

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 6047(e), 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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>STAFF LEASING RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/2001</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>STAFF LEASING INC AND AFFILIATES</u> <u>149 NORTHERN CONCOURSE</u> <u>N SYRACUSE, NY 13212</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>16-1417529</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>315-641-3600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>16-1417529</u>	2c Plan Sponsor's telephone number <u>315-641-3600</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>16-1417529</u>					
2c Plan Sponsor's telephone number <u>315-641-3600</u>					
2d Business code (see instructions) <u>561300</u>					

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.	10/14/2015	THOMAS J. BOELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	THOMAS J. BOELL
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	1082
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	1081
a(2) Total number of active participants at the end of the plan year		6a(2)	1199
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	326
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1525
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1525
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	885
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> A (Insurance Information)	
		(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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan STAFF LEASING RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 STAFF LEASING INC AND AFFILIATES	D Employer Identification Number (EIN) 16-1417529	

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
ING LIFE INSURANCE & ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	876276	885	01/01/2014	12/31/2014

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
127142	0

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
CADARET, GRANT & CO., INC. 110 W. FAYETTE STREET, 5TH FLOOR SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
83401			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ONEIDA WEALTH MANAGEMENT, INC. 5232 WITZ DRIVE N. SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43741			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	

(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	37959771

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

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)	
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)	
(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)	
(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.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan STAFF LEASING RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 STAFF LEASING INC AND AFFILIATES	D Employer Identification Number (EIN) 16-1417529

Part I	Service Provider Information (see instructions)
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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
VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

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

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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)

THOMAS M. SCHENCK, PA

59-3293727

(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?
10	ACCOUNTANT	0	Yes ☐ No ☒	Yes ☐ No ☒	14650	Yes ☐ No ☒

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(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?
26 60 65 66	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

PRIDA GUIDA & COMPANY

59-1978917

(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?
10	ACCOUNTANT	0	Yes ☒ No ☐	Yes ☐ No ☒	21992	Yes ☐ No ☒

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)

ONEIDA SAVINGS BANK

15-0405820

(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?
99	THIRD PARTY ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☐ No ☒	16000	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

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>STAFF LEASING RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STAFF LEASING INC AND AFFILIATES</u>	D Employer Identification Number (EIN) <u>16-1417529</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>MANN&NAPIER RET TARGET 2040 CIT</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE & ANNUITY CO.</u>			
c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2164537</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANN&NAPIER RET TARGET 2050 CIT</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE & ANNUITY CO.</u>			
c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>575548</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANN&NAPIER RET TARGET INC CIT</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE & ANNUITY CO.</u>			
c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>446104</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANN&NAPIER RET TARGET 2010 CIT</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE & ANNUITY CO.</u>			
c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>308552</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANN&NAPIER RET TARGET 2020 CIT</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE & ANNUITY CO.</u>			
c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2906086</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANN&NAPIER RET TARGET 2030 CIT</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE & ANNUITY CO.</u>			
c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3601400</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>STAFF LEASING RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STAFF LEASING INC AND AFFILIATES</u>		D Employer Identification Number (EIN) <u>16-1417529</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	304592	349772
	(2) Participant contributions.....	1b(2)	231381	153210
	(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)	748242	676922
	(9) Value of interest in common/collective trusts	1c(9)	4072054	4064205
	(10) Value of interest in pooled separate accounts	1c(10)	30759981	33895566
	(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)		
	(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	36116250	39139675

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	36116250	39139675
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1131017	
(B) Participants	2a(1)(B)	2687326	
(C) Others (including rollovers)	2a(1)(C)	374133	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4192476

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)		189
(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)		1977646
c Other income.....	2c		32936
d Total income. Add all income amounts in column (b) and enter total.....	2d		6203247

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2409133	
(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)		2409133
f Corrective distributions (see instructions).....	2f		320
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	5487	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5487
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2414940

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3788307
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		764882

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PRIDA GUIDA & CO, P.C.

(2) EIN: 59-1978917

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

- 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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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)
TOPAZ PUBLICATIONS, INC. 401(K) PLAN	16-1419347	001
TODAY'S RENTAL, INC. 401(K) PLAN	54-2139762	001
EPHESUS LIGHTING, INC. 401(K) PLAN	46-1306407	001
UNITED RECORD SOLUTIONS, INC. 401(K) PLAN	20-5999422	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN
-------------------------	-----------------------

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under section 104 and 4065 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 2014 This Form is Open to Public Inspection.	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan STAFF LEASING RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 STAFF LEASING INC AND AFFILIATES				D Employer Identification Number (EIN) 16-1417529	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



