

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>
A This return/report is for: ☐ a multiemployer plan ☐ a single-employer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____	
B This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>STAFF LEASING RETIREMENT SAVINGS PLAN</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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STAFF LEASING INC AND AFFILIATES</u> <u>149 NORTHERN CONCOURSE</u> <u>N SYRACUSE, NY 13212</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. Signature of plan administrator	10/13/2017 Date	THOMAS BOELL Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1341
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1076 6a(2) 759 6b 0 6c 240 6d 999 6e 0 6f 999 6g 705 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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	814731	705	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	10037

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

BENEFIT PLAN ADMINISTRATIVE SERVICE **6 RHODS DR**
UTICA, NY 13502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	8420	TPA	5

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

ONEIDA SAVINGS BANK **706 N CLINTON ST**
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1617	INSURANCE AGENT	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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	32784716

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**6d**

Specify nature of costs ▶

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 ▶ GROUP PENSION FUNDING

b Balance at the end of the previous year **7b** 59882

c Additions: (1) Contributions deposited during the year	7c(1)	186333
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	7143
(4) Transferred from separate account	7c(4)	643122
(5) Other (specify below)	7c(5)	19447

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 856045**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 915927**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1) 19149

(2) Administration charge made by carrier.....

7e(2) 206

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4) 1735

▶ LOAN DISBURSEMENTS

(5) Total deductions **7e(5)** 21090**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 894837

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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 disclosures 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)

LION STREET FINANCIAL, LLC

515 CONGRESS AVE., SUITE 2500
AUSTIN, TX 78701

80-0946231

(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	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	74251	Yes ☐ No ☒

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

PRIDA GUIDA & COMPANY PA

1106 NORTH FRANKLIN STREET
TAMPA, FL 33602

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 ☒	25000	Yes ☐ No ☒

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

ONEIDA WEALTH MANAGEMENT, INC.

706 N CLINTON ST
SYRACUSE, NY 13204

20-5076269

(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	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	16199	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)

THOMAS M. SCHENCK CPA PA

5550 W. EXECUTIVE DRIVE, SUITE 240
TAMPA, FL 33609

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 ☒	14985	Yes ☐ No ☒

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

POINT GUARD ADVISOR NETWORK LLC

110 BUCHMANS CLOSE CIRCLE
FAYETTEVILLE, NY 13066

81-1218614

(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	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	6922	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>STAFF LEASING RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width:20%; padding: 5px; text-align: center;"> <u>333</u> </td> </tr> <tr style="background-color: #f2f2f2;"> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>333</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)						
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER GOAL 2020 CIT</u>							
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY CO</u>							
c EIN-PN <u>71-0294708-001</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">d Entity code</td> <td style="width:10%; text-align: center;"><u>P</u></td> <td style="width:75%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-right: 10px;"><u>1310936</u></td> </tr> </table>	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>1310936</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>1310936</u>							
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER GOAL 2030 CIT</u>							
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY CO</u>							
c EIN-PN <u>71-0294708-001</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">d Entity code</td> <td style="width:10%; text-align: center;"><u>P</u></td> <td style="width:75%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-right: 10px;"><u>2310055</u></td> </tr> </table>	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>2310055</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>2310055</u>							
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER GOAL 2040 CIT</u>							
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY CO</u>							
c EIN-PN <u>71-0294708-001</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">d Entity code</td> <td style="width:10%; text-align: center;"><u>P</u></td> <td style="width:75%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-right: 10px;"><u>1605523</u></td> </tr> </table>	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>1605523</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>1605523</u>							
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER GOAL 2045 CIT</u>							
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY CO</u>							
c EIN-PN <u>71-0294708-001</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">d Entity code</td> <td style="width:10%; text-align: center;"><u>P</u></td> <td style="width:75%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-right: 10px;"><u>37069</u></td> </tr> </table>	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>37069</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>37069</u>							
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER GOAL 2050 CIT</u>							
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY CO</u>							
c EIN-PN <u>71-0294708-001</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">d Entity code</td> <td style="width:10%; text-align: center;"><u>P</u></td> <td style="width:75%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-right: 10px;"><u>476887</u></td> </tr> </table>	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>476887</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>476887</u>							
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER GOAL 2055 CIT</u>							
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY CO</u>							
c EIN-PN <u>71-0294708-001</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">d Entity code</td> <td style="width:10%; text-align: center;"><u>P</u></td> <td style="width:75%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-right: 10px;"><u>35575</u></td> </tr> </table>	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>35575</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>35575</u>							
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER GOAL INCOME CIT</u>							
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY CO</u>							
c EIN-PN <u>71-0294708-001</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">d Entity code</td> <td style="width:10%; text-align: center;"><u>P</u></td> <td style="width:75%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-right: 10px;"><u>421346</u></td> </tr> </table>	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>421346</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>421346</u>							

