

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ 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 <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.	10/14/2021	THOMAS BOELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1382
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 997 6a(2) 1425 6b 0 6c 391 6d 1816 6e 0 6f 1816 6g 947 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
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)

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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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	961	01/01/2020	12/31/2020

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	24308

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

THE PENSION DEPARTMENT
105 MAXESS RD STE 124S
SUITE S124
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	24308	THIRD PARTY ADMIN	5

(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	

(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	58742238

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

b	Balance at the end of the previous year	7b	1915470
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c	Additions: (1) Contributions deposited during the year	7c(1)	211203	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	103296	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	41710	

▶ LOAN REPAYMENTS, ETC

(6) Total additions	7c(6)	356209
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	2271679
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	742944	
	(2) Administration charge made by carrier.....	7e(2)	63526	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	5996	

▶ LOAN DISBURSEMENTS, ETC

(5) Total deductions	7e(5)	812466
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1459213
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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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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	PO BOX 990067 HARTFORD, CT 06199
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 ☒	157317	Yes ☐ No ☒

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

PRIDA GUIDA AND PEREZ PA

1106 N FRANKLIN ST
TAMPA, FL 33602

22-2000222

(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	AUDITOR	27000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMAS SCHENCK

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

33-3000333

(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	AUDITOR	17945	Yes ☐ No ☒	Yes ☐ No ☐		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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>STAFF LEASING RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>	
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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>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERG BERM MDCP GRW FND R6

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

c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7107592</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FND R6

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

c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6425375</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQUITY INCOME FUND R6

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

c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5335035</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AM BALANCED R6

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

c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4223050</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2030 P Z

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

c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3713729</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION INC P Z

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

c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3586837</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2040 P Z

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

c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3564200</u>
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule D (Form 5500) 2020
v. 200204

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA FIXED ACCOUNT 4633		
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) 2752603
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD 500 INDEX FUND ADM		
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) 2674100
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2045 P Z		
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) 2365708
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2050 P Z		
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) 1716014
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE PLUS BD F N		
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) 1632753
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME FUND INS		
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) 1406390
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2035 P Z		
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) 1375409
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC R6		
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) 1330837
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD MID-CAP INDEX FUND ADM		
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) 1305156
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN INTL VALUE FND R6		
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) 1264813

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD SMALL-CAP INDEX FND ADM		
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) 1195257
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD TOT INT STK IN F ADM		
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) 966818
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2025 P Z		
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) 841064
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2055 P Z		
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) 793229
a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG DEVELOPING WRLD F R6		
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) 579319
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD HEALTH CARE FUND ADM		
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) 477709
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFL-PROT SEC PORT INS		
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) 422936
a Name of MTIA, CCT, PSA, or 103-12 IE: CARILLON EAGLE SM CAP GRW R6		
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) 321564
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN GLD & PREC MTL FD R6		
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) 255112
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK HIGH YIELD BND PORT K		
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) 242118

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2060 P Z

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) 201146
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a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SM CAP VALUE FND R6

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) 194382
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO AMERICAN VALUE FUND R6

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) 162802
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GV MNY MKT F A (HLD ACCT)

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) 83236
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a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND R6

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) 34888
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2065 P Z

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) 691
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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
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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**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>STAFF LEASING RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STAFF LEASING INC AND AFFILIATES</u>	D Employer Identification Number (EIN) <u>16-1417529</u>	

Part I	Asset and Liability Statement		
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)	325562	519566
(2) Participant contributions.....	1b(2)	201916	165076
(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)	793879	638035
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	50361100	58742238
(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)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	51682457 60064915
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	51682457 60064915

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1652369
	(B) Participants	2a(1)(B)	3132666
	(C) Others (including rollovers).....	2a(1)(C)	205858
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	4990893
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)	39968
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	106566
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	146534
(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)		7832947
(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		12970374

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4207079	
(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)		4207079
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)	82325	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		82325
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4289404

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8680970
l Transfers of assets:			
(1) To this plan.....	2l(1)		242521
(2) From this plan	2l(2)		541033

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
RELIANCE TRUST	58-1428634	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE 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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

Part I	Distributions
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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	0
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): 71-0294708 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
----------	------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase ☐ Decrease ☐ Both ☐ No
--	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



Retirement Savings Plan
Financial Statements and Supplemental Schedule

As of December 31, 2020 and 2019
And for the Year Ended December 31, 2020

STAFF LEASING RETIREMENT SAVINGS PLAN
Financial Statements and Supplemental Schedule
As of December 31, 2020 and 2019
And for the Year Ended December 31, 2020

Table of Contents

Independent Auditors' Report	1 - 2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to the Financial Statements	5 - 10
Supplemental Schedule	
Form 5500, Schedule H, Part IV, Line 4i-Schedule of Assets (Held at End of Year)	12



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, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 Retirement Insurance 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, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

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

The supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2020, 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.