**Retirement Savings Plan
Financial Statements
and Supplemental Schedule**

As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

**Staff Leasing Retirement Savings Plan
Financial Statements and Supplemental Schedule**

**As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014**

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Staff Leasing Retirement Savings Plan
North Syracuse, New York

Gentlemen,

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Staff Leasing Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph; however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3; which was certified by Voya Financial Investment and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Prida, Guida & Company, P.A.
October 13, 2015

Staff Leasing Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Receivables		
Participant contributions	\$ 153,210	\$ 231,381
Employer contributions	349,772	304,592
Notes receivable from participants	676,922	748,242
	<u>1,179,904</u>	<u>1,284,215</u>
Investments at fair value		
Pooled separate accounts	37,959,771	34,832,035
Net assets available for benefits	<u>\$ 39,139,675</u>	<u>\$ 36,116,250</u>

Read accompanying notes to financial statements.

Staff Leasing Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2014

Additions to net assets attributed to	
Investment income	
Net appreciation in fair value of investments	\$ 1,977,835
Interest	32,936
Total investment income	<u>2,010,771</u>
Contributions	
Participant	2,687,326
Employer	1,131,017
Rollovers	374,133
Total contributions	<u>4,192,476</u>
Total additions	<u>6,203,247</u>
Deductions from net assets attributed to	
Benefits paid to participants	2,409,453
Transfers out	764,882
Administrative expenses	5,487
Total deductions	<u>3,179,822</u>
Net increase in net assets available for benefits	3,023,425
Net assets available for benefits, beginning of year	<u>36,116,250</u>
Net assets available for benefits, end of year	<u><u>\$ 39,139,675</u></u>

Read accompanying notes to financial statements.

Staff Leasing Retirement Savings Plan
Notes To Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 1 – Description of the Plan

The Staff Leasing Retirement Savings Plan is a multiple employer plan as described in Section 413(c) of the Internal Revenue Code (“IRC”). As such, upon becoming a client of Staff Leasing, Inc, the Plan’s Sponsor, the client may adopt this plan for its employees. As part of adopting the Plan, the client may elect options as to eligibility, participation, contributions and vesting.

The following description of the Staff Leasing Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the booklet titled Summary Plan Description (available from the plan administrator) for a more complete description of the Plan’s provisions. The Plan’s fiscal year ends on December 31.

General – Staff Leasing, Inc. (“Plan Sponsor”) is a professional employer organization that offers professional employer management services to its business clients. Such services include payroll processing and the provision for certain fringe benefits. The Plan Sponsor offers a retirement plan for the employees to its clients. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Eligibility and Participation – The employees of the Plan Sponsor are also included in the Plan. To become a participant in the plan, an employee must be at least 21 years old. In addition, depending on the option elected by the participating employer, an employee must satisfy one of the following three criteria: have 1,000 hours of service in a twelve month consecutive period; be an employee of the adopting employer for a specified period of time that is less than twelve months; or the employee may immediately enter the plan.

Contributions – Participants may, through salary deferrals, make regular 401(k) or Roth 401(k) contributions of up to limits set by the Internal Revenue Code (“IRC”). The Plan’s trust agreement also permits rollover contributions from new employees who have received lump-sum distributions from qualified plans of former employers. Participants direct the investment of all contributions credited to their accounts into various investment options offered by the Plan.

As indicated above, each co-employer who joins the Plan may elect to make discretionary matching contributions, discretionary non-elective “profit sharing” contributions, or 401(k) safe harbor contributions or they may elect to not make any contributions to the Plan. Upon adopting the Plan, the adopting employer may elect to allow the participants to make Roth 401(k) contributions. While all matching and safe harbor contributions are participant directed, contributions to the profit sharing plan are allocated based on formulas defined in the adoption agreement.

Participant Accounts – Each participant’s account is credited for the participant’s contribution and allocations of (a) the sponsor’s matching contributions; (b) the sponsor’s profit-sharing contribution; and (c) Plan earnings, charged with an allocation of administrative expenses not paid by the sponsor, withdrawals, and an allocation of Plan losses. Allocations are based on the participant’s earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account.

Staff Leasing Retirement Savings Plan
Notes To Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 1 – Description of Plan (Continued)

Vesting – Participants are immediately 100% vested in their contributions and any employer safe harbor contributions, plus actual earnings (losses) thereon. A participant's vested interest in their account attributable to matching and non-elective contributions other than safe harbor contributions is based on one of the following three options available to the participating employer: full and immediate vesting; vesting of 20% per year after the completion of two years of service, becoming fully vested after the six year of service; or vesting of 100% after the third year of service.

