

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☒ a DFE (specify) <u>D</u> ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
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 (enter description)
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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 01/01/2000
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) BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304
2b	Employer Identification Number (EIN) 52-2010356
2c	Plan Sponsor's telephone number 703-370-2226
2d	Business code (see instructions) 561490

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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/01/2025	JOEL BERNSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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
5 Total number of participants at the beginning of the plan year	5 411
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 389 6a(2) 528 6b 0 6c 0 6d 528 6e 0 6f 528 6g(1) 168 6g(2) 191 6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2J 2K 2F 2G 3D 2T 2S

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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☒ **DCG** (Individual Plan Information) – Number Attached 38
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) 52-2010356

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.
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1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE (USA)

(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
01-0233346	65838	72408	259	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
0	79431

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
AEGIS WEALTH MANAGEMENT 698 N MAITLAND AVE SUITE 201
MAITLAND, FL 32751

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	48391	ADVISORY FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BLUE HARBOR RETIREMENT PLAN SERVICE 1703 N MCMULLEN BOOTH ROAD #1063
SAFETY HARBOR, FL 34695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	25221	ADMINISTRATION FEES	5

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

COLONIAL SURETY COMPANY

123 TICE BLVD #250
WOODCLIFF LAKE, NJ 07677

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5819	ERISA BOND FEES	3

(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	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	6297566

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) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	0
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	51
(4) Transferred from separate account	7c(4)	2406
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	2457
d Total of balance and additions (add lines 7b and 7c(6))	7d	2457
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	21
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	21
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	2436

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 ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) 52-2010356	

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JOHN HANCOCK LIFE INSURANCE COMPANY

P O BOX 600
BUFFALO, NY 14201

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN				B Three-digit plan number (PN) ▶ 333	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BENEFIT PROVIDERS, LLC				D Employer Identification Number (EIN) 52-2010356	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE COMPANY					
b Name of sponsor of entity listed in (a): BENEFIT PROVIDERS, LLC					
c EIN-PN 01-0233346-333		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7364960		
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)		
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)		
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-		

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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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

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

A Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) 52-2010356

Part I	Asset and Liability Statement		
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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	36065	8139
(2) Participant contributions.....	1b(2)	1900	1271
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	713223	782000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	156957	283002
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	4752560	6297566
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	2395
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5660705	7374373
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
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	5660705	7374373

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)	392420	
(B) Participants	2a(1)(B)	987971	
(C) Others (including rollovers)	2a(1)(C)	39460	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1419851
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	21089	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21089
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		769010
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2209950

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	258952	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		258952
f Corrective distributions (see instructions)	2f		241
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	466	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	48391	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	29292	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		78149
j Total expenses. Add all expense amounts in column (b) and enter total	2j		337342

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1872608
l Transfers of assets:			
(1) To this plan	2l(1)		15383
(2) From this plan	2l(2)		174323

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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) ALASKA FENCE COMPANY, INC PO BOX 1 NEWINGTON, VA 22122	2b Employer Identification Number (EIN) 54-0851458
	2c Plan sponsor's telephone number 703-550-9805
	2d Business code 238900
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
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) 2
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	297744	393248
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	297744	393248

7a Contributions received or receivable in cash from			Amount
	(1) Employers	7a(1)	9215
	(2) Participants	7a(2)	61000
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	70215
d	Other income (loss)	7d	29214
e	Total Income (add lines 7c and 7d)	7e	99429
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	3925
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	3925
l	Net income (loss) (subtract line 7k from line 7e)	7l	95504
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

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 2T 3D 2E 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) ASHVILLE GENERAL STORE, INC. PO BOX 199 ASHVILLE, VA 22122	2b Employer Identification Number (EIN) 16-1392455
	2c Plan sponsor's telephone number 716-763-0566
	2d Business code 445120
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 15
b Total number of participants as of the end of the plan year	5b 16
c(1) Total number of active participants at the beginning of the plan year	5c(1) 15
c(2) Total number of active participants at the end of the plan year.....	5c(2) 16
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 2
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	28951	38459
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	28951	38459

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	
	(2) Participants	7a(2)	6078
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	6078
d	Other income (loss)	7d	3848
e	Total Income (add lines 7c and 7d)	7e	9926
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	418
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	418
l	Net income (loss) (subtract line 7k from line 7e)	7l	9508
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) AUDIO VISUAL ACTIONS, INC 3905 WHEELER AVE ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 48-1271591
	2c Plan sponsor's telephone number 703-751-1010
	2d Business code 512100
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 6
b Total number of participants as of the end of the plan year	5b 6
c(1) Total number of active participants at the beginning of the plan year	5c(1) 6
c(2) Total number of active participants at the end of the plan year.....	5c(2) 6
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 3
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 3
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	16505	55694
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	16505	55694