Prida, Guida & Perez, P.A.
Tampa, Florida
October 13, 2021

STAFF LEASING RETIREMENT SAVINGS PLAN
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets		
Investments, at fair value	\$ 58,742,238	\$ 50,361,100
Contributions receivable		
Employee	165,076	201,916
Employer	519,566	325,562
Notes receivable from participants	638,035	793,879
Total assets and net assets available for benefits	<u>\$ 60,064,915</u>	<u>\$ 51,682,457</u>

Read the accompanying notes to the financial statements.

STAFF LEASING RETIREMENT SAVINGS PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020

Additions to net assets attributed to	
Net appreciation in fair value of investments	\$ 7,832,947
Transfers of assets to this plan	242,521
Interest income on notes receivable from participants	39,968
Interest and dividends	106,566
Contributions	
Employee	3,132,666
Employer	1,652,369
Rollover	205,858
Total additions	<u>13,212,895</u>
Deductions from net assets attributed to	
Benefits paid to participants	4,207,079
Transfers of assets from this plan	541,033
Administrative expenses	82,325
Total deductions	<u>4,830,437</u>
Net change in net assets available for benefits	8,382,458
Net assets available for benefits, beginning of year	<u>51,682,457</u>
Net assets available for benefits, end of year	<u><u>\$ 60,064,915</u></u>

Read the accompanying notes to the financial statements.

STAFF LEASING RETIREMENT SAVINGS PLAN
Notes to the Financial Statements
December 31, 2020

Note 1 – Description of the Plan

The following description of the Plan provides only general information of the major plan provisions. Participants should refer to the Plan document for more comprehensive information.

General – 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, clients of Staff Leasing, Inc. (the “Plan Sponsor”) may adopt this plan for its employees and become participating employers. Each participating employer may elect options as to eligibility, participation, contributions, and vesting. The Plan is subject to the provisions of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”).

On March 29, 2020, the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) was signed into law. Section 2202 of the CARES Act permits eligible Plan participants to request penalty-free benefit payments of up to \$100,000 for qualifying coronavirus-related reasons. Such distributions are exempt from the 10 percent premature distribution penalty tax, can be repaid over a three-year period from the day after receipt of the distribution in one or more contributions to the Plan, and are taxable ratably over a three-year period (unless the taxpayer elects income inclusion earlier).

Eligibility and participation – All employees of the Plan Sponsor and participating employers who are age 21 years or older are eligible to participate in the Plan once the service requirement is met. Depending on the option elected by the participating employer, an employee must satisfy one of the following three criteria to meet the service requirement: 1,000 hours of service in a twelve-month consecutive period; 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 the maximum allowed under Section 401(g) of the IRC. Participants who have attained the age of 50 are eligible to make catch-up contributions, subject to certain limitations. In addition, the Plan accepts rollovers from other tax-qualified plans.

Each participating employer who may elect to make discretionary matching contributions, discretionary non-elective profit sharing contributions, safe harbor matching contributions.

Participant accounts – Each participant’s account is credited and/or reduced with the participant’s contributions and withdrawals, employer matching and profit-sharing contributions, and allocations of the Plan’s earnings and losses. Allocations are based on participant earnings, participant elective contributions, or account balances, as defined. The benefit to which a participant is entitled is the vested balance in the participant’s account.

Termination – Although it has not expressed an intention to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to provisions of ERISA. In the event of plan termination, the participant will become 100% vested in their account.