Notes Receivable From Participants – The Plan allows participants to borrow from the participant's account for any purpose permitted under the IRC and ERISA up to 50% of their vested account balance provided the loan does not exceed \$50,000. Loans must be for a minimum \$1,000. Interest on loans is set at the time of the loan at a rate of prime plus one percent (approximately 4.25% at December 31, 2014 and 2013), and repayment terms may range from one to five years with up to a fifteen year repayment term if the loan is used to purchase a participant's principal residence. Principal and interest are paid ratably through weekly payroll deductions.

Distribution of Benefits – Upon termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in their account in a lump-sum amount. For termination of employment due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution or in the form of a direct transfer to an Individual Retirement Account or any qualified plan described in Section 401(a) of the IRC. The Plan also provides for in-service distributions upon a qualified hardship, attainment of normal retirement age of 65, or at age 59½. Any distributions at age 59½ may only be made from a 100% vested participant account.

Forfeitures – At December 31, 2014 and 2013, forfeited, non-vested accounts totaled approximately \$69,000 and \$59,000, respectively. During the year ended December 31, 2014, forfeitures totaled approximately \$10,000. Forfeitures are used to offset plan expenses, none were used during 2014.

Tax Status of Participants – Contributions and allocations of income accumulated tax-free in the Plan. Such amounts become taxable upon distribution to participants.

Note 2 – Significant Accounting Policies

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting except for benefit payments, which are reported on the cash basis in accordance with guidelines of the American Institute of Certified Public Accountants' and Accounting Guide, "Audits of Employee Benefit Plans".

Staff Leasing Retirement Savings Plan
Notes to Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 2 – Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition – Investments of the Plan are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net realized and unrealized appreciation/(depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation/(depreciation) in fair value of investments.

See Note 8 regarding fair value measurements.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent participant loans are distributed based upon the terms of the Plan document.

Payment of Benefits – Benefits are recorded when paid.

Administration Expenses – The Plan pays for all costs of plan administration, which includes third-party administrative fees. Fees paid by the Plan for investment management and audit services are reflected as a reduction of the return earned in each fund.

Concentration of Credit Risk – The Plan's financial instruments that are exposed to a concentration of credit risk consist primarily of investments in pooled separate accounts.

Note 3 – Information Prepared by and Certified by Asset Custodian (Unaudited)

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Voya Financial Investment and Annuity Company.

	<u>2014</u>	<u>2013</u>
As of December 31, 2014 and 2013		
Investments		
Pooled separate accounts	<u>\$ 37,959,771</u>	<u>\$ 30,759,981</u>
Participant loans	<u>\$ 676,922</u>	<u>\$ 748,242</u>
For the year ended December 31, 2014		
Net appreciation in fair value of investments	<u>\$ 1,977,835</u>	
Interest	<u>\$ 32,936</u>	

Staff Leasing Retirement Savings Plan
Notes to Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 4 – Investments

Investments that represent 5% or more of net assets are as follows:

	2014	2013
Voya T R P Div Mid Cap Gth Port	\$ 3,153,784	\$ 2,923,337
Franklin Growth Fund	\$ 2,975,157	\$ 2,576,130
Massachusetts Investors Trust R2	\$ 2,841,856	\$ 2,811,247
Pioneer Equity Income	\$ 2,943,480	\$ 2,604,972
Voya T Rowe Cap Appr Port	\$ 3,581,516	\$ 3,052,623
Voya Stable Value Managed Account	\$ 4,064,205	\$ 4,072,054
Voya Baron Small Cap Growth Port Adv	\$ 2,477,034	\$ 2,648,424
Manning & Napier Retirement Target 2030 CIT - Class S	\$ 3,601,400	\$ 3,614,412
Manning & Napier Retirement Target 2020 CIT - Class S	\$ 2,906,086	\$ 2,668,576
Manning & Napier Retirement Target 2040 CIT - Class S	\$ 2,164,537	[a]

[a] Investment is less than 5% of net assets at December 31, 2013

Note 5 – Party-in-Interest Transactions

During the year ended December 31, 2014, there were transactions involving the investment of the plan assets in 401(k) investment funds maintained by Voya Financial Investment and Annuity Company, a party-in-interest as defined in section 3(14) of ERISA. Notes receivable from participants also reflect party-in-interest transactions. Investment management and audit fees are applied to investment appreciation in the statement of changes in net assets available for benefits.

Note 6 – Income Tax Status

The Internal Revenue Service has determined and informed the Plan sponsor via a letter dated September 9, 2013, that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable sections of the IRC and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) disclosure in the financial statements. The Plan's income tax returns for the past three years are subject to examination by taxing authorities, and may change upon examination.

Note 7 – Plan Termination

The Company intends to continue the Plan indefinitely for the benefit of the Plan's participants; however, it reserves the right to terminate and/or modify the Plan subject to the provisions of ERISA. In the event the Plan is terminated in the future, participants would become fully vested in their accounts.

