

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

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 [X] a DFE (specify) P
B This return/report is: [] 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: AMERITAS LIFE OF NY ADVANTAGE SEPARATE ACCOUNT G
1b Three-digit plan number (PN): 003
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): AMERITAS LIFE OF NEW YORK
Mailing address: 1350 BROADWAY, SUITE 2201, NEW YORK, NE 10018-7702
2b Employer Identification Number (EIN): 13-3758127
2c Plan Sponsor's telephone number: 402-467-1122
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
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:

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERITAS LIFE OF NY ADVANTAGE SEPARATE ACCOUNT G</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERITAS LIFE OF NEW YORK</u>	D Employer Identification Number (EIN) <u>13-3758127</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TR CIT BLKRK EAFEEQIDXFD</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>20-3802495-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27595</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TR CIT BLKRK EQ IDX FD</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>20-3802168-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>314298</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TR CIT BLKRK US DEBT IDX</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>20-3802445-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>122</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAYTR CIT FLXPTH SGLBXCOREBD</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>82-1986152-325</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>199324</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAYTR CIT FLXPTHIDX MOD2035</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>47-2478524-217</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>108786</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAYTR CIT FLXPTHIDX MOD2055</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>47-2563528-223</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>385797</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TR CIT FLEXPATH+MODRETFD</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>47-2851418-226</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>514709</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TR CIT LARGE CAP VAL FD		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 546368
a Name of MTIA, CCT, PSA, or 103-12 IE: BENEFIT STADION PENSION PLAN TRUST		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 43-0995254-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59193
a Name of MTIA, CCT, PSA, or 103-12 IE: BENEFIT STADION BALANCED FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 43-0995254-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6335936
a Name of MTIA, CCT, PSA, or 103-12 IE: BENEFIT STADION CAP PRESERVATION FD		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 43-0995254-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 882214
a Name of MTIA, CCT, PSA, or 103-12 IE: BENEFIT STADION CONSERVATIVE FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 43-0995254-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5074341
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION CORE INCOME ETF FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-063	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2354404
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION CYCLICAL TREND ETF FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-062	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1643552
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION CYCLICAL TREND ETF FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-062	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1504533
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION DOMESTIC EQUITY ETF FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-059	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3464013
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION DOMESTIC EQUITY ETF FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-059	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3226877

a Name of MTIA, CCT, PSA, or 103-12 IE: STADION DYNAMIC TREND ETF FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-061	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1606222
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION DYNAMIC TREND ETF FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-061	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1503612
a Name of MTIA, CCT, PSA, or 103-12 IE: BENEFIT STADION GROWTH FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 43-0995254-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9413086
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION INTERNATIONAL EQUITY ETF FU		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1784777
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION INTERNATIONAL EQUITY ETF FU		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1652360
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION LONG DURATION FX INC ETF FD		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-064	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1167
a Name of MTIA, CCT, PSA, or 103-12 IE: BENEFIT STADION MAXIMUM GROWTH FUND		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 43-0995254-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2536100
a Name of MTIA, CCT, PSA, or 103-12 IE: BENEFIT STADION MODERATE GROWTH FUN		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 43-0995254-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19788184
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION SHORT DURATION FXD INC ETF		
b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY		
c EIN-PN 81-6274538-065	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1027
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST INT IDX SEC LEND CL III		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-104	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1950778

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST RUSS SMCPIDX SECLND CL III

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-106	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2731778
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST S&P 500 IDX SECLND CL H

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-107	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11373709
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST S&P MDCP IDX SECLND CL III

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-108	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2843904
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST US BND IDX SECLND CL III

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 879158
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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)
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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)
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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)
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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)
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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)
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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)
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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	DOUGLAS & LONDON PC RETIREMENT PLAN	
b	Name of plan sponsor	DOUGLAS & LONDON PC	c EIN-PN 01-0599196-001
a	Plan name	UN PLAZA DENTAL P.C. & AFFILIATES 401K RET. PLAN	
b	Name of plan sponsor	UN PLAZA DENTAL P.C.	c EIN-PN 01-0609808-001
a	Plan name	TRIOCEAN 401K PLAN	
b	Name of plan sponsor	TRIOCEAN	c EIN-PN 01-0830699-001
a	Plan name	COLASANTI AND IURATO LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	COLASANTI & IURATO LLP	c EIN-PN 02-0545771-001
a	Plan name	ORNAMENTAL INSTALLATION SPECIALISTS 401K PLAN	
b	Name of plan sponsor	ORNAMENTAL INSTALLATION	c EIN-PN 02-0572271-001
a	Plan name	SEE MANAGEMENT INC. 401K PSP	
b	Name of plan sponsor	SEE MANAGEMENT INC.	c EIN-PN 02-0593930-001
a	Plan name	MALECKI LAW FIRM 401K PLAN	
b	Name of plan sponsor	MALECKI LAW FIRM	c EIN-PN 02-0623259-001
a	Plan name	DYNAMIC STRUCTURES INC. RETIREMENT PLAN	
b	Name of plan sponsor	DYNAMIC STRUCTURES INC.	c EIN-PN 02-0723935-001
a	Plan name	NE EQUIPMENT DEALERS 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NE EQUIPMENT DEALERS ASSOC INC	c EIN-PN 04-3665664-001
a	Plan name	NORTH AMERICAN TAPES LLC 401K PLAN	
b	Name of plan sponsor	NORTH AMERICAN TAPES LLC	c EIN-PN 04-3765918-001
a	Plan name	SHERRY P. PAULSON DDS 401K PS PLAN	
b	Name of plan sponsor	SHERRY P. PAULSON DDS	c EIN-PN 06-1357034-001
a	Plan name	PDS FREIGHT SERVICES DEFINED BENEFIT PLAN	
b	Name of plan sponsor	PDS FREIGHT SERVICES INC	c EIN-PN 06-1597482-001

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 PDS FREIGHT SERVICES PROFIT SHARING PLAN	
b	Name of plan sponsor PDS FREIGHT SERVICES INC	c EIN-PN 06-1597482-001
a	Plan name THE ACCOMPLISHED TRAVELER 401K PLAN	
b	Name of plan sponsor JCM TRAVEL & MARKETING INC.	c EIN-PN 06-1813772-001
a	Plan name VHERNIER USA LLC 401K PLAN	
b	Name of plan sponsor VHERNIER USA LLC	c EIN-PN 06-1838524-001
a	Plan name CGS REBAR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CGS REBAR	c EIN-PN 10-0874103-001
a	Plan name LIBERTY BRASS TURNING CO. INC. EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor LIBERTY BRASS TURNING CO. INC.	c EIN-PN 11-1686543-001
a	Plan name JMM METROTECH MANAGEMENT CO LLC. 401K PLAN	
b	Name of plan sponsor JMM METROTECH MANAGEMENT CO LLC.	c EIN-PN 11-1855907-001
a	Plan name HDA ADMINISTRATIVE PENSION PLAN	
b	Name of plan sponsor HUMAN DEVELOPMENT ASSOC.	c EIN-PN 11-2502832-001
a	Plan name 9 BROTHERS BLDG SUPPLY CORP. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor 9 BROTHERS BLDG SUPPLY CORP.	c EIN-PN 11-2526173-001
a	Plan name BROOKLYN NBRHD. IMPRV. ASSOC. 401K PLAN	
b	Name of plan sponsor BROOKLYN NBRHD. IMPRV. ASSOC.	c EIN-PN 11-2538550-001
a	Plan name G & W RETIREMENT PLAN	
b	Name of plan sponsor GIBGOT & WILLENBACHER & CO.	c EIN-PN 11-2624614-001
a	Plan name PREFERRED EXTERIOR CORP 401K PLAN	
b	Name of plan sponsor PREFERRED EXTERIOR CORP	c EIN-PN 11-2630030-001
a	Plan name HARLEM SPIRITUALS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HARLEM SPIRITUALS	c EIN-PN 11-2679395-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	JACK GAYSON PLUMBING & HEATING CO INC 401K PS PLAN
b	Name of plan sponsor	JACK GAYSON PLUMBING & HEATING C
c	EIN-PN	11-2774196-001
a	Plan name	EASTERN MOTORCYCLE SALES LTD. PROFIT SHARING PLAN
b	Name of plan sponsor	EASTERN MOTORCYCLE SALES LTD.
c	EIN-PN	11-2823010-001
a	Plan name	OLEARY CONSTRUCTION CO. 401K PLAN
b	Name of plan sponsor	OLEARY CONSTRUCTION INC.
c	EIN-PN	11-2885016-001
a	Plan name	SIVILLI LANDSCAPE CONTRACTING CORP 401K PLAN
b	Name of plan sponsor	SIVILLI LANDSCAPE CONTRACTING
c	EIN-PN	11-2950840-001
a	Plan name	INTEGRATED SYSTEMS MGMT INC. RETIREMENT PLAN
b	Name of plan sponsor	INTEGRATED SYSTEMS MGMT INC.
c	EIN-PN	11-2953000-001
a	Plan name	CONVERSANO INVESTIGATIONS INC PROFIT SHARING PLAN
b	Name of plan sponsor	CONVERSANO INVESTIGATIONS INC
c	EIN-PN	11-2977410-001
a	Plan name	NOBLE ELEVATOR COMPANY INC. 401K PLAN
b	Name of plan sponsor	NOBLE ELEVATOR COMPANY INC.
c	EIN-PN	11-3121519-001
a	Plan name	CARING HANDS HOME CARE INC 401K PLAN
b	Name of plan sponsor	CARING HANDS HOME CARE INC
c	EIN-PN	11-3164156-001
a	Plan name	JONATHAN LEBOWITZ M.D. PC 401K PS PLAN
b	Name of plan sponsor	JONATHAN LEBOWITZ M.D. PC
c	EIN-PN	11-3168061-001
a	Plan name	DOOR AUTOMATION CORP 401K PLAN
b	Name of plan sponsor	DOOR AUTOMATION CORP
c	EIN-PN	11-3180128-001
a	Plan name	KALBACHERS AUTO AND MARINE SERVICE 401K PLAN
b	Name of plan sponsor	KALBACHERS AUTO & MARINE SERVICE
c	EIN-PN	11-3236412-001
a	Plan name	MARK E. GOLDBERG PROSTHETIC & ORTHOTIC LABS OF LONG ISLAND PSP
b	Name of plan sponsor	MARK E. GOLDBERG PROSTHETIC
c	EIN-PN	11-3244415-001