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

a Name of MTIA, CCT, PSA, or 103-12 IE: [MANNING & NAPIER GOAL 2015 CIT](#)

b Name of sponsor of entity listed in (a): [VOYA RETIREMENT INSURANCE & ANNUITY CO](#)

c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38725
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a Name of MTIA, CCT, PSA, or 103-12 IE: [MANNING & NAPIER GOAL 2025 CIT](#)

b Name of sponsor of entity listed in (a): [VOYA RETIREMENT INSURANCE & ANNUITY CO](#)

c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39013
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a Name of MTIA, CCT, PSA, or 103-12 IE: [MANNING & NAPIER GOAL 2035 CIT](#)

b Name of sponsor of entity listed in (a): [VOYA RETIREMENT INSURANCE & ANNUITY CO](#)

c EIN-PN 71-0294708-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35619
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(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
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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) 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
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 Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	209762	261365
(2) Participant contributions	1b(2)	131214	120072
(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)	760210	571428
(9) Value of interest in common/collective trusts	1c(9)	59882	0
(10) Value of interest in pooled separate accounts	1c(10)	38757836	32784716
(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	39918904	33737581

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	39918904	33737581
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1059366	
(B) Participants	2a(1)(B)	2034933	
(C) Others (including rollovers)	2a(1)(C)	490829	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3585128
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)	21921	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21921
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2021346
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5628395

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2047759	
(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)		2047759
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	9444	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		9444
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2057203

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3571192
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		9752515

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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)
ARCTIC ENTERPRISES INC	47-1368882	333
ASBESTOS & ENVIRONMENTAL	47-1368882	333
CENTRAL NEW YORK SERVICES	16-1364106	001
DEPENDABLE DISPOSAL LLC	20-8120139	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

		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.)	4c			
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.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
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.)	4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)
DUTHIE ORTHODONTICS	45-5121075	001
EAST SIDE DENTAL SPECIALISTS	16-1548427	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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	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	<u>0</u>
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): <u>71-0294708</u>		
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.)
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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
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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
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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.
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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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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
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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): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	



Retirement Savings Plan
Financial Statements and Supplemental Schedule

As of December 31, 2016 and 2015
And for the Year Ended December 31, 2016

STAFF LEASING RETIREMENT SAVINGS PLAN

Financial Statements and Supplemental Schedule

As of December 31, 2016 and 2015

And for the Year Ended December 31, 2016

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PRIDA, GUIDA & PEREZ, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
1106 N. FRANKLIN STREET
TAMPA, FLORIDA 33602

INDEPENDENT AUDITORS' REPORT

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

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, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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. 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, 2016 and 2015 and for the year ended December 31, 2016, 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- Supplemental Information

The supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, 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.

A handwritten signature in cursive script, reading "Prida Guida & Perez".