Staff Leasing Retirement Savings Plan
Notes to Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 8 – Fair Value Measurements

Generally accepted accounting principles provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identifiable assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy are described below.

Level 1 – Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for instruments measured at fair value, including the classification of such investments pursuant to the valuation hierarchy.

Pooled Separate Accounts – These investments are valued using the net asset value (“NAV”) of units held by the Plan as provided by the asset custodians. The NAV is based on the fair value of the underlying assets owned by the fund, net of the investment management fee. The investment management fee is deducted prior to settling the daily unit value.

	Total Fair Value	(Level 1)	(Level 2)	(Level 3)
<u>Fair Value Measurements at December 31, 2014:</u>				
Pooled separate accounts	\$ 37,959,771	\$ -	\$ 37,959,771	\$ -
<u>Fair Value Measurements at December 31, 2013:</u>				
Pooled separate accounts	\$ 34,832,035	\$ -	\$ 34,832,035	\$ -

Staff Leasing Retirement Savings Plan
Notes to Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 9 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

Note 10 – Subsequent Events

Plan management evaluated events and transactions for potential recognition or disclosure in the financial statements through October 13, 2015, the date on which the financial statements were available to be issued. No events have occurred subsequent to December 31, 2014, and through October 13, 2015, that would require adjustment to, or disclosure in, the financial statements.

Supplemental Schedule

Staff Leasing Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
December 31, 2014

EIN: 16-1417529

Plan Number: 333

FORM 5500. SCHEDULE H. PART IV. LINE 4i-SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AS OF DECEMBER 31, 2014

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(e) CURRENT VALUE
*	Voya Financial Investment and Annuity Company	Voya Money Market Fund - Class A	\$ 29,250
*	Voya Financial Investment and Annuity Company	MFS® Emerging Markets Debt Fund - Class R2	127,271
*	Voya Financial Investment and Annuity Company	Oppenheimer Gold & Special Minerals Fund - Class R	45,569
*	Voya Financial Investment and Annuity Company	American Funds Small Cap World Fund® - Class R-3	79,554
*	Voya Financial Investment and Annuity Company	Victory Established Value Fund - Class R	180,641
*	Voya Financial Investment and Annuity Company	Victory Small Company Opportunity Fund - Class R	197,231
*	Voya Financial Investment and Annuity Company	American Funds EuroPacific Growth Fund - Class R-3	205,051
*	Voya Financial Investment and Annuity Company	Royce Premier Fund - R Class	118,185
*	Voya Financial Investment and Annuity Company	Eagle Small Cap Growth Fund - Class R-3	104,042
*	Voya Financial Investment and Annuity Company	Thornburg International Value Fund - Class R3	148,454
*	Voya Financial Investment and Annuity Company	Voya U.S. Stock Index Portfolio - Adviser Class	389,009
*	Voya Financial Investment and Annuity Company	Delaware High-Yield Opportunities Fund - Class R	131,951
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target 2010 CIT - Class S CIT	308,552
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target Income CIT - Class S CIT	446,104
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target 2050 CIT - Class S CIT	575,548
*	Voya Financial Investment and Annuity Company	Oppenheimer Developing Markets Fund - Class R	440,064
*	Voya Financial Investment and Annuity Company	Janus Overseas Fund - Class R Shares	801,038
*	Voya Financial Investment and Annuity Company	Voya International Value Portfolio - Class A	1,254,604
*	Voya Financial Investment and Annuity Company	PIMCO Total Return Fund - Class R	1,668,600
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target 2040 CIT - Class S CIT	2,164,537
*	Voya Financial Investment and Annuity Company	Franklin Growth Fund - Class R	2,975,157
*	Voya Financial Investment and Annuity Company	Pioneer Equity Income Fund - Class R Shares	2,943,480
*	Voya Financial Investment and Annuity Company	VY Baron Growth Portfolio - Adviser Class	2,477,034
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target 2020 CIT - Class S CIT	2,906,086
*	Voya Financial Investment and Annuity Company	Massachusetts Investors Trust - Class R2	2,841,856
*	Voya Financial Investment and Annuity Company	VY T. Rowe Price Diversified Mid Cap Growth Port - Adviser	3,153,784
*	Voya Financial Investment and Annuity Company	VY T. Rowe Price Capital Appreciation Portfolio - Adviser	3,581,516
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target 2030 CIT - Class S CIT	3,601,400
*	Voya Financial Investment and Annuity Company	Voya Stable Value Fund 145 CIT	4,064,205
			37,959,771
	Participant Loans	Interest rate 4.25%	676,922
	Total Investments		<u>\$ 38,636,693</u>

* Represents a party-in-interest as defined by ERISA

** Column (d) cost information is not presented as these assets are self-directed

Read accompanying notes to financial statements.