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	8979
	(2) Participants	7a(2)	28536
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	37515
d	Other income (loss)	7d	2352
e	Total Income (add lines 7c and 7d)	7e	39867
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	241
h	Certain deemed distributions of participant loans (see instructions)	7h	437
i	Administrative service provider's expense (salaries, fees, commissions)	7i	
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	678
l	Net income (loss) (subtract line 7k from line 7e)	7l	39189
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) BAY VIEW RESTORATION, LLC 2800 EISENHOWER #220 ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 81-2343701
	2c Plan sponsor's telephone number 703-829-9848
	2d Business code 238900
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 9
b Total number of participants as of the end of the plan year	5b 7
c(1) Total number of active participants at the beginning of the plan year	5c(1) 7
c(2) Total number of active participants at the end of the plan year.....	5c(2) 7
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 6
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 6
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	144547	214045
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	144547	214045

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	7565
	(2) Participants	7a(2)	48692
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	56257
d	Other income (loss)	7d	15377
e	Total Income (add lines 7c and 7d)	7e	71634
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	2136
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	2136
l	Net income (loss) (subtract line 7k from line 7e)	7l	69498
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K 2S

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) BEST IMPRESSIONS, INC 5701 GENERAL WASHINGTON DRIVE SUITE T ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 54-1725355
	2c Plan sponsor's telephone number 703-518-1375
	2d Business code 561490
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 8
b Total number of participants as of the end of the plan year	5b 7
c(1) Total number of active participants at the beginning of the plan year	5c(1) 6
c(2) Total number of active participants at the end of the plan year.....	5c(2) 7
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 8
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 7
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	900205	1047838
	(1) Participant loans	6a(1)	54435	82289
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	900205	1047838

7a			Amount
Contributions received or receivable in cash from			
	(1) Employers	7a(1)	11586
	(2) Participants	7a(2)	12290
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	23876
d	Other income (loss)	7d	170698
e	Total Income (add lines 7c and 7d)	7e	194574
f	Benefit payment and payments to provide benefits	7f	35926
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	11015
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	46941
l	Net income (loss) (subtract line 7k from line 7e)	7l	147633
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) BMK CONSTRUCTION SERVICES, INC. 13601 OFFICE PLACE SUITE 101 WOODBIDGE, VA 22122	2b Employer Identification Number (EIN) 47-1302391
	2c Plan sponsor's telephone number 703-864-9664
	2d Business code 238900
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 13
b Total number of participants as of the end of the plan year	5b 11
c(1) Total number of active participants at the beginning of the plan year	5c(1) 13
c(2) Total number of active participants at the end of the plan year.....	5c(2) 11
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 10
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 10
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	311887	421012
	(1) Participant loans	6a(1)	18600	32466
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	311887	421012

7a			Amount
Contributions received or receivable in cash from			
	(1) Employers	7a(1)	21068
	(2) Participants	7a(2)	42816
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	63884
d	Other income (loss)	7d	49866
e	Total Income (add lines 7c and 7d)	7e	113750
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	4625
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	4625
l	Net income (loss) (subtract line 7k from line 7e)	7l	109125
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K 2S

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) CANCER CENTER OF GAITHERSBURG 808 WEST DIAMOND AVE GAITHERSBURG, VA 22122	2b Employer Identification Number (EIN) 27-2406746
	2c Plan sponsor's telephone number 240-364-0900
	2d Business code 621111
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
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 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) 2
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	897382	1011874
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	897382	1011874

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	
	(2) Participants	7a(2)	
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	0
d	Other income (loss)	7d	129081
e	Total Income (add lines 7c and 7d)	7e	129081
f	Benefit payment and payments to provide benefits	7f	3635
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	10954
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	14589
l	Net income (loss) (subtract line 7k from line 7e)	7l	114492
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) CAPITAL FOOD SERVICE, INC 8932 TELGRAPH ROAD LORTON, VA 22122	2b Employer Identification Number (EIN) 32-0252896
	2c Plan sponsor's telephone number 703-337-2308
	2d Business code 424400
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 5
b Total number of participants as of the end of the plan year	5b 6
c(1) Total number of active participants at the beginning of the plan year	5c(1) 5
c(2) Total number of active participants at the end of the plan year.....	5c(2) 6
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 3
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 3
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	7075	55400
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	7075	55400

7a Contributions received or receivable in cash from			Amount
	(1) Employers	7a(1)	9824
	(2) Participants	7a(2)	36769
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	46593
d	Other income (loss)	7d	2154
e	Total Income (add lines 7c and 7d)	7e	48747
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	422
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	422
l	Net income (loss) (subtract line 7k from line 7e)	7l	48325
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) CENTRAL FAIRFAX CHAMBER OF COMMERCE 10304 EATON PLACE SUITE 100 FAIRFAX, VA 22122	2b Employer Identification Number (EIN) 54-0852188
	2c Plan sponsor's telephone number 703-268-5870
	2d Business code 813000
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
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 3
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) 3
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	3553	8926
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	3553	8926

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	
	(2) Participants	7a(2)	4978
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	4978
d	Other income (loss)	7d	483
e	Total Income (add lines 7c and 7d)	7e	5461
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	88
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	88
l	Net income (loss) (subtract line 7k from line 7e)	7l	5373
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) D&T HOME CARE BUSINESS, LLC 205 S WHITING STREET SUITE 406 ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 82-4250907
	2c Plan sponsor's telephone number 571-331-0884
	2d Business code 621610
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 61
b Total number of participants as of the end of the plan year	5b 89
c(1) Total number of active participants at the beginning of the plan year	5c(1) 61
c(2) Total number of active participants at the end of the plan year.....	5c(2) 89
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 4
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 5
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	33161	80240
	(1) Participant loans	6a(1)	3692	17349
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	33161	80240