Prida, Guida & Perez, P.A.
Certified Public Accountants
October 12, 2017

STAFF LEASING RETIREMENT SAVINGS PLAN
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	2016	2015
Receivables		
Participant contributions	\$ 120,072	\$ 131,214
Employer contributions	261,365	209,763
Notes receivable from participants	571,428	760,210
	<u>952,865</u>	<u>1,101,187</u>
 Investments, at fair value	 32,784,717	 38,817,718
 Net assets available for benefits	 <u>\$ 33,737,582</u>	 <u>\$ 39,918,905</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, 2016

Additions to net assets attributed to	
Net appreciation in fair value of investments	\$ 2,021,347
Interest income on notes receivable from participants	21,921
	<u>2,043,268</u>
Contributions	
Participant	2,034,933
Employer	1,059,366
Rollovers	490,829
Total contributions	<u>3,585,128</u>
Total additions	<u>5,628,396</u>
Deductions from net assets attributed to	
Benefits paid to participants	2,047,761
Transfers out	9,752,515
Administrative expenses	9,443
Total deductions	<u>11,809,719</u>
Net change in net assets available for benefits	(6,181,323)
Net assets available for benefits, beginning of year	<u>39,918,905</u>
Net assets available for benefits, end of year	<u><u>\$ 33,737,582</u></u>

Read accompanying notes to financial statements.

STAFF LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

As of December 31, 2016 and 2015

And for the Year Ended December 31, 2016

Note 1 – Description of the Plan

The Staff Leasing Retirement Savings Plan (the “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 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 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, 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.

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.

Plan expenses – The Plan Sponsor absorbs significant costs of plan administration expenses.

STAFF LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

As of December 31, 2016 and 2015

And for the Year Ended December 31, 2016

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 4.75% at December 31, 2016 and 2015), 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.

Transfer out – Represents balance transfers from participating employers who have ceased their participation in the Plan during the year ended December 31, 2016.

Forfeitures – At December 31, 2016 and 2015, forfeited, non-vested accounts totaled approximately \$93,000 and \$85,000, respectively, and were available to be used to offset Plan expenses. No forfeitures were used during the year ended December 31, 2016.

Tax status of participants – Regular 401(k) contributions and allocations of income accumulative tax-free in the Plan. Such amounts became taxable upon distribution to participants. Roth 401(k) contributions are taxed before entering the Plan. Income accumulates tax-free on Roth 401(k) contributions are taxed before entering the Plan. Income accumulates tax-free on Roth 401(k) contributions; therefore, distributions are generally not taxable to participants.

STAFF LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

As of December 31, 2016 and 2015

And for the Year Ended December 31, 2016

Note 2 – Significant Accounting Policies

Accounting standards update – In May 2015, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)*, (“ASU 2015-07”). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by Accounting Standards Codification 820, Fair Value Measurement. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early application is permitted. Management elected to adopt ASU 2015-07 early, and did so for the year ended December 31, 2015.

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”.

Investment valuation and income recognition – Pooled separate accounts and collective investment trust accounts are valued at the net asset value as determined by the issuers. The net asset value is used as a practical expedient to estimate fair value. Investments in pooled accounts and collective investment trust accounts are measured by the net unit value, which is based on the fair value of the underlying assets held by the fund, less its liabilities.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold, as well as held, during the year.

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.

STAFF LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

As of December 31, 2016 and 2015

And for the Year Ended December 31, 2016

Note 2 – Significant Accounting Policies (Continued)

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 and collective investment trust 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. The certification covers all information stated on page 12 contained in the supplemental schedule.

Note 3 Information Certified by Asset Custodian

	2016	2015
As of December 31, 2016 and 2015		
Investments		
Pooled separate accounts	\$ 23,985,736	\$ 28,326,293
Collective investment trusts	8,798,981	10,491,425
	<u>\$ 32,784,717</u>	<u>\$ 38,817,718</u>
For the year ended December 31, 2016		
Net appreciation in fair value of investments	<u>\$ 2,021,347</u>	

Note 4 – Party-in-Interest Transactions

The Plan holds shares of mutual funds managed by VOYA Retirement and Annuity Company, which are affiliated with the Plan’s trustee. The Plan has recorded dividend income, net realized gains (losses) on sales and net unrealized appreciation (depreciation) in value of these securities. Accordingly, these transactions qualify as a party-in-interest.

Fees incurred by the Plan to VOYA Retirement and Annuity Company for investment management and recordkeeping services amounted to approximately \$9,500 for the year ended December 31, 2016. These fees are recorded as administrative expenses in the accompanying Statements of Changes in Net Assets Available for Plan Benefits.