**Retirement Savings Plan
Financial Statements
and Supplemental Schedule**

As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

**Staff Leasing Retirement Savings Plan
Financial Statements and Supplemental Schedule**

**As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014**

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To the Board of Trustees
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October 13, 2015

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As of December 31, 2014 and 2013
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Staff Leasing Retirement Savings Plan
Notes To Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 1 – Description of Plan (Continued)

Vesting – Participants are immediately 100% vested in their contributions and any employer safe harbor contributions, plus actual earnings (losses) thereon. A participant's vested interest in their account attributable to matching and non-elective contributions other than safe harbor contributions is based on one of the following three options available to the participating employer: full and immediate vesting; vesting of 20% per year after the completion of two years of service, becoming fully vested after the six year of service; or vesting of 100% after the third year of service.

Notes Receivable From Participants – The Plan allows participants to borrow from the participant's account for any purpose permitted under the IRC and ERISA up to 50% of their vested account balance provided the loan does not exceed \$50,000. Loans must be for a minimum \$1,000. Interest on loans is set at the time of the loan at a rate of prime plus one percent (approximately 4.25% at December 31, 2014 and 2013), and repayment terms may range from one to five years with up to a fifteen year repayment term if the loan is used to purchase a participant's principal residence. Principal and interest are paid ratably through weekly payroll deductions.

Distribution of Benefits – Upon termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in their account in a lump-sum amount. For termination of employment due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution or in the form of a direct transfer to an Individual Retirement Account or any qualified plan described in Section 401(a) of the IRC. The Plan also provides for in-service distributions upon a qualified hardship, attainment of normal retirement age of 65, or at age 59½. Any distributions at age 59½ may only be made from a 100% vested participant account.

Forfeitures – At December 31, 2014 and 2013, forfeited, non-vested accounts totaled approximately \$69,000 and \$59,000, respectively. During the year ended December 31, 2014, forfeitures totaled approximately \$10,000. Forfeitures are used to offset plan expenses, none were used during 2014.

Tax Status of Participants – Contributions and allocations of income accumulated tax-free in the Plan. Such amounts become taxable upon distribution to participants.

Note 2 – Significant Accounting Policies

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting except for benefit payments, which are reported on the cash basis in accordance with guidelines of the American Institute of Certified Public Accountants' and Accounting Guide, "Audits of Employee Benefit Plans".

Staff Leasing Retirement Savings Plan
Notes to Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 2 – Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition – Investments of the Plan are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net realized and unrealized appreciation/(depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation/(depreciation) in fair value of investments.

See Note 8 regarding fair value measurements.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent participant loans are distributed based upon the terms of the Plan document.

Payment of Benefits – Benefits are recorded when paid.

Administration Expenses – The Plan pays for all costs of plan administration, which includes third-party administrative fees. Fees paid by the Plan for investment management and audit services are reflected as a reduction of the return earned in each fund.

Concentration of Credit Risk – The Plan's financial instruments that are exposed to a concentration of credit risk consist primarily of investments in pooled separate accounts.

Note 3 – Information Prepared by and Certified by Asset Custodian (Unaudited)

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Voya Financial Investment and Annuity Company.

	<u>2014</u>	<u>2013</u>
As of December 31, 2014 and 2013		
Investments		
Pooled separate accounts	<u>\$ 37,959,771</u>	<u>\$ 30,759,981</u>
Participant loans	<u>\$ 676,922</u>	<u>\$ 748,242</u>
For the year ended December 31, 2014		
Net appreciation in fair value of investments	<u>\$ 1,977,835</u>	
Interest	<u>\$ 32,936</u>	

Staff Leasing Retirement Savings Plan
Notes to Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 4 – Investments

Investments that represent 5% or more of net assets are as follows:

	2014	2013
Voya T R P Div Mid Cap Gth Port	\$ 3,153,784	\$ 2,923,337
Franklin Growth Fund	\$ 2,975,157	\$ 2,576,130
Massachusetts Investors Trust R2	\$ 2,841,856	\$ 2,811,247
Pioneer Equity Income	\$ 2,943,480	\$ 2,604,972
Voya T Rowe Cap Appr Port	\$ 3,581,516	\$ 3,052,623
Voya Stable Value Managed Account	\$ 4,064,205	\$ 4,072,054
Voya Baron Small Cap Growth Port Adv	\$ 2,477,034	\$ 2,648,424
Manning & Napier Retirement Target 2030 CIT - Class S	\$ 3,601,400	\$ 3,614,412
Manning & Napier Retirement Target 2020 CIT - Class S	\$ 2,906,086	\$ 2,668,576
Manning & Napier Retirement Target 2040 CIT - Class S	\$ 2,164,537	[a]

[a] Investment is less than 5% of net assets at December 31, 2013

Note 5 – Party-in-Interest Transactions

During the year ended December 31, 2014, there were transactions involving the investment of the plan assets in 401(k) investment funds maintained by Voya Financial Investment and Annuity Company, a party-in-interest as defined in section 3(14) of ERISA. Notes receivable from participants also reflect party-in-interest transactions. Investment management and audit fees are applied to investment appreciation in the statement of changes in net assets available for benefits.