STAFF LEASING RETIREMENT SAVINGS PLAN
Notes to the Financial Statements
December 31, 2020

Note 1 – Description of Plan (continued)

Vesting – Participants are immediately 100% vested in their contributions and rollovers and any employer safe harbor matching contributions, plus or minus any earnings or losses thereon. A participant's vested interest in their account attributable to discretionary matching and non-elective profit sharing 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 – Participants may borrow from their accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may not have more than one loan outstanding at any given time. Principal and interest are paid ratably through payroll deductions over a period not to exceed five years, unless the loan was used to acquire a principal residence, in which case the repayment period may exceed five years. Notes are secured by the vested balances in participants' accounts.

Payment of benefits – Distribution of a participant's vested account balance to the participant or his or her beneficiary may commence upon the earlier of retirement, death, total and permanent disability, or separation from service. A participant may elect to receive an amount equal to the value of the vested interest in his or her account in a single lump-sum payment or direct rollover. Distributions are subject to the applicable provisions of the Plan document.

The Plan allows participants to withdraw amounts from their account balances while actively employed. A participant experiencing financial hardship, as defined in the Plan document, may, with sufficient evidence, withdraw a portion of their account attributable to fully vested account balances. The amount of the withdrawal may not be greater than the immediate financial need. These hardship withdrawals are subject to IRC restrictions and penalties. The Plan also allows for actively employed participants to withdraw from fully vested account balances once the age of fifty-nine and a half has been reached.

Forfeitures – Any nonvested portion of discretionary employer matching or non-elective profit sharing contributions credited to the accounts of participants who withdraw from the Plan are forfeited and used for either payment of eligible administrative expenses or to reduce employer matching contributions. As of December 31, 2020 and 2019, the Plan had forfeiture balances of approximately \$122,000 and \$137,000, respectively. Approximately \$24,000 of forfeitures was used to reduce employer contributions during 2020.

Note 2 – Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting policies generally accepted in the United States of America.

Use of estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires plan 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.

STAFF LEASING RETIREMENT SAVINGS PLAN
Notes to the Financial Statements
December 31, 2020

Note 2 – Significant Accounting Policies (continued)

Notes receivable from participants – Notes receivable from participants are recorded at the unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are deemed distributions based upon the terms of the Plan document. The interest rate on notes outstanding as of December 31, 2020, ranged between 4.25% and 6.5%.

Investments, investment valuation, and income recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value determinations, other than those measured using the net asset value (“NAV”) as a practical expedient, are made based upon a fair value hierarchy that prioritizes the inputs to valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of inputs that may be used to measure fair value:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other-than-quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and,

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy:

Pooled separate accounts – These investments are public investment vehicles valued using the NAV. The NAV is a quoted price in an active market; however, the investments are in pooled separate accounts through the subaccounts of the trustee and, therefore, are classified within Level 2 of the valuation hierarchy.

Fixed annuity contract – The fair value of the fixed annuity contract is based on the contract value less contract surrender charges and market value adjustments, if any. The contract value equals the accumulated cash contributions, interest credited to the contract, and transfers, if any, less any withdrawals and transfers, if any. These investments are classified within Level 3 of the valuation hierarchy.

STAFF LEASING RETIREMENT SAVINGS PLAN
Notes to the Financial Statements
December 31, 2020

Note 2 – Significant Accounting Policies (continued)

Investments, investment valuation, and income recognition (continued) – The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the dividend date and interest income is recognized when earned. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought, sold, and held during the year.

Payments of benefits – Benefits are recorded when processed and paid by the Plan.

Administrative expenses – Administrative expenses paid by the Plan are recorded when incurred. Additionally, the Plan pays administrative expenses through an offset arrangement whereby expenses are netted against income. The Plan Sponsor absorbs a significant amount of the cost of plan administration.

Note 3 – Information Provided and Certified by the Trustee (unaudited)

The following is a summary of the Plan's financial information and data certified by Voya Retirement Insurance and Annuity Company ("Voya") as complete and accurate in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

	December 31,	
	2020	2019
Investments, at fair value	\$ 58,742,238	\$ 50,361,100
	Year Ended December 31, 2020	
Interest and dividends	\$ 106,566	
Net appreciation in fair value of investments	\$ 7,832,947	

STAFF LEASING RETIREMENT SAVINGS PLAN
Notes to the Financial Statements
December 31, 2020

Note 4 – Investments, at Fair Value

The following summarizes the Plan's investments based upon the fair value hierarchy levels described in Note 2:

	Level 1	Level 2	Level 3	Total
<u>As of December 31, 2020</u>				
Pooled separate accounts ^(*)	\$ -	\$ 55,799,265	\$ -	\$ 55,799,265
Fixed annuity contract ^(*)	-	-	2,942,973	2,942,973
	<u>\$ -</u>	<u>\$ 55,799,265</u>	<u>\$ 2,942,973</u>	<u>\$ 58,742,238</u>

	Level 1	Level 2	Level 3	Total
<u>As of December 31, 2019</u>				
Pooled separate accounts ^(*)	\$ -	\$ 48,445,628	\$ -	\$ 48,445,628
Fixed annuity contract ^(*)	-	-	1,915,472	1,915,472
	<u>\$ -</u>	<u>\$ 48,445,628</u>	<u>\$ 1,915,472</u>	<u>\$ 50,361,100</u>

^(*) Amounts are unaudited (see Note 3).

The following is a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2020:

Balance, beginning of year	\$ 1,915,472
Contributions	211,204
Net appreciation in fair value	190,370
Interest	103,297
Transfers	1,293,389
Benefits paid to participants	(742,945)
Administrative expenses	(63,527)
Other	35,713
Balance, end of year	<u>\$ 2,942,973</u>

STAFF LEASING RETIREMENT SAVINGS PLAN
Notes to the Financial Statements
December 31, 2020

Note 5 – Party-in-Interest Transactions

Certain Plan investments are in pooled separate accounts through subaccounts of Voya, therefore, the investment transactions qualify as party-in-interest transactions. Additionally, the Plan's group fixed annuity contract was issued by Voya, therefore, the investment transactions qualify as party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid during the year for services rendered by parties-in-interest were based on customary and reasonable rates for such services. While these transactions qualify as party-in-interest activity, they are expressly exempted from prohibited transactions rules (ERISA, Title 1, and Section 408(b)).

Note 6 – Income Tax Status

The Plan's administrator obtained its latest determination letter dated September 9, 2013, in which the IRS stated the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 has evaluated subsequent events through October 13, 2021, in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

STAFF LEASING RETIREMENT SAVINGS PLAN
EIN: 16-1417529, Plan Number: 814731
Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year) December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<u>Pooled Separate Accounts</u>			
*	Voya	American Funds Am Balanced R6	**	\$ 4,223,049
*	Voya	American Funds EuroPacific R6	**	1,330,837
*	Voya	American Funds Growth Fnd R6	**	6,425,375
*	Voya	BlkRck High Yield Bnd Port K	**	242,118
*	Voya	Carillon Eagle Sm Cap Grw R6	**	321,564
*	Voya	DFA Infl-Prot Sec Port Ins	**	422,936
*	Voya	Franklin Gld & Prec Mtl Fd R6	**	255,112
*	Voya	Franklin Sm Cap Value Fnd R6	**	194,382
*	Voya	Invesco Amer Val Fd R6	**	162,802
*	Voya	JPMorgan Equity Income Fund R6	**	5,335,035
*	Voya	JPMorgan Intl Value Fnd R6	**	1,264,813
*	Voya	Loomis Sayles Core Plus Bd F N	**	1,632,753
*	Voya	Voya Index Solution 2025 P Z	**	841,064
*	Voya	Voya Index Solution 2030 P Z	**	3,713,729
*	Voya	Voya Index Solution 2035 P Z	**	1,375,409
*	Voya	Voya Index Solution 2040 P Z	**	3,564,200
*	Voya	Voya Index Solution 2045 P Z	**	2,365,708
*	Voya	Voya Index Solution 2050 P Z	**	1,716,014
*	Voya	Voya Index Solution 2055 P Z	**	793,229
*	Voya	Voya Index Solution 2060 P Z	**	201,146
*	Voya	Voya Index Solution 2065 P Z	**	691
*	Voya	Voya Index Solution Inc P Z	**	3,586,837
*	Voya	Neuberg Berm MdCp Grw Fnd R6	**	7,107,592
*	Voya	PIMCO Income Fund Ins	**	1,406,390
*	Voya	Templeton Global Bond Fund R6	**	34,887
*	Voya	Thornburg Developing Wrld F R6	**	579,319
*	Voya	Vangrd 500 Index Fund Adm	**	2,674,100
*	Voya	Vangrd Health Care Fund Adm	**	477,708
*	Voya	Vangrd Mid-Cap Index Fund Adm	**	1,305,156
*	Voya	VangSrnd all-Cap Index Fnd Adm	**	1,195,257
*	Voya	Vangrd Tot Int Stk In F Adm	**	966,818
*	Voya	Voya Gv Mny Mkt F A (Hld Acct)	**	83,235
				<u>55,799,265</u>
	<u>Fixed Annuity Contract</u>			
*	Voya	Voya Fixed Account	**	2,942,973
	<u>Notes Receivable from Participants</u>			
*	Participant Loans	Interest rates range from 4.25% to 6.5%, maturing no later than 2025, secured by participant accounts	\$-0-	<u>638,035</u>
				<u><u>\$ 59,380,273</u></u>