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	SPECIAL EDUCATION ASSOCIATES 401K PLAN	
b	Name of plan sponsor	SPECIAL EDUCATION ASSOCIATES	c EIN-PN 11-3255599-001
a	Plan name	MY WAY INC 401K PLAN	
b	Name of plan sponsor	MY WAY INC	c EIN-PN 11-3259246-001
a	Plan name	THE KARAOKE CHAMP 401K PLAN	
b	Name of plan sponsor	KARAOKE CHAMP	c EIN-PN 11-3268448-001
a	Plan name	EMANUEL MIZRAHI DDS PC PROFIT SHARING PLAN	
b	Name of plan sponsor	EMANUEL MIZRAHI DDS PC	c EIN-PN 11-3283838-001
a	Plan name	NEW YORK NEUROLOGIC ASSOCIATES 401K PS PLAN AND TRUST	
b	Name of plan sponsor	NEW YORK NEUROLOGIC ASSOCIATES	c EIN-PN 11-3340826-001
a	Plan name	ATTILA KOVACS SOLOPLUS PLAN	
b	Name of plan sponsor	SUCCESS DELIVERY INC	c EIN-PN 11-3343694-001
a	Plan name	FAMILY DENTAL CARE OF ELMONT PC RETIREMENT PLAN	
b	Name of plan sponsor	FAMILY DENTAL CARE OF ELMONT PC	c EIN-PN 11-3348275-001
a	Plan name	JON B. TURK MD P.C. FACIAL & RECONSTRUCTIVE SURGERY RET. PLAN	
b	Name of plan sponsor	JON B. TURK MD P.C. FACIAL	c EIN-PN 11-3350605-001
a	Plan name	ROCON PLUMBING AND HEATING CORP PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCON PLUMBING AND HEATING CORP	c EIN-PN 11-3363153-001
a	Plan name	EAST COAST ORTHOTIC & PROSTHETIC CORP. 401K PLAN	
b	Name of plan sponsor	EAST COAST ORTHOTIC & PROSTHETIC	c EIN-PN 11-3380702-001
a	Plan name	ACE GLOBAL TRADING 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ACE GLOBAL TRADING LTD	c EIN-PN 11-3385183-001
a	Plan name	NYCOMS 401K PLAN	
b	Name of plan sponsor	NYCOMS	c EIN-PN 11-3437586-001

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	MAHONEY ASSOCIATES INC 401K PLAN	
b Name of plan sponsor	MAHONEY ASSOCIATES INC	c EIN-PN 11-3470798-001
a Plan name	DOMINO PLASTICS COMPANY INC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	DOMINO PLASTICS COMPANY INC	c EIN-PN 11-3489354-001
a Plan name	LAW OFFICE OF WILLIAM J. FITZPATRICK PROFIT SHARING PLAN	
b Name of plan sponsor	LAW OFFICE OF WILLIAM J. FITZPAT	c EIN-PN 11-3502170-001
a Plan name	BRANCH ORTHOPEDICS 401K PROFIT SHARING PLAN	
b Name of plan sponsor	VILLAGE MEDICAL P.C.	c EIN-PN 11-3505479-001
a Plan name	THE PARKSIDE GROUP LLC PROFIT SHARING PLAN	
b Name of plan sponsor	THE PARKSIDE GROUP LLC	c EIN-PN 11-3517425-001
a Plan name	JEPOL CONSTRUCTION 401K PLAN	
b Name of plan sponsor	JEPOL CONSTRUCTION INC	c EIN-PN 11-3531666-001
a Plan name	METROPOLITAN PAPER RECYCLING INC. 401K PROFIT SHARING PLAN	
b Name of plan sponsor	METROPOLITAN PAPER RECYCLING	c EIN-PN 11-3540218-001
a Plan name	PK ENGINEERING P.C. RETIREMENT PLAN	
b Name of plan sponsor	PK ENGINEERING P.C.	c EIN-PN 11-3543082-001
a Plan name	PHOENIX MEDICAL SERVICES PC 401K PLAN	
b Name of plan sponsor	PHOENIX MEDICAL SERVICES PC	c EIN-PN 11-3558267-001
a Plan name	CORPORATE CONSTRUCTION 401K PLAN	
b Name of plan sponsor	CORPORATE CONSTRUCTION	c EIN-PN 11-3614872-001
a Plan name	GOLD MEDAL PRODUCE INC DEFINED BENEFIT PLAN	
b Name of plan sponsor	GOLD MEDAL PRODUCE INC.	c EIN-PN 11-3618514-001
a Plan name	MULTI BUSINESS SERVICES 401K PLAN	
b Name of plan sponsor	M AND M BUSINESS SERVICES INC	c EIN-PN 11-3630104-001

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	HEIGHTS PHYSICIANS GROUP PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HEIGHTS PHYSICIANS GROUP P.C.	c EIN-PN 11-3797071-001
a	Plan name	A AND L MACHINE CO INC 401K PLAN	
b	Name of plan sponsor	A&L MACHINE CO. INC.	c EIN-PN 11-6022043-001
a	Plan name	NEW CRYSTAL RESTORATION ENTERPRISES INC. 401K PLAN	
b	Name of plan sponsor	NEW CRYSTAL RESTORATION	c EIN-PN 11-9626930-001
a	Plan name	GREATER NEW YORK DENTAL MEETING RETIREMENT PLAN	
b	Name of plan sponsor	GREATER NEW YORK DENTAL MEETING	c EIN-PN 13-1914599-001
a	Plan name	BLOOM AND STREIT LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSENFELD/TORTU RETIREMENT	c EIN-PN 13-1922464-001
a	Plan name	HK LAUNDRY EQUIPMENT INC. 401K PLAN	
b	Name of plan sponsor	HK LAUNDRY EQUIPMENT INC.	c EIN-PN 13-2587108-001
a	Plan name	GEORGE A BELL AND SON INC EMPLOYEES 401K PLAN	
b	Name of plan sponsor	GEORGE A. BELL AND SON INC.	c EIN-PN 13-2602292-001
a	Plan name	OWN INSTRUMENT INC RETIREMENT TRUST	
b	Name of plan sponsor	OWN INSTRUMENT INC	c EIN-PN 13-2605844-001
a	Plan name	VISTA ELECTRICAL CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor	VISTA ELECTRICAL CONTRACTORS INC	c EIN-PN 13-2621122-001
a	Plan name	WESTCO FG CORP PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	WESTCO FG CORP	c EIN-PN 13-2681403-001
a	Plan name	BRESLOW & WALKER PROFIT SHARING PLAN 401K PLAN	
b	Name of plan sponsor	BRESLOW & WALKER	c EIN-PN 13-2695723-001
a	Plan name	AGATHON MACHINE TOOLS INC. 401K PLAN	
b	Name of plan sponsor	AGATHON MACHINE TOOLS INC.	c EIN-PN 13-2790604-001