Note 6 – Income Tax Status

The Internal Revenue Service has determined and informed the Plan sponsor via a letter dated September 9, 2013, that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable sections of the IRC and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) disclosure in the financial statements. The Plan's income tax returns for the past three years are subject to examination by taxing authorities, and may change upon examination.

Note 7 – Plan Termination

The Company intends to continue the Plan indefinitely for the benefit of the Plan's participants; however, it reserves the right to terminate and/or modify the Plan subject to the provisions of ERISA. In the event the Plan is terminated in the future, participants would become fully vested in their accounts.

Staff Leasing Retirement Savings Plan
Notes to Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 8 – Fair Value Measurements

Generally accepted accounting principles provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identifiable assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy are described below.

Level 1 – Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for instruments measured at fair value, including the classification of such investments pursuant to the valuation hierarchy.

Pooled Separate Accounts – These investments are valued using the net asset value (“NAV”) of units held by the Plan as provided by the asset custodians. The NAV is based on the fair value of the underlying assets owned by the fund, net of the investment management fee. The investment management fee is deducted prior to settling the daily unit value.

	Total Fair Value	(Level 1)	(Level 2)	(Level 3)
<u>Fair Value Measurements at December 31, 2014:</u>				
Pooled separate accounts	\$ 37,959,771	\$ -	\$ 37,959,771	\$ -
<u>Fair Value Measurements at December 31, 2013:</u>				
Pooled separate accounts	\$ 34,832,035	\$ -	\$ 34,832,035	\$ -

Staff Leasing Retirement Savings Plan
Notes to Financial Statements
As of December 31, 2014 and 2013
And for the Year Ended December 31, 2014

Note 9 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

Note 10 – Subsequent Events

Plan management evaluated events and transactions for potential recognition or disclosure in the financial statements through October 13, 2015, the date on which the financial statements were available to be issued. No events have occurred subsequent to December 31, 2014, and through October 13, 2015, that would require adjustment to, or disclosure in, the financial statements.

Supplemental Schedule

Staff Leasing Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
December 31, 2014

EIN: 16-1417529

Plan Number: 333

FORM 5500. SCHEDULE H. PART IV. LINE 4i-SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AS OF DECEMBER 31, 2014

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(e) CURRENT VALUE
*	Voya Financial Investment and Annuity Company	Voya Money Market Fund - Class A	\$ 29,250
*	Voya Financial Investment and Annuity Company	MFS® Emerging Markets Debt Fund - Class R2	127,271
*	Voya Financial Investment and Annuity Company	Oppenheimer Gold & Special Minerals Fund - Class R	45,569
*	Voya Financial Investment and Annuity Company	American Funds Small Cap World Fund® - Class R-3	79,554
*	Voya Financial Investment and Annuity Company	Victory Established Value Fund - Class R	180,641
*	Voya Financial Investment and Annuity Company	Victory Small Company Opportunity Fund - Class R	197,231
*	Voya Financial Investment and Annuity Company	American Funds EuroPacific Growth Fund - Class R-3	205,051
*	Voya Financial Investment and Annuity Company	Royce Premier Fund - R Class	118,185
*	Voya Financial Investment and Annuity Company	Eagle Small Cap Growth Fund - Class R-3	104,042
*	Voya Financial Investment and Annuity Company	Thornburg International Value Fund - Class R3	148,454
*	Voya Financial Investment and Annuity Company	Voya U.S. Stock Index Portfolio - Adviser Class	389,009
*	Voya Financial Investment and Annuity Company	Delaware High-Yield Opportunities Fund - Class R	131,951
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target 2010 CIT - Class S CIT	308,552
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target Income CIT - Class S CIT	446,104
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target 2050 CIT - Class S CIT	575,548
*	Voya Financial Investment and Annuity Company	Oppenheimer Developing Markets Fund - Class R	440,064
*	Voya Financial Investment and Annuity Company	Janus Overseas Fund - Class R Shares	801,038
*	Voya Financial Investment and Annuity Company	Voya International Value Portfolio - Class A	1,254,604
*	Voya Financial Investment and Annuity Company	PIMCO Total Return Fund - Class R	1,668,600
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target 2040 CIT - Class S CIT	2,164,537
*	Voya Financial Investment and Annuity Company	Franklin Growth Fund - Class R	2,975,157
*	Voya Financial Investment and Annuity Company	Pioneer Equity Income Fund - Class R Shares	2,943,480
*	Voya Financial Investment and Annuity Company	VY Baron Growth Portfolio - Adviser Class	2,477,034
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target 2020 CIT - Class S CIT	2,906,086
*	Voya Financial Investment and Annuity Company	Massachusetts Investors Trust - Class R2	2,841,856
*	Voya Financial Investment and Annuity Company	VY T. Rowe Price Diversified Mid Cap Growth Port - Adviser	3,153,784
*	Voya Financial Investment and Annuity Company	VY T. Rowe Price Capital Appreciation Portfolio - Adviser	3,581,516
*	Voya Financial Investment and Annuity Company	Manning & Napier Retirement Target 2030 CIT - Class S CIT	3,601,400
*	Voya Financial Investment and Annuity Company	Voya Stable Value Fund 145 CIT	4,064,205
			37,959,771
	Participant Loans	Interest rate 4.25%	676,922
	Total Investments		<u>\$ 38,636,693</u>