7a Contributions received or receivable in cash from			Amount
	(1) Employers	7a(1)	15777
	(2) Participants	7a(2)	27100
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	42877
d	Other income (loss)	7d	5130
e	Total Income (add lines 7c and 7d)	7e	48007
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	938
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	938
l	Net income (loss) (subtract line 7k from line 7e)	7l	47069
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) DOSS PROPERTY SERVICES, LLC DBA EXPERT FENCE 6027 FARRINGTON AVE ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 26-4267856
	2c Plan sponsor's telephone number 703-751-3008
	2d Business code 236110
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 13
b Total number of participants as of the end of the plan year	5b 13
c(1) Total number of active participants at the beginning of the plan year	5c(1) 13
c(2) Total number of active participants at the end of the plan year.....	5c(2) 13
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 4
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 5
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	32215	88004
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	32215	88004

7a			Amount
Contributions received or receivable in cash from			
	(1) Employers	7a(1)	9685
	(2) Participants	7a(2)	42953
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	52638
d	Other income (loss)	7d	3741
e	Total Income (add lines 7c and 7d)	7e	56379
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	590
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	590
l	Net income (loss) (subtract line 7k from line 7e)	7l	55789
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) EDJ CONCRETE CONSTRUCTIONS, INC 7219 LEE HIGHWAY SUITE ONE ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 81-1156424
	2c Plan sponsor's telephone number 703-930-9297
	2d Business code 238100
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 13
b Total number of participants as of the end of the plan year	5b 10
c(1) Total number of active participants at the beginning of the plan year	5c(1) 10
c(2) Total number of active participants at the end of the plan year.....	5c(2) 10
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 10
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 9
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	206911	245358
	(1) Participant loans	6a(1)	36999	32235
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	206911	245358

7a			Amount
Contributions received or receivable in cash from			
	(1) Employers	7a(1)	8270
	(2) Participants	7a(2)	31040
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	39310
d	Other income (loss)	7d	18366
e	Total Income (add lines 7c and 7d)	7e	57676
f	Benefit payment and payments to provide benefits	7f	16704
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	2525
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	19229
l	Net income (loss) (subtract line 7k from line 7e)	7l	38447
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2T 3D 2K 2S

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) FOUNDATION FIRST 10718 BALLANTRAYE DRIVE SUITE 402 FREDERICKSBURG, VA 22407	2b Employer Identification Number (EIN) 27-4379476
	2c Plan sponsor's telephone number 571-287-7600
	2d Business code 611000
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 18
b Total number of participants as of the end of the plan year	5b 21
c(1) Total number of active participants at the beginning of the plan year	5c(1) 17
c(2) Total number of active participants at the end of the plan year.....	5c(2) 21
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 15
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 19
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 2

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	138015	300793
	(1) Participant loans	6a(1)	11927	17841
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	138015	300793

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	63807
	(2) Participants	7a(2)	80001
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	143808
d	Other income (loss)	7d	21700
e	Total Income (add lines 7c and 7d)	7e	165508
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	2730
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	2730
l	Net income (loss) (subtract line 7k from line 7e)	7l	162778
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) GREEN FLOWER, LLC DBA HARMONY ANIMAL HOSPITAL 5707 LARPIN LANE ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 82-2761940
	2c Plan sponsor's telephone number 703-643-9797
	2d Business code 541940
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 23
b Total number of participants as of the end of the plan year	5b 26
c(1) Total number of active participants at the beginning of the plan year	5c(1) 22
c(2) Total number of active participants at the end of the plan year.....	5c(2) 26
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 15
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 16
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	240607	418444
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	240607	418444

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	30766
	(2) Participants	7a(2)	104865
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	135631
d	Other income (loss)	7d	46282
e	Total Income (add lines 7c and 7d)	7e	181913
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	4076
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	4076
l	Net income (loss) (subtract line 7k from line 7e)	7l	177837
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) HALSIT HOLDINGS, LLC DBA ABBATRON 13680 MOSIERTOWN ROAD MEADVILLE, VA 22122	2b Employer Identification Number (EIN) 46-5426840
	2c Plan sponsor's telephone number 814-724-6440
	2d Business code 334410
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 14
b Total number of participants as of the end of the plan year	5b 12
c(1) Total number of active participants at the beginning of the plan year	5c(1) 14
c(2) Total number of active participants at the end of the plan year.....	5c(2) 12
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 2
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	17552	22423
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	17552	22423