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	PRINTCRAFT SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	PRINTCRAFT	c EIN-PN 13-2796419-001
a	Plan name	C & S HARDWARE INC. 401K PLAN	
b	Name of plan sponsor	C & S HARDWARE INC.	c EIN-PN 13-2909418-001
a	Plan name	JOLLY MADISON TOWERS 401K PLAN	
b	Name of plan sponsor	JOLLY MADISON TOWERS HOTEL	c EIN-PN 13-2999335-001
a	Plan name	R.F. LAFFERTY & CO. INC. 401K SAVINGS PLAN	
b	Name of plan sponsor	R.F. LAFFERTY & CO. INC.	c EIN-PN 13-3000887-001
a	Plan name	PRIVATE LABEL MANUFACTURERS ASSOCIATION 401K PLAN	
b	Name of plan sponsor	PRIVATE LABEL MANUFACTURERS	c EIN-PN 13-3010662-001
a	Plan name	BLONDIES TREE HOUSE INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BLONDIES TREE HOUSE INC.	c EIN-PN 13-3029041-001
a	Plan name	COTTAM HEATING & AIR CONDITIONING INC. 401K PLAN	
b	Name of plan sponsor	COTTAM HEATING & AIR CONDITION.	c EIN-PN 13-3206659-001
a	Plan name	DARIUS TORABY RAPC PROFIT SHARING PLAN	
b	Name of plan sponsor	DARIUS TORABY RAPC	c EIN-PN 13-3220004-001
a	Plan name	BACCARIS AUTO BODY 401K PLAN	
b	Name of plan sponsor	BACCARIS AUTO BODY INC.	c EIN-PN 13-3402043-001
a	Plan name	MARKET PROBE INTERNATIONAL INC INC. 401K PLAN	
b	Name of plan sponsor	MARKET PROBE INTERNATIONAL INC	c EIN-PN 13-3438152-001
a	Plan name	M AND J MECHANICAL CORP 401K PLAN	
b	Name of plan sponsor	M AND J MECHANICAL CORP	c EIN-PN 13-3483684-001
a	Plan name	TRIBECA FILM FROZEN 401K PLAN	
b	Name of plan sponsor	TRIBECA FILM	c EIN-PN 13-3496498-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TRIBECA FILM CENTER 401K PLAN	
b	Name of plan sponsor	TRIBECA FILM CENTER	c EIN-PN 13-3496498-001
a	Plan name	AUTOMATED CONTROL LOGIC INC. PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	AUTOMATED CONTROL LOGIC INC.	c EIN-PN 13-3499470-001
a	Plan name	IRRA TECH INC. 401K PLAN	
b	Name of plan sponsor	IRRATECH INC.	c EIN-PN 13-3500219-001
a	Plan name	SALON ZIBA 401K PLAN	
b	Name of plan sponsor	SALON ZIBA	c EIN-PN 13-3531936-001
a	Plan name	CENTURY STAR FUEL CORP. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTURY STAR FUEL CORP.	c EIN-PN 13-3554766-001
a	Plan name	UNISOURCE INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	UNISOURCE INC.	c EIN-PN 13-3572385-001
a	Plan name	MEAD HECHT CONKLIN & GALLAGHER 401K PLAN	
b	Name of plan sponsor	MEAD HECHT CONKLIN & GALLAGHER	c EIN-PN 13-3682065-001
a	Plan name	INTER COLOUR INC 401K PLAN	
b	Name of plan sponsor	INTER COLOUR INC	c EIN-PN 13-3726163-001
a	Plan name	COLOMBIAN COFFEE FEDERATION INC. 401K PLAN	
b	Name of plan sponsor	COLOMBIAN COFFEE FEDERATION	c EIN-PN 13-3738062-001
a	Plan name	BUCKLEY HALL EVENTS RETIREMENT PLAN	
b	Name of plan sponsor	BUCKLEY HALL EVENTS	c EIN-PN 13-3745161-001
a	Plan name	PEDIATRICS EAST OF NEW YORK PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PEDIATRICS EAST OF NEW YORK PC	c EIN-PN 13-3748934-001
a	Plan name	SUCCESS EXPRESS INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SUCCESS EXPRESS INC.	c EIN-PN 13-3750975-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	GEMINI MUSIC PRODUCTIONS LTD. 401K PLAN
b	Name of plan sponsor	GEMINI MUSIC PRODUCTIONS LTD.
c	EIN-PN	13-3783298-001
a	Plan name	HENDERSON AND BRENNAN 401K PLAN
b	Name of plan sponsor	HENDERSON AND BRENNAN
c	EIN-PN	13-3783795-001
a	Plan name	WESTFAIR COMMUNICATIONS INC. PS 401K PLAN
b	Name of plan sponsor	WESTFAIR COMMUNICATIONS INC.
c	EIN-PN	13-3785691-001
a	Plan name	DHAKA DENTAL PC 401K PLAN
b	Name of plan sponsor	DHAKA DENTAL PC
c	EIN-PN	13-3805071-001
a	Plan name	KSN CORP. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	KSN CORP.
c	EIN-PN	13-3811806-001
a	Plan name	COHEN GOLDSTEIN LLP PROFIT SHARING PLAN
b	Name of plan sponsor	COHEN GOLDSTEIN LLP
c	EIN-PN	13-3826807-001
a	Plan name	THE COYLE GROUP OF NEW YORK INC SALARY SAVINGS PLAN
b	Name of plan sponsor	THE COYLE GROUP INSURANCE AGENCY
c	EIN-PN	13-3853421-001
a	Plan name	COMPASS GROUP HOLDINGS INC. 401K PLAN
b	Name of plan sponsor	COMPASS GROUP HOLDINGS INC.
c	EIN-PN	13-3860149-001
a	Plan name	INTERESSE INTERNATIONAL 401K PLAN
b	Name of plan sponsor	INTERESSE INTERNATIONAL
c	EIN-PN	13-3886077-001
a	Plan name	J.K.D.D.S 401K PLAN
b	Name of plan sponsor	J.K.D.D.S.
c	EIN-PN	13-3918604-001
a	Plan name	SOUBRIET BYRNE & ASSOCIATES INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	SOUBRIET BYRNE & ASSOCIATES INC
c	EIN-PN	13-3993666-001
a	Plan name	PIONEER WINDOW MFG. CORP. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	PIONEER WINDOW MFG. CORP.
c	EIN-PN	13-4087365-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PE GUERIN INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PE GUERIN INC	c EIN-PN 13-5123670-001
a	Plan name	VENDITTI BROS. RETIREMENT PLAN	
b	Name of plan sponsor	VENDITTI BROS C/O VBI LLC	c EIN-PN 14-1405094-001
a	Plan name	ST. JOSEPHS REHABILITATION CENTER INC. PENSION PLAN	
b	Name of plan sponsor	ST. JOSEPHS REHABILITATION CNTR	c EIN-PN 14-1536222-001
a	Plan name	CATSKILL CRAFTSMEN SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	CATSKILL CRAFTSMEN	c EIN-PN 14-1590481-001
a	Plan name	ADVANCE TESTING CO. INC. 401K PLAN	
b	Name of plan sponsor	ADVANCE TESTING CO. INC.	c EIN-PN 14-1672799-001
a	Plan name	MATTHEW J. CLEMENTE DDS PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MATTHEW J. CLEMENTE DDS PC	c EIN-PN 14-1787994-001
a	Plan name	CATHEDRAL CANDLE COMPANY 401K PLAN	
b	Name of plan sponsor	CATHEDRAL CANDLE COMPANY	c EIN-PN 15-0263980-001
a	Plan name	LOFINK MOTOR COMPANY INC 401K PLAN	
b	Name of plan sponsor	LOFINK MOTOR COMPANY	c EIN-PN 15-0388690-001
a	Plan name	FREEMAN BUS CORP 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	FREEMAN BUS CORPORATION	c EIN-PN 15-0522802-001
a	Plan name	MIRABITO HOLDINGS INC 401K PLAN	
b	Name of plan sponsor	MIRABITO HOLDINGS INC	c EIN-PN 15-0552668-001
a	Plan name	NORTHERN CREDIT UNION CAPITAL ACCUMULATION PLAN FOR NONUNION	
b	Name of plan sponsor	NORTHERN CREDIT UNION	c EIN-PN 15-0580359-001
a	Plan name	NORTHERN CREDIT UNION COLLECTIVE BARGAINING UNIT ENHANCED RETIRE	
b	Name of plan sponsor	NORTHERN CREDIT UNION	c EIN-PN 15-0580359-001