STAFF LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

As of December 31, 2016 and 2015

And for the Year Ended December 31, 2016

Note 5 – Income Tax Status

The Plan's administrator obtained its latest determination letter dated September 9, 2013, in which the Internal Revenue Service stated that the Plan, as then designated, was in compliance with the applicable requirements of the internal Revenue Code. The Plan has been amended since receiving this determination letter. The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and concluded that as of December 31, 2016, 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 6 – 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.

Note 7 – 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 8 – Subsequent Events

Plan management evaluated events and transactions for potential recognition or disclosure in the financial statements through October 12, 2017, the date on which the financial statements were available to be issued. No events have occurred subsequent to December 31, 2016, and through October 12, 2017, that would require adjustment to, or disclosure in, the financial statements.

Supplemental Schedule

STAFF LEASING RETIREMENT SAVINGS PLAN

EIN: 16-1417529

Plan Number: 814731

FORM 5500. SCHEDULE H. PART IV. LINE 4i-SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AS OF DECEMBER 31, 2016

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(e) CURRENT VALUE
*	Voya Financial Investment and Annuity Company	American Funds EuroPacrfic Growth Fund& - Class R6	\$ 519,745
*	Voya Financial Investment and Annuity Company	American Funds The Growth Fund of America& - Class R-6	3,029,982
*	Voya Financial Investment and Annuity Company	American Funds American Balanced Fund) - Class R-6	3,453,097
*	Voya Financial Investment and Annuity Company	BlackRock High Yield Bond Portfolio - Class K Shares	94,592
*	Voya Financial Investment and Annuity Company	DFA Inflation-Protected Securities Portfolio - Inst Class	22,028
*	Voya Financial Investment and Annuity Company	Eagle Small Cap Growth Fund - Class R-6	211,058
*	Voya Financial Investment and Annuity Company	Franklin Gold and Precious Metals Fund - Class R6	70,351
*	Voya Financial Investment and Annuity Company	Franklin Small Cap Value Fund - Class R6	189,017
*	Voya Financial Investment and Annuity Company	Invesco American Value Fund - Class R6	186,606
*	Voya Financial Investment and Annuity Company	JPMorgan International Value Fund - Class R6 Shares	1,402,706
*	Voya Financial Investment and Annuity Company	JPMorgan Equity Income Fund - Class R6 Shares	5,119,844
*	Voya Financial Investment and Annuity Company	Loomis Saytes Core Plus Bond Fund - Class N	44,305
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2015 CIT - Class U	38,725
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2020 CIT - Class U	1,310,936
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2025 CIT - Class U	39,013
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2030 CIT - Class U	2,310,055
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2035 CIT - Class U	35,619
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2040 CIT - Class U	1,605,523
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2045 CIT - Class U	37,069
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2050 CIT - Class U	476,887
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2055 CIT - Class U	35,575
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL Income CIT • Class U	421,346
*	Voya Financial Investment and Annuity Company	Neuberger Berman Mid Cap Growth Fund - Class R6 Shares	4,692,064
*	Voya Financial Investment and Annuity Company	PIMCO Income Fund - Institutional Class	1,308,548
*	Voya Financial Investment and Annuity Company	Templeton Global Bond Fund - Class R6	90,869
*	Voya Financial Investment and Annuity Company	Thornburg Developing World Fund - Class R6	194,954
*	Voya Financial Investment and Annuity Company	Vanguard® 500 Index Fund - Admiral' Shares	839,391
*	Voya Financial Investment and Annuity Company	Vanguard Health Care Fund - Admiral" Shares	236,588
*	Voya Financial Investment and Annuity Company	Vanguard Mid-Cap Index Fund- Admiral' Shares	337,822
*	Voya Financial Investment and Annuity Company	Vanguard Small-Cap Index Fund - Admiral" Shares	316,451
*	Voya Financial Investment and Annuity Company	Vanguarckt Total International Stock Index Fund - Admiral' Sh	678,171
*	Voya Financial Investment and Annuity Company	Voya Fixed Account	894,838
*	Voya Financial Investment and Annuity Company	Voya Gov Money Market Fund - Class A	52,708
*	Voya Financial Investment and Annuity Company	Voya Stable Value Fund 145 CIT	2,488,233
			<u>32,784,717</u>
	Participants loans	Interest rates range from 4.25% to 6%	571,428
	Total investments		<u>\$ 33,356,145</u>