7a			Amount
Contributions received or receivable in cash from			
	(1) Employers	7a(1)	
	(2) Participants	7a(2)	3939
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	3939
d	Other income (loss)	7d	1188
e	Total Income (add lines 7c and 7d)	7e	5127
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	256
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	256
l	Net income (loss) (subtract line 7k from line 7e)	7l	4871
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) HAQUE RESTAURANT GROUP, LLC 7066 BALMORAL FOREST RD CLIFTON, VA 22122	2b Employer Identification Number (EIN) 88-0773889
	2c Plan sponsor's telephone number 703-850-0319
	2d Business code 722511
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 92
b Total number of participants as of the end of the plan year	5b 134
c(1) Total number of active participants at the beginning of the plan year	5c(1) 92
c(2) Total number of active participants at the end of the plan year.....	5c(2) 134
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 11
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 14
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	33326	87186
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	33326	87186

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	19370
	(2) Participants	7a(2)	39644
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	59014
d	Other income (loss)	7d	4281
e	Total Income (add lines 7c and 7d)	7e	63295
f	Benefit payment and payments to provide benefits	7f	8430
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	1005
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	9435
l	Net income (loss) (subtract line 7k from line 7e)	7l	53860
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) HUSTON, INC 1903 RAMPART DRIVE ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 26-3262128
	2c Plan sponsor's telephone number 703-786-4162
	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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 5
b Total number of participants as of the end of the plan year	5b 5
c(1) Total number of active participants at the beginning of the plan year	5c(1) 3
c(2) Total number of active participants at the end of the plan year.....	5c(2) 5
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 5
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 5
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	137049	194759
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	137049	194759

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	46799
	(2) Participants	7a(2)	37534
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	84333
d	Other income (loss)	7d	15986
e	Total Income (add lines 7c and 7d)	7e	100319
f	Benefit payment and payments to provide benefits	7f	40501
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	2108
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	42609
l	Net income (loss) (subtract line 7k from line 7e)	7l	57710
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) JASON S OSSER CPA AND ASSOCIATES 5027-B BACKLICK ROAD ANNANDALE, VA 22122	2b Employer Identification Number (EIN) 45-2439571
	2c Plan sponsor's telephone number 571-373-2489
	2d Business code 541211
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 6
b Total number of participants as of the end of the plan year	5b 6
c(1) Total number of active participants at the beginning of the plan year	5c(1) 5
c(2) Total number of active participants at the end of the plan year.....	5c(2) 6
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 6
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 6
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	269769	401390
	(1) Participant loans	6a(1)	18896	15710
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	269769	401390

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	14282
	(2) Participants	7a(2)	56716
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	70998
d	Other income (loss)	7d	64311
e	Total Income (add lines 7c and 7d)	7e	135309
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	3688
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	3688
l	Net income (loss) (subtract line 7k from line 7e)	7l	131621
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2E

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) J.R. JABLONSKI PROFESSIONAL CLEANING SERVICES, LLC 8006 FERNCLIFF COURT SPRINGFIELD, VA 22122	2b Employer Identification Number (EIN) 80-0957620
	2c Plan sponsor's telephone number 703-978-3364
	2d Business code 561740
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 3
b Total number of participants as of the end of the plan year	5b 3
c(1) Total number of active participants at the beginning of the plan year	5c(1) 3
c(2) Total number of active participants at the end of the plan year.....	5c(2) 3
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 2
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	1650	26060
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	1650	26060

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	4513
	(2) Participants	7a(2)	19342
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	23855
d	Other income (loss)	7d	757
e	Total Income (add lines 7c and 7d)	7e	24612
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	192
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	192
l	Net income (loss) (subtract line 7k from line 7e)	7l	24420
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K 2S

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) LIZ LUKE, LLC 2718 SYCAMORE STREET ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 27-0283117
	2c Plan sponsor's telephone number 571-373-2489
	2d Business code 531210
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 9
b Total number of participants as of the end of the plan year	5b 6
c(1) Total number of active participants at the beginning of the plan year	5c(1) 6
c(2) Total number of active participants at the end of the plan year.....	5c(2) 6
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 7
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 5
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	260368	297495
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	260368	297495

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	9514
	(2) Participants	7a(2)	52775
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	62289
d	Other income (loss)	7d	25263
e	Total Income (add lines 7c and 7d)	7e	87552
f	Benefit payment and payments to provide benefits	7f	46999
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	3426
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	50425
l	Net income (loss) (subtract line 7k from line 7e)	7l	37127
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K 2S

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) MEADOWS PT, LLC DBA PHYSICAL RESTORATION AND SPORTS MEDICINE 21240 RIDGETOP CIRCLE #115 STERLING, VA 22122	2b Employer Identification Number (EIN) 81-0990612
	2c Plan sponsor's telephone number 703-999-6960
	2d Business code 621340
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 3
b Total number of participants as of the end of the plan year	5b 3
c(1) Total number of active participants at the beginning of the plan year	5c(1) 3
c(2) Total number of active participants at the end of the plan year.....	5c(2) 3
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 3
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 3
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	80396	98256
	(1) Participant loans	6a(1)	0	18404
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	80396	98256

7a			Amount
Contributions received or receivable in cash from			
	(1) Employers	7a(1)	
	(2) Participants	7a(2)	13364
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	13364
d	Other income (loss)	7d	5584
e	Total Income (add lines 7c and 7d)	7e	18948
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	1088
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	1088
l	Net income (loss) (subtract line 7k from line 7e)	7l	17860
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) MHD BUILDS, LLC 108 E RANDOLPH AVE ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 46-5713843
	2c Plan sponsor's telephone number 703-910-1346
	2d Business code 236110
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 14
b Total number of participants as of the end of the plan year	5b 12
c(1) Total number of active participants at the beginning of the plan year	5c(1) 14
c(2) Total number of active participants at the end of the plan year.....	5c(2) 12
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 8
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 10
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 2