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 WATERTOWN CONCRETE 401K PLAN	
b	Name of plan sponsor WATERTOWN CONCRETE	c EIN-PN 15-0621310-001
a	Plan name EXCEL INDUSTRIES INC. 401K PLAN	
b	Name of plan sponsor EXCEL INDUSTRIES INC.	c EIN-PN 16-0772616-001
a	Plan name CLARK SPECIALTY COMPANY INC 401K PLAN	
b	Name of plan sponsor CLARK SPECIALTY COMPANY INC	c EIN-PN 16-0807919-001
a	Plan name MJ SQUARED 401K PLAN	
b	Name of plan sponsor BUFFALO MJ SQUARED INC.	c EIN-PN 16-0848621-001
a	Plan name SECTION 401K RETIREMENT PLAN FOR CAPC OF JEFFERSON COUNTY INC	
b	Name of plan sponsor CAPC OF JEFFERSON COUNTY INC	c EIN-PN 16-0912787-001
a	Plan name FELTON MACHINE CO. INC. PROFIT SHARING/401K PLAN	
b	Name of plan sponsor FELTON MACHINE CO. INC.	c EIN-PN 16-0953866-001
a	Plan name J D CHAPMAN AGENCY INC 401K PLAN	
b	Name of plan sponsor J D CHAPMAN AGENCY INC	c EIN-PN 16-1011738-001
a	Plan name FOY AGENCY INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor FOY AGENCY INC	c EIN-PN 16-1038048-001
a	Plan name VS VIRKLER & SONS 401K PS PLAN	
b	Name of plan sponsor VS VIRKLER & SONS INC	c EIN-PN 16-1058643-001
a	Plan name JM&R ELECTRICAL CO. INC. 401K PLAN	
b	Name of plan sponsor JM&R ELECTRICAL CO. INC.	c EIN-PN 16-1068582-001
a	Plan name LAWMAN HEATING AND COOLING INC 401K PLAN	
b	Name of plan sponsor LAWMAN HEATING AND COOLING INC	c EIN-PN 16-1100145-001
a	Plan name LAWMAN HEATING AND COOLING INC PREVAILING WAGE PENSION PLAN	
b	Name of plan sponsor LAWMAN HEATING AND COOLING INC	c EIN-PN 16-1100145-001

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	MEDICAB OF ROCHESTER INC RETIREMENT PLAN	
b	Name of plan sponsor	MEDICAB OF ROCHESTER INC	c EIN-PN 16-1115547-001
a	Plan name	BAGS UNLIMITED 401K PLAN	
b	Name of plan sponsor	BAGS UNLIMITED	c EIN-PN 16-1116949-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF VICTIMS ASSISTANCE CENTER OF JEFFERSON	
b	Name of plan sponsor	VICTIMS ASSIST CENTER JEFFERSON	c EIN-PN 16-1119247-001
a	Plan name	NATIONAL EMPLOYERS COUNCIL INC 401K PLAN	
b	Name of plan sponsor	NATIONAL EMPLOYERS COUNCIL INC	c EIN-PN 16-1184643-001
a	Plan name	BRIGGS OF BURTON SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	BRIGGS OF BURTON INC.	c EIN-PN 16-1197951-001
a	Plan name	LYNN ASSOCIATES INC. 401K PLAN	
b	Name of plan sponsor	LYNN ASSOCIATES INC.	c EIN-PN 16-1232602-001
a	Plan name	STAN STEELE AGENCY INC 401K SAVINGS PLAN	
b	Name of plan sponsor	STAN STEELE AGENCY INC	c EIN-PN 16-1233243-001
a	Plan name	EVERFAB INC/ADVANCED NOZZLE TECHNOLOGY LLC 401K PLAN	
b	Name of plan sponsor	EVERFAB INC.	c EIN-PN 16-1233895-001
a	Plan name	EQUIPMENT RENTALS INC 401K PLAN	
b	Name of plan sponsor	EQUIPMENT RENTALS INC	c EIN-PN 16-1235312-001
a	Plan name	TONTARSKI INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TONTARSKI INC	c EIN-PN 16-1238271-001
a	Plan name	SCHNEIDER BROTHERS CORP. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	SCHNEIDER BROTHERS CORP.	c EIN-PN 16-1266926-001
a	Plan name	BGI INTERIORS INC 401K PLAN	
b	Name of plan sponsor	BGI INTERIORS INC	c EIN-PN 16-1271590-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	WILBERT WENNER AGENCY INC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	WILBERT WENNER AGENCY INC	c EIN-PN 16-1283760-001
a	Plan name	ORLEANS FORDMERCURY INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	ORLEANS FORDMERCURY INC	c EIN-PN 16-1284229-001
a	Plan name	BUFFALO NIAGARA CONVENTION & VIS SAVINGS AND RETIREMENT	
b	Name of plan sponsor	BUFFALO NIAGARA CONVENTION & VIS	c EIN-PN 16-1298671-001
a	Plan name	BENE CARE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BENECARE INC	c EIN-PN 16-1299747-001
a	Plan name	J. F. MACHINING CO. INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	J. F. MACHINING CO. INC.	c EIN-PN 16-1331358-001
a	Plan name	JCS CONTROLS INC. 401K PLAN	
b	Name of plan sponsor	JCS CONTROLS INC.	c EIN-PN 16-1343399-001
a	Plan name	MX PETROLEUM CORP 401K PLAN	
b	Name of plan sponsor	MX PETROLEUM CORP	c EIN-PN 16-1352970-001
a	Plan name	GYMO ARCHITECTURE ENGINEERING AND LAND SURVEYING DPC 401K PL	
b	Name of plan sponsor	GYMO ARCHITECTURE ENGINEERING	c EIN-PN 16-1407366-001
a	Plan name	CAPRARO TECHNOLOGIES INC. 401K PLAN	
b	Name of plan sponsor	CAPRARO TECHNOLOGIES INC.	c EIN-PN 16-1446623-001
a	Plan name	GENERAL INTERIOR SYSTEMS INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GENERAL INTERIOR SYSTEMS INC.	c EIN-PN 16-1458463-001
a	Plan name	PRINTABLE SERVICES LLC 401K PLAN	
b	Name of plan sponsor	PRINTABLE SERVICES LLC	c EIN-PN 16-1478585-001
a	Plan name	ROBERT L YOST FUNERAL HOME INC 401K PLAN	
b	Name of plan sponsor	ROBERT L YOST FUNERAL HOME INC	c EIN-PN 16-1504583-001

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 MONROE COMMUNITY SPORTS CENTRE CORP MCSCC 401K PLAN	
b	Name of plan sponsor MONROE COMMUNITY SPORTS CENTRE	c EIN-PN 16-1546226-001
a	Plan name ABRAXAS INC EMPLOYEES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ABRAXAS INC	c EIN-PN 16-1554164-001
a	Plan name BLACK RIVER PLUMBING HEATING AIR CONDITIONING INC 401K PLAN	
b	Name of plan sponsor BLACK RIVER PLUMBING HEATING	c EIN-PN 16-1612099-001
a	Plan name HEALTH SYSTEMS TECHNOLOGY INC RETIREMENT PLAN	
b	Name of plan sponsor HEALTH SYSTEMS TECHNOLOGY INC	c EIN-PN 16-1612807-001
a	Plan name THE CHRISTIN KIRKWOOD AGENCY 401K PLAN	
b	Name of plan sponsor THE CHRISTIN KIRKWOOD AGENCY	c EIN-PN 16-1614909-001
a	Plan name ACCURATE RECOVERY SOLUTIONS 401K PLAN	
b	Name of plan sponsor ACCURATE RECOVERY SOLUTIONS	c EIN-PN 20-0100867-001
a	Plan name WAHL TO WAHL CONSTRUCTION CORP 401K PLAN	
b	Name of plan sponsor WAHL TO WAHL CONSTRUCTION CORP	c EIN-PN 20-0249976-001
a	Plan name WESTHAMPTON BEACH ANIMAL HOSPITAL 401K PLAN	
b	Name of plan sponsor WESTHAMPTON BEACH ANIMAL HOSP	c EIN-PN 20-0508913-001
a	Plan name BAC SYSTEMS INC 401K PLAN	
b	Name of plan sponsor BAC SYSTEMS INC	c EIN-PN 20-0928077-001
a	Plan name TULA KITCHEN AND LOUNGE 401K PLAN	
b	Name of plan sponsor TULA KITCHEN AND LOUNGE	c EIN-PN 20-0972830-001
a	Plan name BREFFNI MECHANICAL 401K RETIREMENT PLAN	
b	Name of plan sponsor BREFFNI MECHANICAL INC	c EIN-PN 20-1036795-001
a	Plan name LI BEHAVIORAL HEALTH 401K PLAN	
b	Name of plan sponsor LI BEHAVIORAL HEALTH	c EIN-PN 20-1418334-001