* Represents a party-in-interest as defined by ERISA

** Column (d) cost information is not presented as these assets are self-directed

Read accompanying notes to financial statements.

CLIENT ID	CLIENT NAME	FED ID NO	
10122	Action Printwear, Inc	05-0564546	0.57%
10251	Anodyne Solutions Inc	20-5027860	0.01%
10423	Arctic Enterprises Inc	38-3912041	0.16%
10175	Arthur P McCann DDS PLLC	16-1236570	1.41%
10233	Asbestos & Environmental	90-0436591	3.05%
10009	Autotech of Syracuse	16-1150915	0.43%
10340	Baldwin Real Estate Corp	16-1579363	1.75%
10355	Barnett Realty, LLC	45-3721512	0.00%
10381	Bentley Hall Inc	16-1262779	0.93%
10031	Bodow Recycling, Inc.	16-0874442	0.31%
10268	BrickScapes LLC	20-8827031	0.53%
10141	C OBrien Inc	38-3721714	0.11%
10354	Cardiac Electrophysiology Consultants LLC	45-3600853	1.47%
10148	Centek Laboratories LLC	02-0693588	2.77%
10013	Central New York Services	16-1364106	5.00%
10130	Champion Millwork, Inc.	16-1600007	3.20%
10092	Chuck Taylor's Body Shop, Inc.	15-0621718	1.00%
10171	CNY Business Review Inc	74-3032569	2.30%
10279	Custom Lawn-Scapes Inc.	16-1194683	0.18%
10023	Custom Logo, Inc.	16-1464377	0.16%
10410	Dale Carnegie of CNY	46-3521629	0.31%
10059	Deadline Solutions, Inc.	16-1537914	3.88%
10041	DeLaney & O'Connor, LLP	16-1457508	0.35%
10192	Dr. Korin Carville DDS	06-1726557	0.04%
10198	Dr. Suzanne Shapero DMD, MBA PC	20-0453305	1.35%
10383	Duthie Orthodontics	45-5121075	1.37%
10044	East Side Dental Specialists	16-1548427	3.73%
10039	Edward J. Fintel & Associates	13-3541571	0.25%
10343	Empire Interpreting Service LLC	03-0508118	1.05%
10266	Entropic Consulting Services	54-2121070	1.94%
10168	Envisage Information Sys LLC	04-3718449	14.92%
10196	EPC LLC dba Endoscopic Pro Ctr	20-1510475	1.06%
10417	Evans Farm Repair Inc	16-1368146	0.25%
10115	Greene & Reid PLLC	16-1590779	2.84%
10345	H P Mile Inc	02-0563546	2.10%
10048	Harrington Homes Of Jamesville	26-1529184	0.23%
10165	HealtheConnections RHIO Central New York	20-2702655	3.05%
10017	Hill & Fischer, PC	16-1022043	1.25%
10037	Humes Realty & Appraisal Svc.LLC	30-0685018	0.00%
10030	Hy-Grade Metal Products Corp.	15-0346490	0.23%
10252	Icon Design LLC	16-1558914	0.58%
10426	JE Management Group Inc	06-1640781	0.14%
10219	Jeffrey B Chick MD PC	01-0877568	1.17%
10319	Laci's Tapas Bar	27-2132463	0.06%
10135	Lakes Imaging LLC DBA Clay MRI	20-1308474	0.60%
10005	Linda's New York Pizzeria, Inc	16-1429232	0.37%