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	7218	58432
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	7218	58432

7a Contributions received or receivable in cash from			Amount
	(1) Employers	7a(1)	13919
	(2) Participants	7a(2)	34770
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	48689
d	Other income (loss)	7d	3057
e	Total Income (add lines 7c and 7d)	7e	51746
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	532
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	532
l	Net income (loss) (subtract line 7k from line 7e)	7l	51214
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K 2S

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) MISTER ROGERS ELECTRICE, LLC 2940 PS BUSINESS CENTER DRIVE WOODBIDGE, VA 22122	2b Employer Identification Number (EIN) 45-4385657
	2c Plan sponsor's telephone number 571-249-2716
	2d Business code 238210
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 10
b Total number of participants as of the end of the plan year	5b 9
c(1) Total number of active participants at the beginning of the plan year	5c(1) 9
c(2) Total number of active participants at the end of the plan year.....	5c(2) 9
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 3
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 3
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	122905	153003
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	122905	153003

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	7140
	(2) Participants	7a(2)	18360
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	25500
d	Other income (loss)	7d	6185
e	Total Income (add lines 7c and 7d)	7e	31685
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	1587
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	1587
l	Net income (loss) (subtract line 7k from line 7e)	7l	30098
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K 2S

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) PUROCLEAN OF ALEXANDRIA CO 883 S PICKETT STREET ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 83-1522659
	2c Plan sponsor's telephone number 703-719-2828
	2d Business code 562000
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 9
b Total number of participants as of the end of the plan year	5b 8
c(1) Total number of active participants at the beginning of the plan year	5c(1) 8
c(2) Total number of active participants at the end of the plan year.....	5c(2) 8
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 6
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 6
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	96015	122867
	(1) Participant loans	6a(1)	894	11605
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	96015	122867

7a			Amount
Contributions received or receivable in cash from			
	(1) Employers	7a(1)	9832
	(2) Participants	7a(2)	12020
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	21852
d	Other income (loss)	7d	6377
e	Total Income (add lines 7c and 7d)	7e	28229
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	1377
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	1377
l	Net income (loss) (subtract line 7k from line 7e)	7l	26852
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) RODIAM CONSTRUCTION LLC 6225 EVERGLADES DRIVE ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 47-5251219
	2c Plan sponsor's telephone number 703-474-4222
	2d Business code 236110
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 8
b Total number of participants as of the end of the plan year	5b 7
c(1) Total number of active participants at the beginning of the plan year	5c(1) 8
c(2) Total number of active participants at the end of the plan year.....	5c(2) 7
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 5
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 5
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	473843	584170
	(1) Participant loans	6a(1)	0	17509
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	473843	584170

7a Contributions received or receivable in cash from			Amount
	(1) Employers	7a(1)	20397
	(2) Participants	7a(2)	39763
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	60160
d	Other income (loss)	7d	56194
e	Total Income (add lines 7c and 7d)	7e	116354
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	6027
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	6027
l	Net income (loss) (subtract line 7k from line 7e)	7l	110327
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K 2E

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) SCREENTHEM BACKGROUND INVESTIGATIONS, INC. 7900 ANDRUS ROAD SUITE 13 ALEXANDRIA, VA 22122	2b Employer Identification Number (EIN) 54-1048040
	2c Plan sponsor's telephone number 703-360-5000
	2d Business code 561300
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 8
b Total number of participants as of the end of the plan year	5b 8
c(1) Total number of active participants at the beginning of the plan year	5c(1) 7
c(2) Total number of active participants at the end of the plan year.....	5c(2) 8
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 4
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 5
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	130187	161733
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	130187	161733

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	8296
	(2) Participants	7a(2)	14772
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	23068
d	Other income (loss)	7d	10196
e	Total Income (add lines 7c and 7d)	7e	33264
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	1718
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	1718
l	Net income (loss) (subtract line 7k from line 7e)	7l	31546
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) SW DEVELOPMENT COMPANY 1199 N FARIFAX STREET ALEXANDRIA, VA 22314	2b Employer Identification Number (EIN) 83-2774105
	2c Plan sponsor's telephone number 703-813-5554
	2d Business code 236110
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
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	45304	52202
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	45304	52202

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	108
	(2) Participants	7a(2)	1260
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	1368
d	Other income (loss)	7d	6099
e	Total Income (add lines 7c and 7d)	7e	7467
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	569
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	569
l	Net income (loss) (subtract line 7k from line 7e)	7l	6898
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☒ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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 JASON LINETT GROUP, LLC 12386 STATE ROAD 535 #506 ORLANDO, FL 32836	2b Employer Identification Number (EIN) 27-1638889
	2c Plan sponsor's telephone number 703-341-6655
	2d Business code 611000
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 4
b Total number of participants as of the end of the plan year	5b 0
c(1) Total number of active participants at the beginning of the plan year	5c(1) 4
c(2) Total number of active participants at the end of the plan year.....	5c(2) 0
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 2
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	6a	240142	0
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	240142	0