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 BISON IRON & STEP INC. 401K PLAN	
b	Name of plan sponsor BISON IRON & STEP INC.	c EIN-PN 20-1576137-001
a	Plan name DASH DESIGN INC. 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor DASH DESIGN INC.	c EIN-PN 20-1627838-001
a	Plan name TRIBECA ENTERPRISES LLC 401K PLAN	
b	Name of plan sponsor TRIBECA ENTERPRISES LLC	c EIN-PN 20-2267968-001
a	Plan name AIR CARGO TRANSFER INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AIR CARGO TRANSFER INC	c EIN-PN 20-2625280-001
a	Plan name TREC ENVIRONMENTAL 401K PLAN	
b	Name of plan sponsor TREC ENVIRONMENTAL INC	c EIN-PN 20-2710069-001
a	Plan name HALLETT PLACE AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor HALLETT PLACE AUTOMOTIVE LLC	c EIN-PN 20-2755498-001
a	Plan name LATHAM AUTO LLC RETIREMENT PLAN	
b	Name of plan sponsor LATHAM AUTO LLC	c EIN-PN 20-2857762-001
a	Plan name PITCHERS SEWER AND DRAIN SERVICE INC 401K PLAN	
b	Name of plan sponsor PITCHERS SEWER & DRAIN SERVICE	c EIN-PN 20-3020268-001
a	Plan name VIOLIFE LLC RETIREMENT PLAN	
b	Name of plan sponsor VIOLIFE LLC	c EIN-PN 20-3037186-001
a	Plan name RENA FERGUSON MD 401K PLAN	
b	Name of plan sponsor RENA FERGUSON MD PC	c EIN-PN 20-3194076-001
a	Plan name THE RELATIONSHIP MARKETING FACTORY 401K PS PLAN	
b	Name of plan sponsor THE RELATIONSHIP MKTG FACTORY	c EIN-PN 20-4619691-001
a	Plan name INTERSTATE AIR 401K PSP	
b	Name of plan sponsor INTERSTATE AIR CONDITIONING	c EIN-PN 20-4706430-001

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	WEE BEASTIE 401K PLAN
b	Name of plan sponsor	WEE BEASTIE LLC
c	EIN-PN	20-4891359-001
a	Plan name	KIDDSMILES II DDS PLLC 401K PS PLAN & TRUST
b	Name of plan sponsor	KIDDSMILES II DDS PLLC
c	EIN-PN	20-5477813-001
a	Plan name	POSSES AND CHASAN CPAS PLLC DEFINED BENEFIT PENSION PLAN
b	Name of plan sponsor	POSSES AND CHASAN CPAS PLLC
c	EIN-PN	20-5626646-001
a	Plan name	POSSES AND CHASAN CPAS PLLC DEFINED CONTRIBUTION PLAN
b	Name of plan sponsor	POSSES AND CHASAN CPAS PLLC
c	EIN-PN	20-5626646-001
a	Plan name	IMEC 401K PLAN
b	Name of plan sponsor	INDEPENDENT MEDICAL EVALUATION
c	EIN-PN	20-5771424-001
a	Plan name	MICHELS AND HANLEY CPAS 401K PLAN
b	Name of plan sponsor	MICHELS AND HANLEY CPAS
c	EIN-PN	20-5924740-001
a	Plan name	THE LAW OFC OF DAVID A NIGRELLI PLLC RETIREMENT PLAN
b	Name of plan sponsor	THE LAW OFC OF DAVID A NIGRELLI
c	EIN-PN	20-8142819-001
a	Plan name	APPLIED INFORMATICS INC. CASH BALANCE PLAN
b	Name of plan sponsor	APPLIED INFORMATICS INC.
c	EIN-PN	20-8191164-001
a	Plan name	APPLIED INFORMATICS INC. PROFIT SHARING PLAN
b	Name of plan sponsor	APPLIED INFORMATICS INC.
c	EIN-PN	20-8191164-001
a	Plan name	STERN TANNENBAUM AND BELL 401K PLAN
b	Name of plan sponsor	STERN TANNENBAUM AND BELL LLP
c	EIN-PN	20-8447579-001
a	Plan name	FOCUS 360 LLC 401K PLAN
b	Name of plan sponsor	FOCUS 360 LLC
c	EIN-PN	20-8500921-001
a	Plan name	CENTRAL AUTO ELECTRIC 401K PLAN
b	Name of plan sponsor	CENTRAL AUTO ELECTRIC
c	EIN-PN	22-2259655-001

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	BENEFITS MANAGEMENT INC PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	BENEFITS MANAGEMENT INC	c EIN-PN 22-2940440-001
a	Plan name	SAMMYS AUTO & COLLISION REPAIR 401K PLAN	
b	Name of plan sponsor	SAMMYS AUTO & COLLISION REPAIR	c EIN-PN 22-2944081-001
a	Plan name	PURPLEWIRE LLC 401K PLAN	
b	Name of plan sponsor	PURPLEWIRE LLC	c EIN-PN 22-3755668-001
a	Plan name	STEPHEN C. FOY INC. 401K PLAN	
b	Name of plan sponsor	STEPHEN C. FOY INC.	c EIN-PN 22-3847166-001
a	Plan name	MICHAEL NELSON VIP PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL NELSON	c EIN-PN 23-0742593-001
a	Plan name	LEWIS COUNTY SEARCH AND RESCUE INC PENSION PLAN	
b	Name of plan sponsor	LEWIS COUNTY SEARCH AND RESCUE	c EIN-PN 23-7320528-001
a	Plan name	G AND F RESTAURANT LLC RETIREMENT PLAN	
b	Name of plan sponsor	G AND F RESTAURANT LLC	c EIN-PN 26-0153242-001
a	Plan name	APARTMENTS NIAGARA LLC 401K PLAN	
b	Name of plan sponsor	APARTMENTS NIAGARA LLC	c EIN-PN 26-0384548-001
a	Plan name	BOBTEK ELECTRICAL CORPORATION CROSS TESTED 401K PLAN	
b	Name of plan sponsor	BOBTEK ELECTRICAL CORPORATION	c EIN-PN 26-0602607-001
a	Plan name	VICTORIA CONSULTING AND DEVELOPMENT LLC 401K PLAN	
b	Name of plan sponsor	VICTORIA CONSULTING AND DEVELOP	c EIN-PN 26-0644416-001
a	Plan name	M.C. REINHART INC. PS PLAN	
b	Name of plan sponsor	M.C. REINHART INC.	c EIN-PN 26-0651136-001
a	Plan name	LAS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEBENSON ACTUARIAL SERVICES	c EIN-PN 26-1714874-001

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	THE FUSCO GROUP PARTNERS INC. 401 K PLAN	
b	Name of plan sponsor	THE FUSCO GROUP PARTNERS INC.	c EIN-PN 26-1719013-001
a	Plan name	LANA KANG MD PC PROFIT SHARING PLAN	
b	Name of plan sponsor	LANA KANG MD PC	c EIN-PN 26-3009421-001
a	Plan name	ROCKLAND CHECK CASHING ON RT 59 401K PLAN	
b	Name of plan sponsor	ROCKLAND CHECK CASHING	c EIN-PN 26-3059500-001
a	Plan name	ELECTRIC ORANGE CREATIVE LLC INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	ELECTRIC ORANGE CREATIVE LLC	c EIN-PN 26-3074561-001
a	Plan name	BLACK DIVINE LLC 401K PLAN	
b	Name of plan sponsor	BLACK DIVINE LLC	c EIN-PN 26-3741720-001
a	Plan name	METRO AUTO CREDIT LLC 401K PLAN	
b	Name of plan sponsor	METRO AUTO CREDIT LLC	c EIN-PN 26-4576163-001
a	Plan name	METRO AUTO CREDIT LLC CASH BALANCE PLAN	
b	Name of plan sponsor	METRO AUTO CREDIT LLC	c EIN-PN 26-4576163-001
a	Plan name	THE LCO GROUP 401K PLAN	
b	Name of plan sponsor	THE LCO GROUP	c EIN-PN 26-4835316-001
a	Plan name	TEAM EPIPHANY LLC 401K PLAN	
b	Name of plan sponsor	TEAM EPIPHANY LLC	c EIN-PN 27-0098836-001
a	Plan name	CREATIVE CLOSET & DESIGN INC 401K & PROFIT SHARING PLAN	
b	Name of plan sponsor	CREATIVE CLOSET & DESIGN INC	c EIN-PN 27-0282358-001
a	Plan name	PRO PUMP US PUMP CORP 401K PLAN	
b	Name of plan sponsor	PRO PUMP CORP. & US PUMP CORP.	c EIN-PN 27-0291245-001
a	Plan name	HANDS ON HEALTH INC. RETIREMENT PLAN	
b	Name of plan sponsor	HANDS ON HEALTH INC.	c EIN-PN 27-0892073-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	FRANK J CARNESI CUSTOM CARPENTRY INC 401K PLAN
b	Name of plan sponsor	FRANK J CARNESI CUSTOM CARPENTRY
c	EIN-PN	27-1482035-001
a	Plan name	JONATHAN SIMKHAI INC 401K PLAN
b	Name of plan sponsor	JONATHAN SIMKHAI INC
c	EIN-PN	27-2062874-001
a	Plan name	STUART HEIMANN DDS P.C. 401K RETIREMENT PLAN
b	Name of plan sponsor	STUART HEIMANN DDS P.C.
c	EIN-PN	27-3649664-001
a	Plan name	CROSSWAYS TAX PREPARATION LLC 401K PROFIT SHARING AND TRUST
b	Name of plan sponsor	CROSSWAYS TAX PREPARATION LLC
c	EIN-PN	27-3931947-001
a	Plan name	BROWNSTONE PEDIATRIC DENTISTRY PLLC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	BROWNSTONE PEDIATRIC DENTISTRY
c	EIN-PN	27-4181966-001
a	Plan name	TCB TRUCK REPAIR INC 401K PLAN
b	Name of plan sponsor	TCB TRUCK REPAIR INC.
c	EIN-PN	27-4360831-001
a	Plan name	CGCB ASSOCIATES LLC 401K PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	CGCB ASSOCIATES LLC
c	EIN-PN	27-4368304-001
a	Plan name	TAYLOR GROUP LTD 401K PLAN
b	Name of plan sponsor	THE TAYLOR GROUP LTD
c	EIN-PN	27-4640104-001
a	Plan name	COMPUTER INTEGRATED SERVICES CO. 401K PLAN
b	Name of plan sponsor	COMPUTER INTEGRATED
c	EIN-PN	27-5096144-001
a	Plan name	CTE ELECTRICAL CONTRACTING INC. 401K PLAN
b	Name of plan sponsor	CTE ELECTRICAL CONTRACTING INC.
c	EIN-PN	30-0180617-001
a	Plan name	THE FUTURE PERFECT RETIREMENT PLAN
b	Name of plan sponsor	THE FUTURE PERFECT
c	EIN-PN	30-0845021-001
a	Plan name	CONCETTA GRAZIA 401K PLAN
b	Name of plan sponsor	CONCETTA GRAZIA
c	EIN-PN	32-0363017-001