10038	Messenger Associates, Inc.	16-1535008	0.21%
10329	MTD Logistics LLC	90-0701523	0.67%
10139	National Aquatic Service, Inc.	16-0871394	0.21%
10116	New Millenium Auto Brokers	77-0614666	1.35%
10321	New Vision Industries Inc	46-0501869	2.75%
10231	North Country Dental Services	26-2997224	1.35%
10028	North Eastern Rescue Vehicles	16-1581210	1.79%
10074	Norwich Glass LLC	16-1539731	0.21%
10026	Palmer Electric, Inc.	16-1387029	0.87%
10024	Pathfinders Career Transition	16-1438921	0.96%
10125	Patrick Evans Esq	08-9343540	0.11%
10093	Secure Network Technologies,In	16-1606999	1.19%
10317	SecureIt Tactical Inc	28-1821768	1.12%
10109	Sievers Equine Service, Inc.	16-1525538	0.78%
10003	St. Agnes Floral Shop, Inc.	16-1390049	0.27%
10382	State Street Vine & Dine Inc	32-0208509	0.72%
10255	Summit Chevy Buick Pontiac GMC	20-2162491	2.64%
10391	Summit Chrysler Dodge	46-0864685	0.00%
10256	Summit Ford	20-3489504	0.98%
10297	Superior Waste Removal Inc	54-2066949	0.51%
10176	Syracuse Real Food Co-OP Inc	16-1078184	0.12%
10018	Syracuse Signage, Inc.	16-1355355	0.07%
10238	The Antonowicz Group Inc	26-4702754	1.31%
10040	The Hamilton Group Inc.	51-0375764	0.65%
10310	Thomas E Hitchcock DBA	02-0806247	0.10%
10123	Thomas Tyler Home Inspections	16-1384305	0.64%
10100	Toomey Inc dba Papa's Sports	16-1537489	0.65%
10384	Total Advertising Inc	82-0575631	0.28%
10019	Ty Pac Inc.	16-1039758	0.23%
10174	United Record Solutions Inc	20-5999422	0.04%
10136	Universe Companies Inc.	16-1590026	1.27%
10254	Val's Motors, Inc DBA	15-0610807	2.13%
10161	Veterinary Emg & Critical Care	43-2036318	0.57%
10225	Virtual Medical Sales Inc	16-1581523	3.28%
10197	W.E.I. Inc.	16-0902292	0.37%
10084	Wolcott Hotel	16-1552630	0.00%
10149	Wolfe News Service, Inc	16-1293670	1.14%

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Staff Leasing Retirement Savings Plan
Plan Sponsor's Name Staff Leasing Inc and Affiliates

EIN: 16-1417529
PN: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Voya	American Funds EuroPacific		205,051
	Voya	Thornburg International Value Fund R3		148,454
	Voya	Voya International Value Portfolio A		1,254,604
	Voya	Oppenheimer Developing Markets Fund N		440,064
	Voya	Janus Overseas Fund		801,038
	Voya	VY Baron Growth Portfolio		2,477,034
	Voya	VY T. Rowe Price Diversified MdCp Gr Pt Adv		3,153,784

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Staff Leasing Retirement Savings Plan
Plan Sponsor's Name Staff Leasing Inc and Affiliates

EIN: 16-1417529
PN: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Voya	Oppenheimer Gold & Spec Min Fd N		45,569
	Voya	Victory Sycamore Small Comp Opportunity Fund R		197,231
	Voya	Eagle Small Cap Growth Fund R3		104,042
	Voya	Royce Premier Fund R		118,185
	Voya	Franklin Growth Fund		2,975,157
	Voya	Massachusetts Investors Trust R2		2,841,856
	Voya	Pioneer Equity Income		2,943,480

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Voya	Voya US Stock Index Portfolio Adv		389,009
	Voya	VY T. Rowe Price Capital Appreciation Pt Adv		3,581,516
	Voya	Mann&Napier Ret Target Inc. CIT Fund		446,104
	Voya	Mann&Napier Ret Target 2010 CIT Fund		308,552
	Voya	Mann&Napier Ret Target 2020 CIT Fund		2,906,086
	Voya	Mann&Napier Ret Target 2030 CIT Fund		3,601,340
	Voya	Mann&Napier Ret Target 2040 CIT Fund		2,164,537

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Voya	Mann&Napier Ret Target 2050 CIT Fund		575,548
	Voya	Dlwr High-Yield Opportunities Fund R		131,951
	Voya	PIMCO Total Return F		1,668,600
	Voya	MFS Emerging Markets Debt Fund R2		127,271
	Voya	Voya Money Market Fund		29,250
	Voya	Voya Stable Value Fund		4,064,205
	Voya	Participant Loans 4.25% - 9.25%		676,922

Plan Name _____ EIN: _____
Plan Sponsor's Name _____ PN: _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Voya	American Funds SmallCap World Fund		79,554
	Voya	Victory Sycamore Established Value Fund R		180,641