# Deferred Compensation Board 1120221

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OSC Use Only:
Reporting Code:
Category Code:

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: New York State Deferred Compensation Plan
Agency Code: 21723
Contract Number: C240001
Contract Term: <u>10/01/2024 – 09/30/2029</u>
Contractor Name: Citrin Cooperman Advisors, LLC and Citrin Cooperman and Company, LLP
Contractor Address: 50 Rockefeller Plaza, New York, NY 10020
Description of Services Being Provided: <u>Audited Financial Statements and Performance</u>
<u>Criteria Report</u>

Data Processing ☐ Computer P Engineering ☐ Architect Service Health Services ☐ Mental Health	search □ Training rogramming □ C s □ Surveying □	Other IT consulting ☐ ☐ Environmental Se	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Partner	2	94	16308
Director	1	37	4368
Manager	2	95	11877
Senior	2	227	19441
Staff	2	519	42886
Paraprofessional	2	2	140
Total this page	11	974	\$ 95000
Grand Total	11	974	95000

Name of person who prepared this report: Kevin Burns		
Preparer's Signature: Kevin Burns		
Title: Partner	Phone #: 212-697-1000	
Date Prepared: 5/2/2025		

FORM E	3
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OSC Use Only:	
Reporting Code:	
Category Code:	

Report Period: April 1, 2024 to March 31, 2025

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Contracting State Agency Name: New York State Deferred Compensation Plan
Agency Code: 21723
Contract Number: C100002
Contract Term: <u>04/01/2022</u> to <u>03/31/2027</u>
Contractor Name: Callan LLC
Contractor Address: 1 Deforest Ave., Suite 101, Summit, NJ 07901
Description of Services Being Provided: Investment Consulting

Data Processing Computer Programming Engineering Architect Services Survey Health Services Mental Health Services	eying	_	s 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Retainer Fee for 4/1/24 – 3/31/25 – billed \$36,500.00- June, Sept, Dec 2024 & March 2025			\$146,000.00
Balanced & Multi Asset Credit Fund Searches 2/28/2025			\$50,000.00
Passive U.S. Large Cap Equity, Passive U.S. SMID Cap Equity & Passive U.S. Core Fixed Income 12/31/2024			\$30,000.00
Six Active U.S. Equity RFPs - Large Cap Value Large Cap Core, Large Cap Growth, SMID Cap Core, Small Cap Value & Small Cap Growth.  (Note total of \$70K - \$35K billed 2/29/24 outside the requested timeframe of this Form B)			\$35,000.00
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Total this page			\$261,000.00
Grand Total			\$261,000.00

Name of person who prepar	ed this report: Thomas Shingler	
Preparer's Signature:	Thomas Thingle	
Title: SVP	Phone #: 908.522.3880	
Date Prepared: 04/21/2025		

Use additional pages if necessary)

OSC Use Only:
Reporting Code:
Category Code:

Report Period: April 1, 2024 to March 31, 2025						
Contracting State Agency Name: NYS Deferred Compensation Plan Agency Code: 21723 Contract Number: State Plan – 240006 Contract Term: 12/1/2024 - 11/30/2029 Contractor Name: Groom Law Group, Chartered Contractor Address: 1701 Pennsylvania Ave., NW, Suite 1200, Washington, DC 20006 Description of Services Being Provided: Legal						
Scope of Contract (Choose one that best fits):  Analysis						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
State Plan	8	319.25	245,573.75			
Total this page						
Grand Total	8	319.25	245,573.75			
Name of person who prepared this report: Victor Elmann Preparer's Signature:  Title: Collections Manager Phone #: 202-861-9377  Date Prepared: 4/18/2025						

FORM E	3
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OSC Use Only:
Reporting Code:
Category Code:

Contractor's Annual Employment Report						
Report Period: April 1, 2024 to March 31, 2025						
Contracting State Agency Name: Contract Number: Model Plans – Contract Term: 12/1/2024 - 11/30/ Contractor Name: Groom Law Groontractor Address: 1701 Penns Description of Services Being Pro	240007 /2029 roup, Chartered ylvania Ave., NW, Si		ency Code: <u>21723</u> n, DC <u>20006</u>			
Scope of Contract (Choose one that best fits):  Analysis						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Model Plan	0	0	0			
Total this page						
Grand Total	0	0	0			
Name of person who prepared thi Preparer's Signature:  Title: Collections Manager  Date Prepared: 5 / 7 / 2025  (Use additional pages if necessary)	per	ann ne #: 202-861-9377	Page 1 of 1			