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 SHAW HARBOR GLOBAL SERVICES INC 401K PLAN	
b	Name of plan sponsor SHAW HARBOR GLOBAL SERVICES INC	c EIN-PN 32-0458933-001
a	Plan name PROFESSIONAL TELECONCEPTS INC. UNION 401K PLAN	
b	Name of plan sponsor PROTEL	c EIN-PN 32-0468228-001
a	Plan name FOUR DAUGHTERS LLC 401K PLAN	
b	Name of plan sponsor FOUR DAUGHTERS LLC	c EIN-PN 35-2519259-001
a	Plan name HAZEL LANDSCAPES 401K PLAN	
b	Name of plan sponsor BDH LANDSCAPING CORP	c EIN-PN 37-1506071-001
a	Plan name EFFICIENT MEDICAL CARE PC 401K PLAN	
b	Name of plan sponsor EFFICIENT MEDICAL CARE PC	c EIN-PN 37-1594002-001
a	Plan name TRIBUTE RESTORATION INC 401K PLAN	
b	Name of plan sponsor TRIBUTE RESTORATION INC	c EIN-PN 38-3923036-001
a	Plan name DUANE STREET CAPITAL 401K PLAN	
b	Name of plan sponsor DUANE STREET CAPITAL LLC	c EIN-PN 38-3987148-001
a	Plan name TOLMAN ENGINEERING ARCHITECTURE & SURVEYING PLLC 401K PSP	
b	Name of plan sponsor TOLMAN ENGINEERING ARCHITECTURE	c EIN-PN 42-1535681-001
a	Plan name LAW OFFICE OF LISA S FINE PC 401K PLAN	
b	Name of plan sponsor LAW OFFICE OF LISA S FINE PC	c EIN-PN 42-1668135-001
a	Plan name AJES PHARMACEUTICALS LLC 401K PSP	
b	Name of plan sponsor AJES PHARMACEUTICALS LLC	c EIN-PN 42-1688180-001
a	Plan name PRIMUS CORPORATION 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PRIMUS CORPORATION	c EIN-PN 43-1578333-001
a	Plan name BLISS ENVIRONMENTAL SERVICES INC 401K PLAN	
b	Name of plan sponsor BLISS ENVIRONMENTAL SERVICES INC	c EIN-PN 43-2055111-001

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 VETERINARY CARE OF MT PLEASANT PLLC 401K PSP & TRUST	
b	Name of plan sponsor VET CARE OF MT PLEASANT PLLC	c EIN-PN 45-1582827-001
a	Plan name SCARSDALE INTEGRATIVE FAMILY MEDICINE PLLC RETIREMENT PLAN	
b	Name of plan sponsor SCARSDALE INTEGRATIVE FAMILY MED	c EIN-PN 45-1606026-001
a	Plan name SITE STRUCTURAL SERVICES CORP 401K & PROFIT SHARING PLAN	
b	Name of plan sponsor SITE STRUCTURAL SERVICES CORP	c EIN-PN 45-2069004-001
a	Plan name BERLANDI NUSSBAUM AND REITZAS LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BERLANDI NUSSBAUM AND REITZAS	c EIN-PN 45-2148638-001
a	Plan name STATESIDE AUTO SALARY SAVINGS PLAN	
b	Name of plan sponsor STATESIDE TOYOTA	c EIN-PN 45-2366906-001
a	Plan name MAURICE BUILDING SUPPLIES 401K PLAN	
b	Name of plan sponsor MAURICE BUILDING SUPPLIES INC.	c EIN-PN 45-2721552-001
a	Plan name LOCAL UNION 1556 RETIREMENT PLAN	
b	Name of plan sponsor LOCAL UNION 1556	c EIN-PN 45-2787952-001
a	Plan name LAVORO GROUP CORP 401K PLAN	
b	Name of plan sponsor LAVORO GROUP CORP	c EIN-PN 45-3834719-001
a	Plan name CHARITY WATER 401K PLAN	
b	Name of plan sponsor CHARITY WATER	c EIN-PN 45-4496078-001
a	Plan name VIXSOL 401K PLAN	
b	Name of plan sponsor VIXSOL LLC	c EIN-PN 45-4623088-001
a	Plan name KELLYS CONCRETE PUMPING 401K PLAN	
b	Name of plan sponsor KELLYS CONCRETE PUMPING LLC	c EIN-PN 45-4658906-001
a	Plan name ZOCCOLA LLC DEFINED BENEFIT PLAN	
b	Name of plan sponsor ZOCCOLA LLC	c EIN-PN 45-4842189-001

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	DOPF P.C. EMPLOYEES 401K PLAN	
b	Name of plan sponsor	DOPF PC	c EIN-PN 45-5149220-001
a	Plan name	WOUNDED HEALING TECHNOLOGIES INC 401K PLAN	
b	Name of plan sponsor	WOUNDED HEALING TECHNOLOGIES INC	c EIN-PN 46-0636473-001
a	Plan name	ELITEGAMINGLIVE 401K PLAN	
b	Name of plan sponsor	ELITEGAMINGLIVE INC	c EIN-PN 46-0954348-001
a	Plan name	MZ PLUMBING 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MZ PLUMBING	c EIN-PN 46-1178329-001
a	Plan name	JM MECHANICAL PROFIT SHARING/ 401K PLAN	
b	Name of plan sponsor	JM MECHANICAL HVAC LLC	c EIN-PN 46-1389813-001
a	Plan name	MASTERGRIND/EDM II 401K PLAN	
b	Name of plan sponsor	MASTERGRIND/EDM II	c EIN-PN 46-1494596-001
a	Plan name	WIDRICK TRUCK AND DIESEL 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WIDRICK TRUCK AND DIESEL	c EIN-PN 46-1702508-001
a	Plan name	LONG ISLAND DENTAL IMPLANT ASSOCIATES PLLC 401K PLAN	
b	Name of plan sponsor	LONG ISLAND DENTAL IMPLANT ASSOC	c EIN-PN 46-2007547-001
a	Plan name	MEYER REAL ESTATE LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MEYER REAL ESTATE LLC	c EIN-PN 46-2644232-001
a	Plan name	RADULESCU LLP PENSION PLAN	
b	Name of plan sponsor	RADULESCU LLP	c EIN-PN 46-2672764-001
a	Plan name	RADULESCU LLP RETIREMENT PLAN	
b	Name of plan sponsor	RADULESCU LLP RETIREMENT PLAN	c EIN-PN 46-2672764-001
a	Plan name	TTS TREE SERVICE 401K PLAN	
b	Name of plan sponsor	TTS TREE SERVICE LLC	c EIN-PN 46-2925710-001