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	
	(2) Participants	7a(2)	
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	0
d	Other income (loss)	7d	28056
e	Total Income (add lines 7c and 7d)	7e	28056
f	Benefit payment and payments to provide benefits	7f	91967
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	1908
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	93875
l	Net income (loss) (subtract line 7k from line 7e)	7l	-65819
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	174323

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K 2E

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		500000
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)
THE JASON LINETT GROUP, LLC 401(K) PLAN	52-2010356	001

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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) TRIPLE STATE PLUMBING, LLC PO BOX 7728 ARLINGTON, VA 22207	2b Employer Identification Number (EIN) 46-4019969
	2c Plan sponsor's telephone number 703-533-8909
	2d Business code 238220
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 18
b Total number of participants as of the end of the plan year	5b 19
c(1) Total number of active participants at the beginning of the plan year	5c(1) 15
c(2) Total number of active participants at the end of the plan year.....	5c(2) 19
d(1) Number of participants with account balances as of the beginning of the plan year	5d(1) 16
d(2) Number of participants with account balances as of the end of the plan year.....	5d(2) 15
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	341185	429288
	(1) Participant loans	6a(1)	11515	18528
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	341185	429288

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	27755
	(2) Participants	7a(2)	53314
	(3) Others (including rollovers)	7a(3)	1315
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	82384
d	Other income (loss)	7d	25700
e	Total Income (add lines 7c and 7d)	7e	108084
f	Benefit payment and payments to provide benefits	7f	14790
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	5191
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	19981
l	Net income (loss) (subtract line 7k from line 7e)	7l	88103
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	2b Employer Identification Number (EIN) 52-2010356
	2c Plan sponsor's telephone number 703-370-2226
	2d Business code 561490
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
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) 2
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	145038	172836
	(1) Participant loans	6a(1)	0	19066
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	145038	172836

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	
	(2) Participants	7a(2)	
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	0
d	Other income (loss)	7d	29632
e	Total Income (add lines 7c and 7d)	7e	29632
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	1834
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	1834
l	Net income (loss) (subtract line 7k from line 7e)	7l	27798
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☐ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) PARADISE POOLS, LLC 3131 DRAPER DRIVE SUITE A FAIRFAX, VA 22031	2b Employer Identification Number (EIN) 83-1044968
	2c Plan sponsor's telephone number 703-249-9829
	2d Business code 713900
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 8
b Total number of participants as of the end of the plan year	5b 50
c(1) Total number of active participants at the beginning of the plan year	5c(1) 8
c(2) Total number of active participants at the end of the plan year.....	5c(2) 50
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) 4
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	4332
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	0	4332

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	2200
	(2) Participants	7a(2)	2200
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	4400
d	Other income (loss)	7d	-22
e	Total Income (add lines 7c and 7d)	7e	4378
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	46
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	46
l	Net income (loss) (subtract line 7k from line 7e)	7l	4332
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2F 2G 2J 2T 3D 2K

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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☒ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) SECURITY SOLUTIONS TECHNOLOGY, LLC 4236 PEAR PLAIN LANE MACHIPONGO, VA 23405	2b Employer Identification Number (EIN) 75-3186950
	2c Plan sponsor's telephone number 301-273-5620
	2d Business code 541511
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
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 3
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) 3
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	6a		49345
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	0	49345

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	3740
	(2) Participants	7a(2)	3865
	(3) Others (including rollovers)	7a(3)	38145
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	45750
d	Other income (loss)	7d	4109
e	Total Income (add lines 7c and 7d)	7e	49859
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	514
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	514
l	Net income (loss) (subtract line 7k from line 7e)	7l	49345
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2T 2J 2K 2F 2G 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☒ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) SUMMIT KNOWLEDGE SOLUTIONS, INC 4631 27TH ST N ARLINGTON, VA 22207	2b Employer Identification Number (EIN) 87-4322467
	2c Plan sponsor's telephone number 571-419-0084
	2d Business code 541511
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 0
b Total number of participants as of the end of the plan year	5b 7
c(1) Total number of active participants at the beginning of the plan year	5c(1) 0
c(2) Total number of active participants at the end of the plan year.....	5c(2) 7
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) 4
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		12202
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	0	12202

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	4908
	(2) Participants	7a(2)	7508
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	12416
d	Other income (loss)	7d	-174
e	Total Income (add lines 7c and 7d)	7e	12242
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	40
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	40
l	Net income (loss) (subtract line 7k from line 7e)	7l	12202
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2E 2J 2K 2F 2G 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☒ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) TEEN CHALLENGE OF MARYLAND, INC 6900 CENTRAL AVE CAPITOL HEIGHTS, MD 20743	2b Employer Identification Number (EIN) 23-7072144
	2c Plan sponsor's telephone number 240-392-2460
	2d Business code 621420
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 0
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) 0
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	6a	0	1042
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	0	1042