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

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

Attachment To 2016 Form 5500

Form 5500 Multiple Employer Plan Participating Employer Information

Plan name: Staff Leasing Retirement Savings Plan EIN: 16-1417529

Plan Sponsor's Name: Staff Leasing Inc And Affiliates PN: 001

Name	EIN	Percentage of Contribution
API	xx-xxx4546	0.80%
ASI	xx-xxx7860	0.02%
apm	xx-xxx6570	1.74%
AOS	xx-xxx0915	0.29%
BRE	xx-xxx9363	2.24%
BHI	xx-xxx2779	1.35%
BRI	xx-xxx4442	0.37%
BSL	xx-xxx7031	0.72%
COB	xx-xxx1714	0.25%
CLL	xx-xxx3588	2.36%
CNC	xx-xxx5863	4.99%
CMI	xx-xxx0007	4.59%
CTB	xx-xxx1718	1.33%
CNB	xx-xxx2569	3.70%
CGK	xx-xxx7601	0.37%
DCO	xx-xxx1629	0.49%
DSI	xx-xxx7914	5.02%
DFL	xx-xxx4581	2.52%
KCD	xx-xxx6557	0.00%
SSD	xx-xxx3305	1.51%
TMC	xx-xxx0767	0.00%
DOR	xx-xxx1075	0.79%
EMI	xx-xxx0166	0.00%
ESD	xx-xxx8427	4.19%
EJF	xx-xxx1571	0.00%
EIS	xx-xxx8118	1.08%
ECS	xx-xxx1070	1.34%
EFR	xx-xxx8146	0.26%
FGI	xx-xxx2608	0.10%
GST	xx-xxx5839	0.00%
GRP	xx-xxx0779	3.68%
HPM	xx-xxx3546	4.49%
HHJ	xx-xxx9184	0.55%
HCR	xx-xxx2655	8.05%
HFP	xx-xxx2043	1.42%
HYG	xx-xxx6490	0.29%
IDL	xx-xxx8914	0.68%
ITE	xx-xxx5285	0.00%
JEM	xx-xxx0781	0.20%
JBA	xx-xxx1893	0.00%

Attachment To 2016 Form 5500

Form 5500 Multiple Employer Plan Participating Employer Information Continued

Plan name: Staff Leasing Retirement Savings Plan EIN: 16-1417529

Plan Sponsor's Name: Staff Leasing Inc And Affiliates PN: 001

Name	EIN	Percentage of Contribution
JMS	xx-xxx2292	0.00%
JVL	xx-xxx2271	0.66%
LTB	xx-xxx2463	1.01%
LIL	xx-xxx8474	0.22%
LNP	xx-xxx5787	0.41%
MDR	xx-xxx4699	1.87%
MHC	xx-xxx4233	0.02%
MAI	xx-xxx5008	0.18%
MII	xx-xxx7864	4.94%
MCF	xx-xxx0053	0.00%
MLL	xx-xxx1523	0.00%
NMA	xx-xxx4666	1.64%
NER	xx-xxx1210	2.45%
PEI	xx-xxx7029	0.92%
PCT	xx-xxx8921	0.22%
PAI	xx-xxx5667	0.00%
PML	xx-xxx8399	0.00%
SPL	xx-xxx0735	0.51%
SNT	xx-xxx6999	2.98%
STI	xx-xxx1768	1.76%
AFS	xx-xxx0049	0.00%
SSV	xx-xxx8509	0.00%
SF	xx-xxx9504	7.32%
SWR	xx-xxx6949	0.92%
SRF	xx-xxx8184	0.19%
AGI	xx-xxx2754	0.70%
HGI	xx-xxx5764	1.59%
TTH	xx-xxx4305	1.18%
TI	xx-xxx7489	0.89%
TPI	xx-xxx9758	0.08%
UCI	xx-xxx0026	1.26%
VEC	xx-xxx6318	0.84%
VLI	xx-xxx6349	0.49%
WEI	xx-xxx2292	1.09%
WNS	xx-xxx3670	1.65%