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	FIRMAMENT 401K PLAN	
b	Name of plan sponsor	FIRMAMENT	c EIN-PN 46-3283241-001
a	Plan name	NICOLE FRONTERA FAMILY HEALTH NP PLLC	
b	Name of plan sponsor	NICOLE FRONTERA FAMILY HEALTH NP	c EIN-PN 46-3300168-001
a	Plan name	FOX BUILDING GROUP INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FOX BUILDING GROUP INC.	c EIN-PN 46-3645660-001
a	Plan name	CHELSEA PEDIATRIC DENTISTRY RETIREMENT PLAN	
b	Name of plan sponsor	CHELSEA PEDIATRIC DENTISTRY PC	c EIN-PN 46-3782994-001
a	Plan name	ADELMAN MATZ P.C. RETIREMENT PLAN	
b	Name of plan sponsor	ADELMAN MATZ P.C.	c EIN-PN 46-3816718-001
a	Plan name	FX CAPRARA HARLEY AND HONDA 401K PLAN	
b	Name of plan sponsor	FX AUTO SALES INC	c EIN-PN 46-3836591-001
a	Plan name	COASTAL CONSULTING 401K PLAN	
b	Name of plan sponsor	COASTAL CONSULTANTS LLC	c EIN-PN 46-4052415-001
a	Plan name	ICON PARKING HOLDINGS LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	CITIZENS ICON HOLDINGS LLC	c EIN-PN 46-4190764-001
a	Plan name	LEBESS MECHANICAL CORP EMPLOYEES 401K PLAN	
b	Name of plan sponsor	LEBESS MECHANICAL CORP	c EIN-PN 46-4539585-001
a	Plan name	ETIQ CORPORATION 401K PLAN	
b	Name of plan sponsor	ETIQ CORPORATION	c EIN-PN 46-4674716-001
a	Plan name	AGBOTIC 401K PLAN	
b	Name of plan sponsor	AGBOTIC INCORPORATED	c EIN-PN 46-4991502-001
a	Plan name	MAKERS NUTRITION LLC 401K PS PLAN	
b	Name of plan sponsor	MAKERS NUTRITION LLC	c EIN-PN 46-5677827-001

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	MAKERS NUTRITION LLC DB PLAN	
b	Name of plan sponsor	MAKERS NUTRITION LLC	c EIN-PN 46-5677827-001
a	Plan name	RED THREAD 401K PLAN	
b	Name of plan sponsor	RED THREAD PRODUCTIONS INC	c EIN-PN 47-0911652-001
a	Plan name	THE TREEHOUSE CHILD CARE CENTER 401K PLAN	
b	Name of plan sponsor	THE TREEHOUSE CHILD CARE CENTER	c EIN-PN 47-1028639-001
a	Plan name	MAST SOLUTIONS INC 401K PS PLAN	
b	Name of plan sponsor	MAST SOLUTIONS INC	c EIN-PN 47-1923105-001
a	Plan name	MAST SOLUTIONS INC DEFINED BENEFIT PLAN	
b	Name of plan sponsor	MAST SOLUTIONS INC	c EIN-PN 47-1923105-001
a	Plan name	CLEAR CHOICE MEDICAL 401K PLAN	
b	Name of plan sponsor	CLEAR CHOICE MEDICAL PC	c EIN-PN 47-2328648-001
a	Plan name	CORINTH VETERINARY CLINIC 401K PLAN	
b	Name of plan sponsor	SHAWN C BEHAN DVM PC DBA CORINTH	c EIN-PN 47-2588114-001
a	Plan name	A AND S CONCRETE STRUCTURES INC DEFINED BENEFIT PLAN	
b	Name of plan sponsor	A AND S CONCRETE STRUCTURES INC	c EIN-PN 47-3455966-001
a	Plan name	A AND S CONCRETE STRUCTURES INC PROFIT SHARING PLAN	
b	Name of plan sponsor	A AND S CONCRETE STRUCTURES INC	c EIN-PN 47-3455966-001
a	Plan name	JN GLOBAL LAW GROUP LLP 401K PLAN	
b	Name of plan sponsor	JN GLOBAL LAW GROUP LLP	c EIN-PN 47-3635826-001
a	Plan name	ARTSAICS INC 401K PLAN	
b	Name of plan sponsor	ARTSAICS INC	c EIN-PN 47-3653480-001
a	Plan name	FISHER SIGNS AND SHIRTS 401K PLAN	
b	Name of plan sponsor	FISHER SIGNS AND SHIRTS LLC	c EIN-PN 47-3691378-001

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	CTP SALES ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor	CTP SALES ASSOCIATES INC	c EIN-PN 47-3849302-001
a	Plan name	RVC SALES GROUP INC 401K PLAN	
b	Name of plan sponsor	RVC SALES GROUP INC	c EIN-PN 47-3860575-001
a	Plan name	PELHAM S2K MANAGERS LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PELHAM S2K MANAGERS LLC	c EIN-PN 47-4456932-001
a	Plan name	E AND T SKYLINE CONSTRUCTION LLC 401K PLAN	
b	Name of plan sponsor	E AND T SKYLINE CONSTRUCTION LLC	c EIN-PN 47-5409828-001
a	Plan name	GPA ENVIRONMENTAL GROUP INC 401K PLAN	
b	Name of plan sponsor	GPA ENVIRONMENTAL GROUP INC.	c EIN-PN 47-5446287-001
a	Plan name	SEAN MURPHY SOLO 401K PLAN	
b	Name of plan sponsor	SEAN MURPHY	c EIN-PN 48-3987950-001
a	Plan name	ESSEL EYEWEAR RETIREMENT PLAN	
b	Name of plan sponsor	ESSEL EYEWEAR	c EIN-PN 51-0565155-001
a	Plan name	GANT U.S.A. CORPORATION 401K PLAN	
b	Name of plan sponsor	GANT U.S.A. CORPORATION	c EIN-PN 52-2147036-001
a	Plan name	GROUP JS INTERNATIONAL LTD 401K PLAN	
b	Name of plan sponsor	JS COLLECTIONS INC.	c EIN-PN 52-2203922-001
a	Plan name	IMPACCT LLC 401K PLAN	
b	Name of plan sponsor	IMPACCT LLC	c EIN-PN 55-0872794-001
a	Plan name	DEBROSSE & STUDLEY LLP RETIREMENT PLAN	
b	Name of plan sponsor	DEBROSSE & STUDLEY LLP	c EIN-PN 56-2492370-001
a	Plan name	JEC DISABILITY MANAGEMENT INC. 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	JEC DISABILITY MANAGEMENT INC.	c EIN-PN 58-2571007-001

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 JOHNSON LUMBER COMPANY LLC 401K PLAN	
b	Name of plan sponsor JOHNSON LUMBER COMPANY LLC	c EIN-PN 68-0512034-001
a	Plan name IMAGINE ACADEMY RETIREMENT PLAN 401K PLAN	
b	Name of plan sponsor IMAGINE ACADEMY	c EIN-PN 71-0989980-001
a	Plan name UNITECH SERVICES GROUP INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor UNITECH SERVICES GROUP INC	c EIN-PN 75-3166407-001
a	Plan name BORDERWORX LOGISTICS LLC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor BORDERWORX LOGISTICS LLC	c EIN-PN 75-3267644-001
a	Plan name J AND J PLUMBING RETIREMENT PLAN	
b	Name of plan sponsor J AND J PLUMBING	c EIN-PN 76-0750460-001
a	Plan name LANMARC MANAGEMENT INC 401K PLAN AND TRUST	
b	Name of plan sponsor LANMARC MANAGEMENT INC	c EIN-PN 80-0666778-001
a	Plan name SUFFOLK CARDIOVASCULAR CONSULTANTS 401K PLAN	
b	Name of plan sponsor SUFFOLK CARDIOVASCULAR CONSULT	c EIN-PN 80-0683996-001
a	Plan name DELOS CAPITAL MANAGEMENT 401K PLAN	
b	Name of plan sponsor DELOS CAPITAL MANAGEMENT LP	c EIN-PN 80-0949369-001
a	Plan name JENKINS CONSULTING INC 401K PLAN	
b	Name of plan sponsor JENKINS CONSULTING INC	c EIN-PN 81-0650225-001
a	Plan name ZHL GROUP INC. 401K PLAN	
b	Name of plan sponsor ZHL GROUP INC.	c EIN-PN 81-0851538-001
a	Plan name M. EARLY PLUMBING & HEATING CORP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor M. EARLY PLUMBING & HEATING CORP	c EIN-PN 81-1042306-001
a	Plan name 944 RT CORP 401K PLAN	
b	Name of plan sponsor MIKE & JOES WOOD FIRED PIZZA	c EIN-PN 81-2603086-001