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

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

Read the independent auditors' report

Attachment To 2020 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
Action Printwear, Inc	05-0564546	0.49%
ACUMEN DETECTION INC	83-2547365	0.24%
APEX	46-1771761	0.25%
ARBR STUDIOS, LLC	45-5636427	1.11%
Arctic Enterprises Inc	38-3912041	0.16%
Arthur P McCann DDS PLLC	16-1236570	1.53%
Autotech of Syracuse	16-1150915	1.20%
BENTLEY HALL INC	16-1262779	0.64%
Big 4 Tire Sales & Service Co.	16-1340656	2.18%
Bodow Recycling, Inc.	16-0874442	0.15%
BrickScapes LLC	20-8827031	0.83%
C OBrien Inc	38-3721714	0.56%
CAFE 407 LLC	45-2608614	0.00%
Centek Laboratories LLC	02-0693588	4.43%
CENTRAL NY COLLABORATIVE SERVI	47-2915863	3.56%
Champion Millwork, Inc.	16-1600007	7.02%
Chuck Taylor's Body Shop, Inc.	15-0621718	1.42%
CNY Business Review, Inc.	74-3032569	2.51%
COOGAR PRODUCTS LLC	16-1580476	0.14%
CORK MONKEY INC	47-1421122	0.12%
COUNTRY GNTLMN KIT & BATH RMDL	16-1577601	0.23%
DALE CARNEGIE OF CNY	46-3521629	0.62%
Deadline Solutions, Inc.	16-1537914	5.47%
DEFRANCISCO FALGIATANO	75-3034581	1.64%
Dr Suzanne Shapero DMD, MBA PC	20-0453305	1.15%
DR. KORIN CARVILLE	06-1726557	0.03%
DR. WILLIAM TUCKER	65-1251043	0.18%
Edward J. Fintel & Associates	13-3541571	0.82%
EMPIRE INTERPRETING	03-0508118	1.72%
ENERGY SAVERS, INC	16-1610615	0.06%
Entropic Consulting Services	54-2121070	1.00%
EVANS FARM REPAIR, INC	16-1368146	0.26%
GPC TECHNICAL & CONSTRCTN LLC	27-1979286	0.25%
Greene & Reid PLLC	16-1590779	4.39%
H P MILE INC	02-0563546	3.81%
HALE'S BUS GARAGE LLC DBA HALE	39-2067004	0.10%
HARRINGTON HOMES OF JAMESVILLE	26-1529184	1.43%
HARRIS-COURAGE & GRADY PLLC	30-0599940	0.84%
Health Advancement Collaborati	20-2702655	8.41%
HIGHLAND TRANSPORT	47-1940670	0.02%

