 7c and 7d)	7e	30620
f	Benefit payment and payments to provide benefits	7f	0
g	Corrective distributions (see instructions)	7g	0
h	Certain deemed distributions of participant loans (see instructions)	7h	0
i	Administrative service provider's expense (salaries, fees, commissions)	7i	21
j	Other expenses	7j	0
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	21
l	Net income (loss) (subtract line 7k from line 7e)	7l	30599
m	Transfers of assets		
	(1) To this plan	7m(1)	0
	(2) From this plan	7m(2)	0

Part V Plan Characteristics

8 Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions.
 2E 2G 2J 3D

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.)		X	
b	Were there any nonexempt transactions with any party-in-interest?		X	
c	Has the plan failed to provide any benefit when due under the plan?		X	
d	Was the plan covered by a fidelity bond?		X	
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	

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 combining this plan with any other plans under the permissive aggregation rules? Yes No

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 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704091A.

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: _____

**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

2024

This Form is Open to Public Inspection

Part I DCG Information

A Name of DCG RETIRE4ONE DCG GROUP PLAN	B Three-digit plan number (PN) ►	001
C DCG Sponsor's Name (enter here only if different from Name of DCG) FIDUCIARY WISE LLC	D Employer Identification Number (EIN) for DCG 33-6622948	

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

E This Schedule DCG is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a collectively-bargained plan
F This Schedule DCG is: <input checked="" 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 RETIRE4ONE LLC 401(K) PLAN	1b Three-digit plan number (PN)	002
	1c Effective date of plan	01/01/2024
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) RETIRE4ONE LLC 4120 W RUNION DR GLENDALE, AZ 85308	2b Employer Identification Number (EIN)	88-2552609
	2c Plan sponsor's telephone number	480-744-3952
	2d Business code	541219
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 FIDUCIARY WISE LLC THOMAS BICK 2487 SOUTH GILBERT ROAD SUITE 106-454 GILBERT, AZ 85295	4b EIN	81-3799174
	4c Administrator's telephone number	480-855-4017
5a Total number of participants at the beginning of the plan year	5a	2
b Total number of participants as of the end of the plan year	5b	2
c(1) Total number of active participants at the beginning of the plan year	5c(1)	2
c(2) Total number of active participants at the end of the plan year	5c(2)	2
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1)	0
d(2) Number of participants with account balances as of the end of the plan year	5d(2)	2
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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

**Schedule DCG (2024)
v. 240311**

Part IV Financial Information			
6	Plan Assets and Liabilities		
		(a) Beginning of Year	(b) End of Year
a	Total plan assets	6a	0
	(1) Participant loans	6a(1)	0
b	Total plan liabilities	6b	0
c	Net Assets (subtract line 6b from line 6a)	6c	0

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	0
	(2) Participants	7a(2)	7788
	(3) Others (including rollovers)	7a(3)	519301
b	Noncash contributions	7b	0
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	527089
d	Other income (loss)	7d	16415
e	Total Income (add lines 7c and 7d)	7e	543504
f	Benefit payment and payments to provide benefits	7f	0
g	Corrective distributions (see instructions)	7g	0
h	Certain deemed distributions of participant loans (see instructions)	7h	0
i	Administrative service provider's expense (salaries, fees, commissions)	7i	1335
j	Other expenses	7j	0
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	1335
l	Net income (loss) (subtract line 7k from line 7e)	7l	542169
m	Transfers of assets		
	(1) To this plan	7m(1)	0
	(2) From this plan	7m(2)	0

Part V Plan Characteristics	
8	Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions. 2E 2G 2J 3D

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.)		X	
b	Were there any nonexempt transactions with any party-in-interest?		X	
c	Has the plan failed to provide any benefit when due under the plan?		X	
d	Was the plan covered by a fidelity bond?		X	
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	

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 combining this plan with any other plans under the permissive aggregation rules? Yes No

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 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704091A.

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: _____

**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

2024

This Form is Open to Public Inspection

Part I DCG Information

A Name of DCG RETIRE4ONE DCG GROUP PLAN	B Three-digit plan number (PN) ►	001
C DCG Sponsor's Name (enter here only if different from Name of DCG) FIDUCIARY WISE LLC	D Employer Identification Number (EIN) for DCG 33-6622948	

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

E This Schedule DCG is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a collectively-bargained plan
F This Schedule DCG is: <input checked="" 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 THE TAIT GROUP INC 401(K) PLAN	1b Three-digit plan number (PN)	002
	1c Effective date of plan	01/01/2024
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) THE TAIT GROUP INC 2443 FAIR OAKS BLVD #790 SACRAMENTO, CA 95825	2b Employer Identification Number (EIN)	32-0456940
	2c Plan sponsor's telephone number	916-396-7299
	2d Business code	541600
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 FIDUCIARY WISE LLC THOMAS BICK 2487 SOUTH GILBERT ROAD SUITE 106-454 GILBERT, AZ 85295	4b EIN	81-3799174
	4c Administrator's telephone number	480-855-4017
5a Total number of participants at the beginning of the plan year	5a	2
b Total number of participants as of the end of the plan year	5b	2
c(1) Total number of active participants at the beginning of the plan year	5c(1)	2
c(2) Total number of active participants at the end of the plan year	5c(2)	2
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1)	0
d(2) Number of participants with account balances as of the end of the plan year	5d(2)	2
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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

**Schedule DCG (2024)
v. 240311**

Part IV Financial Information

6 Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year
a	Total plan assets	6a	0	24704
	(1) Participant loans	6a(1)	0	0
b	Total plan liabilities	6b	0	0
c	Net Assets (subtract line 6b from line 6a)	6c	0	24704

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	0
	(2) Participants	7a(2)	25000
	(3) Others (including rollovers)	7a(3)	0
b	Noncash contributions	7b	0
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	25000
d	Other income (loss)	7d	-296
e	Total Income (add lines 7c and 7d)	7e	24704
f	Benefit payment and payments to provide benefits	7f	0
g	Corrective distributions (see instructions)	7g	0
h	Certain deemed distributions of participant loans (see instructions)	7h	0
i	Administrative service provider's expense (salaries, fees, commissions)	7i	0
j	Other expenses	7j	0
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	0
l	Net income (loss) (subtract line 7k from line 7e)	7l	24704
m	Transfers of assets		
	(1) To this plan	7m(1)	0
	(2) From this plan	7m(2)	0

Part V Plan Characteristics

8 Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions.
 2E 2G 2J 3D

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.)		X	
b	Were there any nonexempt transactions with any party-in-interest?		X	
c	Has the plan failed to provide any benefit when due under the plan?		X	
d	Was the plan covered by a fidelity bond?		X	
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	

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 combining this plan with any other plans under the permissive aggregation rules? Yes No

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 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704091A.

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: _____