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a single-employer plan ☐ the first return/report ☐ an amended return/report
B This return/report is:	☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____ ☐ the final 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 STAFF LEASING RETIREMENT SAVINGS PLAN	<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;">333</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2001</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 16-1417529</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 315-641-3600</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 561300</td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan 01/01/2001		2b Employer Identification Number (EIN) 16-1417529		2c Plan Sponsor's telephone number 315-641-3600		2d Business code (see instructions) 561300	
1b Three-digit plan number (PN) ▶	333										
1c Effective date of plan 01/01/2001											
2b Employer Identification Number (EIN) 16-1417529											
2c Plan Sponsor's telephone number 315-641-3600											
2d Business code (see instructions) 561300											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STAFF LEASING INC AND AFFILIATES 149 NORTHERN CONCOURSE N SYRACUSE NY 13212											

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	 Signature of plan administrator	<u>10/13/17</u> Date	Thomas Boell Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>10/12/17</u> Date	Thomas Boell 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)			Preparer's telephone number

Attachment To 2016 Form 5500

Schedule H, Line 5b - Additional Plans

Plan name: Staff Leasing Retirement Savings Plan EIN: 16-1417529

Plan Sponsor's Name: Staff Leasing Inc And Affiliates PN: 333

Client Name	EIN	Plan number
Envisage Information Sys LLC	04-3718449	001
EPC LLC dba Endoscopic Pro Ctr	20-1510475	001
New Vision Industries Inc	47-1368882	333
Tkmc Ltd	27-4756830	001
Town Mechanical Inc	56-2325861	001
Caryl Electric Co Inc	16-0877495	001
Westcott Community Center Inc	16-1499834	001

STAFF LEASING RETIREMENT SAVINGS PLAN

EIN: 16-1417529

Plan Number: 814731

FORM 5500. SCHEDULE H. PART IV. LINE 4i-SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AS OF DECEMBER 31, 2016

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(e) CURRENT VALUE
*	Voya Financial Investment and Annuity Company	American Funds EuroPacrfic Growth Fund& - Class R6	\$ 519,745
*	Voya Financial Investment and Annuity Company	American Funds The Growth Fund of America& - Class R-6	3,029,982
*	Voya Financial Investment and Annuity Company	American Funds American Balanced Fund) - Class R-6	3,453,097
*	Voya Financial Investment and Annuity Company	BlackRock High Yield Bond Portfolio - Class K Shares	94,592
*	Voya Financial Investment and Annuity Company	DFA Inflation-Protected Securities Portfolio - Inst Class	22,028
*	Voya Financial Investment and Annuity Company	Eagle Small Cap Growth Fund - Class R-6	211,058
*	Voya Financial Investment and Annuity Company	Franklin Gold and Precious Metals Fund - Class R6	70,351
*	Voya Financial Investment and Annuity Company	Franklin Small Cap Value Fund - Class R6	189,017
*	Voya Financial Investment and Annuity Company	Invesco American Value Fund - Class R6	186,606
*	Voya Financial Investment and Annuity Company	JPMorgan International Value Fund - Class R6 Shares	1,402,706
*	Voya Financial Investment and Annuity Company	JPMorgan Equity Income Fund - Class R6 Shares	5,119,844
*	Voya Financial Investment and Annuity Company	Loomis Saytes Core Plus Bond Fund - Class N	44,305
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2015 CIT - Class U	38,725
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2020 CIT - Class U	1,310,936
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2025 CIT - Class U	39,013
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2030 CIT - Class U	2,310,055
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2035 CIT - Class U	35,619
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2040 CIT - Class U	1,605,523
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2045 CIT - Class U	37,069
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2050 CIT - Class U	476,887
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL 2055 CIT - Class U	35,575
*	Voya Financial Investment and Annuity Company	Manning 8 Napier GOAL Income CIT • Class U	421,346
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