7a			Amount
Contributions received or receivable in cash from			
	(1) Employers	7a(1)	211
	(2) Participants	7a(2)	846
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	1057
d	Other income (loss)	7d	-11
e	Total Income (add lines 7c and 7d)	7e	1046
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	4
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	4
l	Net income (loss) (subtract line 7k from line 7e)	7l	1042
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2E 2J 2K 2F 2G 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☒ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) ALEXANDRIA SEAPORT FOUNDATION P O BOX 25036 ALEXANDRIA, VA 22313	2b Employer Identification Number (EIN) 54-1208614
	2c Plan sponsor's telephone number 703-778-0977
	2d Business code 813000
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
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 7
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) 7
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) 4
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	39360
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	0	39360

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	1127
	(2) Participants	7a(2)	23432
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	24559
d	Other income (loss)	7d	-485
e	Total Income (add lines 7c and 7d)	7e	24074
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	97
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	97
l	Net income (loss) (subtract line 7k from line 7e)	7l	23977
m	Transfers of assets		
	(1) To this plan	7m(1)	15383
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2E 2J 2K 2F 2G 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☒ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) EXPERT CARE HOME HEALTH, LLC 17531 ISLE ROYAL TERRACE DUMFRIES, VA 22025	2b Employer Identification Number (EIN) 86-3836550
	2c Plan sponsor's telephone number 703-473-6805
	2d Business code 621610
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 0
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) 0
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	25012
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	0	25012

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	1344
	(2) Participants	7a(2)	24168
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	25512
d	Other income (loss)	7d	-450
e	Total Income (add lines 7c and 7d)	7e	25062
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	50
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	50
l	Net income (loss) (subtract line 7k from line 7e)	7l	25012
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2E 2J 2F 2G 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☒ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) MALAYA GROUP, INC DBA MINUTEMAN PRESS 12413 ASHBURY DRIVE FT WASHINGTON, MD 20744	2b Employer Identification Number (EIN) 88-2772770
	2c Plan sponsor's telephone number 301-399-3808
	2d Business code 323100
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 3
b Total number of participants as of the end of the plan year	5b 3
c(1) Total number of active participants at the beginning of the plan year	5c(1) 3
c(2) Total number of active participants at the end of the plan year.....	5c(2) 3
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	6a	0	285
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	0	285

			Amount
7a	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	147
	(2) Participants	7a(2)	147
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	294
d	Other income (loss)	7d	-4
e	Total Income (add lines 7c and 7d)	7e	290
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	5
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	5
l	Net income (loss) (subtract line 7k from line 7e)	7l	285
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2E 2J 2F 2G 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		500000
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 ServiceDepartment of Labor
Employee Benefits Security
Administration**Individual Plan Information**This schedule is required to be filed under section 103 of the
Employee Retirement Income Security Act of 1974 (ERISA) and
Section 6058(a) of the Internal Revenue Code (the Code).► **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 BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN MASTER PLAN	B Three-digit plan number (PN) ► 333
C DCG Sponsor's Name (enter here only if different from Name of DCG) BENEFIT PROVIDERS, LLC	D Employer Identification Number (EIN) for DCG 52-2010356

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

E This Schedule DCG is for: ☒ a single-employer plan ☐ a collectively-bargained plan
F This Schedule DCG is: ☒ the first Schedule ☐ the final Schedule ☐ an amended Schedule

Part III Basic Individual Plan Information

1a Name of plan BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN) 333
	1c Effective date of plan 01/01/2010
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) MARKITECTURE, INC 108 E RANDOLPH AVE ALEXANDRIA, VA 22301	2b Employer Identification Number (EIN) 27-0788418
	2c Plan sponsor's telephone number 703-655-1311
	2d Business code 541910
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 BENEFIT PROVIDERS, LLC 205 S WHITING STREET SUITE 311 ALEXANDRIA, VA 22304	4b EIN 52-2010356
	4c Administrator's telephone number 703-370-2226
5a Total number of participants at the beginning of the plan year	5a 0
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) 0
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) 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	0	1360
	(1) Participant loans	6a(1)		
b	Total plan liabilities	6b		
c	Net Assets (subtract line 6b from line 6a)	6c	0	1360

7a			Amount
	Contributions received or receivable in cash from		
	(1) Employers	7a(1)	276
	(2) Participants	7a(2)	1104
	(3) Others (including rollovers)	7a(3)	
b	Noncash contributions	7b	
c	Total Contributions (add lines 7a(1)-(3) and line 7(b))	7c	1380
d	Other income (loss)	7d	-12
e	Total Income (add lines 7c and 7d)	7e	1368
f	Benefit payment and payments to provide benefits	7f	
g	Corrective distributions (see instructions)	7g	
h	Certain deemed distributions of participant loans (see instructions)	7h	
i	Administrative service provider's expense (salaries, fees, commissions)	7i	8
j	Other expenses	7j	
k	Total expenses (add lines 7f, 7g, 7h, 7i, and 7j)	7k	8
l	Net income (loss) (subtract line 7k from line 7e)	7l	1360
m	Transfers of assets		
	(1) To this plan	7m(1)	
	(2) From this plan	7m(2)	

Part V Plan Characteristics

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

2E 2J 2K 2F 2G 3D 3H

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		500000
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:

BENEFIT PROVIDERS, LLC MULTIPLE EMPLOYER RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets Held At End of Year

December 31, 2024

EIN 52-2010356

PLAN NUMBER: 333

(a)	(b)	(c)	(e)
Identity of Party Involved	Identity of issue, borrow, lessor or similar party	Description of asset, including maturity date, rate of interest, collateral, par, or maturity value	Current value
John Hancock	JHF II Multimanager Conservative Lifestyle Port	Mutual Fund	38,598
John Hancock	JHF II Multimanager Moderate Lifestyle Portfolio	Mutual Fund	75,594
John Hancock	JHF II Multimanager Balanced Lifestyle Portfolio	Mutual Fund	2,612,387
John Hancock	JHF II Multimanager Growth Lifestyle Portfolio	Mutual Fund	278,053
John Hancock	JHF II Multimanager Aggressive Lifestyle Portfolio	Mutual Fund	195,481
John Hancock	10-Year Guaranteed Interest Account	Mutual Fund	348
John Hancock	5-Year Guaranteed Interest Account	Mutual Fund	1,044
John Hancock	3-Year Guaranteed Interest Account	Mutual Fund	1,044
Vanguard	Vanguard Short-Term Federal Fund	Mutual Fund	86,994
John Hancock	JHVIT- Money Market Trust	Mutual Fund	782,000
T. Rowe Price	T. Rowe Price Spectrum Income Fund	Mutual Fund	20,442
PIMCO	PIMCO Real Return Fund	Mutual Fund	5,638
WAMCO	John Hancock Funds II - High Yield Fund	Mutual Fund	40,608
MFS	MFS Utilities Fund	Mutual Fund	110,910
American Funds	American Funds American Balanced Fund	Mutual Fund	8,498
John Hancock	JHVIT - Total Stock Market Index Trust	Mutual Fund	85,947
Franklin Templeton	Templeton World	Mutual Fund	35,017
T. Rowe Price	T. Rowe Price Equity-Income Fund	Mutual Fund	2,513
J.P. Morgan	JPMorgan U.S. Equity	Mutual Fund	118,958
Robeco	JHF III - John Hancock Disciplined Value Fund	Mutual Fund	37,638
Robeco	JHF III JH Disciplined Value Intl Fund	Mutual Fund	16,842
Invesco	Invesco Global Fund	Mutual Fund	66,492
SSgA	JHVIT - International Equity Index Trust	Mutual Fund	36,904
John Hancock	JHVIT - Fundamental Large Cap Value Trust	Mutual Fund	77,253
Franklin Templeton	Franklin Mutual Global Discovery Fund	Mutual Fund	2,517
Legg Mason	Clearbridge Aggressive Growth	Mutual Fund	3,154
American Funds	American Funds The Investment Company of America	Mutual Fund	33,198
American Funds	American Funds EuroPacific Growth Fund	Mutual Fund	159,781
John Hancock	JHVIT - 500 Index Trust	Mutual Fund	306,582
Vanguard	Vanguard Small Cap Growth Index Fund	Mutual Fund	13,746
Vanguard	Vanguard Energy Fund	Mutual Fund	121,381
T. Rowe Price	T. Rowe Price Small-Cap Value Fund	Mutual Fund	80,065
T. Rowe Price	T. Rowe Price Science & Technology Fund	Mutual Fund	120,386
T. Rowe Price	T. Rowe Price Health Sciences Fund	Mutual Fund	67,762
Wellington	JHVIT - Small Cap Value Trust	Mutual Fund	51,041
John Hancock	JHVIT - Small Cap Index Trust	Mutual Fund	36,980
T. Rowe Price	JHVIT - Science & Technology Trust	Mutual Fund	96,152
Royce	Royce Small-Cap Opportunity Fund	Mutual Fund	55,440
Wellington	John Hancock Funds II -Real Estate Securities Fund	Mutual Fund	45,040
John Hancock	JHVIT - Mid Cap Index Trust	Mutual Fund	101,408
J.P. Morgan	JPMorgan Mid Cap Value Fund	Mutual Fund	89,234
Invesco	Invesco Small Cap Growth Fund	Mutual Fund	59,349
Invesco	Invesco Developing Markets Fund	Mutual Fund	38,126
John Hancock	JHVIT - Fundamental All Cap Core Trust	Mutual Fund	138,490
Franklin Templeton	Franklin Small-Mid Cap Growth	Mutual Fund	9,761
John Hancock	JHVIT - Financial Industries Trust	Mutual Fund	927
Fidelity	Fidelity Contrafund	Mutual Fund	188,626
DFA	DFA US Small Cap Fund	Mutual Fund	2,394
Jennison	John Hancock Funds II - Capital Appreciation Fund	Mutual Fund	204,662
T. Rowe Price	John Hancock Funds II - Blue Chip Growth Fund	Mutual Fund	183,793
American Funds	American Funds The Growth Fund of America	Mutual Fund	26,294
American Century	American Century Heritage Fund	Mutual Fund	110,465
			<u>7,081,959</u>
	Participant Loans		283,002
	Total Investments		7,364,960