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	RAYMED 401K PLAN	
b	Name of plan sponsor	RAYMED CORP	c EIN-PN 81-2961221-001
a	Plan name	REALTY 1 AMERICA CORPORATION	
b	Name of plan sponsor	REALTY 1 AMERICA CORPORATION	c EIN-PN 81-3823751-001
a	Plan name	SUSAN WATTS SOLOPLUS PLAN	
b	Name of plan sponsor	SUSAN JEAN WATTS	c EIN-PN 81-4254833-001
a	Plan name	FAMILY WELLNESS PROGRAM LLC 401K PLAN	
b	Name of plan sponsor	FAMILY WELLNESS PROGRAM LLC	c EIN-PN 81-4410202-001
a	Plan name	DETAIL THIS LLC 401K PLAN	
b	Name of plan sponsor	DETAIL THIS LLC	c EIN-PN 81-4663049-001
a	Plan name	AGR AUTOMOTIVE LLC 401K PLAN	
b	Name of plan sponsor	AGR AUTOMOTIVE LLC	c EIN-PN 81-5029310-001
a	Plan name	ENCOMPASS BENEFIT CONSULTANTS INC RETIREMENT PLAN	
b	Name of plan sponsor	ENCOMPASS BENEFIT CONSULTANTS	c EIN-PN 82-1053664-001
a	Plan name	MR2 CONSTRUCTION SERVICES 401K PLAN	
b	Name of plan sponsor	MR2 CONSTRUCTION SERVICES	c EIN-PN 82-1376405-001
a	Plan name	NORSENS LIQUOR BARN 401K PLAN	
b	Name of plan sponsor	NORSENS LIQUOR BARN INC	c EIN-PN 82-1563006-001
a	Plan name	ISLAND RHEUMATOLOGY AND OSTEOPOROSIS 401K PLAN	
b	Name of plan sponsor	ISLAND RHEUMO AND OSTEO	c EIN-PN 82-1886209-001
a	Plan name	GRAY & GRAY AND ASSOCIATES CPA 401K PROFIT SHARING P&T	
b	Name of plan sponsor	GRAY & GRAY AND ASSOCIATES CPA	c EIN-PN 82-2624857-001
a	Plan name	TRIBECA COMMUNITY SCHOOL 401K PLAN	
b	Name of plan sponsor	TRIBECA COMMUNITY SCHOOL	c EIN-PN 82-3757084-001

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	ATHLETES FIRST PARTNERS LLC	
b	Name of plan sponsor	ATHLETES FIRST PARTNERS LLC	c EIN-PN 82-3888131-001
a	Plan name	KEMPNER PROPERTIES LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE KEMPNER CORPORATION	c EIN-PN 82-3924992-001
a	Plan name	DVDL INC 401K PLAN	
b	Name of plan sponsor	DVDL DESIGN DECISIONS INC	c EIN-PN 82-4830113-001
a	Plan name	LITTORAL GROUP LLC 401K PLAN	
b	Name of plan sponsor	LITTORAL GROUP LLC	c EIN-PN 82-4830310-001
a	Plan name	BLUE STAR BROTHERS 401K PLAN	
b	Name of plan sponsor	BLUE STAR BROTHERS ENTERPRISE	c EIN-PN 82-5090229-001
a	Plan name	METALCRAFT MARINE US INC 401K PLAN	
b	Name of plan sponsor	METALCRAFT MARINE US INC	c EIN-PN 83-0483929-001
a	Plan name	CNF INC. 401K PLAN	
b	Name of plan sponsor	RS MOTORS	c EIN-PN 83-0512473-001
a	Plan name	JOHN PAWLOWSKI STATE FARM 401K PLAN	
b	Name of plan sponsor	JOHN PAWLOWSKI STATE FARM	c EIN-PN 83-0965418-001
a	Plan name	PERIODONTICS AND DENTAL IMPLANTS OF NEW YORK PC PSP	
b	Name of plan sponsor	PERIODONTICS AND DENTAL IMPLANTS	c EIN-PN 83-1155020-001
a	Plan name	KOVACH LAND SURVEYING PC 401K PLAN	
b	Name of plan sponsor	KOVACH LAND SURVEYING PC	c EIN-PN 83-2052398-001
a	Plan name	SOUTH JEFFERSON VETERINARY HOSPITAL 401K PLAN	
b	Name of plan sponsor	SOUTH JEFFERSON VETERINARY	c EIN-PN 83-2782593-001
a	Plan name	ARDENNES BREWING 401K PLAN	
b	Name of plan sponsor	ARDENNES BREWING LLC	c EIN-PN 84-4365416-001

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 TOYOTA CITY 401K PLAN	
b	Name of plan sponsor INTEGRITY AUTOMOTIVE GROUP LLC	c EIN-PN 84-4570444-001
a	Plan name HALPERN & SCROM LAW PLLC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor HALPERN & SCROM LAW PLLC	c EIN-PN 85-4209405-001
a	Plan name HAMPTON YARDS 401K PLAN	
b	Name of plan sponsor HAMPTON YARDS	c EIN-PN 85-4347090-001
a	Plan name PREMIER LIVING ABSTRACT INC 401K PLAN	
b	Name of plan sponsor PREMIER LIVING ABSTRACT INC	c EIN-PN 86-3967482-001
a	Plan name ANTHONY POWERS DDS PC 401K PLAN	
b	Name of plan sponsor ANTHONY POWERS DDS PC	c EIN-PN 87-0880086-001
a	Plan name BRIDGEVIEW PROPERTY SALES LLC 401K PLAN	
b	Name of plan sponsor BRIDGEVIEW PROPERTY SALES LLC	c EIN-PN 87-1271787-001
a	Plan name MAGUIRE LAW GROUP PLLC 401K PLAN	
b	Name of plan sponsor MAGUIRE LAW GROUP PLLC	c EIN-PN 87-2268888-001
a	Plan name POLLOCK AND ASSOCIATES LAW PLLC 401K PLAN	
b	Name of plan sponsor POLLOCK AND ASSOCIATES LAW PLLC	c EIN-PN 87-2288520-001
a	Plan name TITAN GOLDEN PROPERTY INVESTOR LLC 401K PLAN	
b	Name of plan sponsor TITAN GOLDEN PROPERTY INVESTOR	c EIN-PN 87-2793607-001
a	Plan name COJACK CONSULTING LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor COJACK CONSULTING LLC	c EIN-PN 87-4135823-001
a	Plan name UNITED PROFESSIONAL BENEFITS SAFE HARBOR PLAN	
b	Name of plan sponsor UNITED PROFESSIONAL BENEFITS	c EIN-PN 88-0944684-001
a	Plan name WORDEN AGENCY INC 401K PLAN	
b	Name of plan sponsor WORDEN AGENCY INC.	c EIN-PN 88-3688596-001

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	DRG CLAIMS MANAGEMENT 401K PLAN	c	EIN-PN	90-0941521-001
b	Name of plan sponsor	DRG CLAIMS MANAGEMENT LLC	c	EIN-PN	90-0941521-001
a	Plan name	CANASTOTA DAIRY PRODUCTS LLC 401K PLAN	c	EIN-PN	93-2246342-001
b	Name of plan sponsor	CANASTOTA DAIRY PRODUCTS LLC	c	EIN-PN	93-2246342-001
a	Plan name	ROBBINS PARKING USA INC RETIREMENT SAVINGS PLAN	c	EIN-PN	98-0451841-001
b	Name of plan sponsor	ROBBINS PARKING USA INC.	c	EIN-PN	98-0451841-001
a	Plan name	RICHARD BOSCO CPA PC 401K PLAN	c	EIN-PN	99-1243463-001
b	Name of plan sponsor	RICHARD BOSCO CPA PC	c	EIN-PN	99-1243463-001
a	Plan name	ALL SOURCE ENVIRONMENTAL SERVICES INC 401K PLAN	c	EIN-PN	99-2959612-001
b	Name of plan sponsor	ALL SOURCE ENVIRONMENTAL SERV	c	EIN-PN	99-2959612-001
a	Plan name	ELITE WORLD GROUP MANAGEMENT LLC 401K PLAN	c	EIN-PN	99-4081152-001
b	Name of plan sponsor	ELITE WORLD GROUP MANAGEMENT	c	EIN-PN	99-4081152-001
a	Plan name	NYCRNA LLC 401K PLAN	c	EIN-PN	99-4561383-001
b	Name of plan sponsor	NYCRNA LLC	c	EIN-PN	99-4561383-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERITAS LIFE OF NY ADVANTAGE SEPARATE ACCOUNT G	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 AMERITAS LIFE OF NEW YORK	D Employer Identification Number (EIN) 13-3758127

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(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)	
(9) Value of interest in common/collective trusts	1c(9)	85937849
(10) Value of interest in pooled separate accounts	1c(10)	84707924
(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)	322931043
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	351166577
(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	408868892	435874501
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	408868892	435874501

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9600175
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		43470175
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		53070350

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		53070350
l Transfers of assets:			
(1) To this plan	2l(1)		130631852
(2) From this plan	2l(2)		156696593

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.)			
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.)			
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.)			
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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.