Attachment To 2020 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
Hill & Fischer, PC	16-1022043	3.89%
Hy-Grade Metal Products Corp.	15-0346490	0.59%
Icon Design LLC	16-1558914	0.54%
INTELLIGENT DESIGNS	83-1785966	0.07%
Intelligent Query Engines	16-1375285	0.08%
JAMES UTILITIES & ENVIRONMENTA	82-1821699	0.05%
JOHN MURPHY JR. PC	15-0559767	0.29%
KAIROS WEALTH MANAGEMENT	47-2528646	0.15%
LACI'S TAPAS BAR	27-2132463	0.35%
LAW OFFICE OF EDWARD PERRY PLL	46-4386461	0.31%
LOCUST HILL COUNTRY CLUB	16-0529430	0.03%
MAITLAND HARDWOOD & TILE DESIG	46-3884233	0.01%
MASSEY'S FURNITURE BARN	16-0876017	0.12%
MICHAEL A STIRPE	16-1185693	0.16%
Moyers Corners Fire Dept.	16-0770053	0.02%
MS HALL & ASSOCIATES	80-0605973	1.61%
NDNY FEDERAL COURT BAR ASSOC	20-0034830	0.02%
NEW MILLENIUM AUTO BROKERS INC	77-0614666	1.95%
New Vision Industries, Inc	46-0501869	2.70%
NORTH EASTERN RESCUE VEHICLES	16-1581210	2.79%
OPHELIA'S PLACE INC	74-3043020	0.00%
OUTDOOR POWER OF CAMILLUS	20-1272080	0.09%
PALMA AND NARDOZZA SERVICES PC	02-0561286	1.47%
Palmer Electric, Inc.	16-1387029	1.65%
Pathfinders Career Transition	16-1438921	0.71%
Pat's Automotive, Inc.	16-1545667	0.03%
REAGAN & DAILEY	16-1446383	0.21%
S2AY RURAL HEALTH NETWORK	55-0810542	0.05%
SCOLARO LAW PLLC	47-3240735	0.01%
Secure Network Technologies	16-1606999	3.40%
SecureIt Tactical Inc	26-1821768	1.92%
SMART SERVE PROCESS SERVING IN	27-2173460	0.04%
SOUND READING SOLUTIONS	06-1671129	0.16%
SOUTHERN TIER ZOOLOGICAL SOCIE	16-6071439	0.02%
STATE STREET VINE & DINE	32-0208509	0.20%
SUBURBAN TAXI INC	26-4381163	0.18%
SUBURBAN TRANSPORT	16-1421029	0.52%
Summit Chevy Buick Pontiac GMC	20-2162491	2.00%
Summit Ford	20-3489504	0.97%
SYRACUSE INSPECTION & PROP SVC	16-1384305	0.14%

Attachment To 2020 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
Syracuse Real Food Co-OP Inc	16-1078184	0.18%
TAP ROOT FIELDS, LLC	83-2944630	0.02%
TAP ROOT SOLUTIONS LLC	83-2898025	0.03%
The Antonowicz Group Inc	20-0453305	0.93%
The Hamilton Group Inc.	51-0375764	1.97%
Toomey Inc dba Papa's Sports	16-1537489	0.60%
Ty Pac Inc.	16-1039758	0.37%
Universe Companies Inc.	16-1590026	1.44%
VETERANS HLTH RSRCH CENTRL NY	16-1365231	1.14%
Veterinary Emg & Critical Care	43-2036318	0.31%
W.E.I. Inc.	16-0902292	1.33%
WHEELZ NOW LLC	80-0884990	0.05%
William G Pomeroy Realty LLC	25-1917439	0.37%
Wolfe News Service Inc	16-1293670	0.79%

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 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information—enter all requested information					
1a Name of plan 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> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan 01/01/2001	
1b Three-digit plan number (PN) ▶	333				
1c Effective date of plan 01/01/2001					
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 16-1417529</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 315-641-3600</td> </tr> <tr> <td>2d Business code (see instructions) 561300</td> </tr> </table>	2b Employer Identification Number (EIN) 16-1417529	2c Plan Sponsor's telephone number 315-641-3600	2d Business code (see instructions) 561300	
2b Employer Identification Number (EIN) 16-1417529					
2c Plan Sponsor's telephone number 315-641-3600					
2d Business code (see instructions) 561300					

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	10/14/2021 Date	Thomas Boell Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/14/2021 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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1,382
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 997
a(2) Total number of active participants at the end of the plan year		6a(2) 1,425
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits		6c 391
d Subtotal. Add lines 6a(2), 6b, and 6c		6d 1,816
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 1,816
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 947
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (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	
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)	

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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

STAFF LEASING RETIREMENT SAVINGS PLAN
EIN: 16-1417529, Plan Number: 814731
Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<u>Pooled Separate Accounts</u>			
*	Voya	American Funds Am Balanced R6	**	\$ 4,223,049
*	Voya	American Funds EuroPacific R6	**	1,330,837
*	Voya	American Funds Growth Fnd R6	**	6,425,375
*	Voya	BlkRck High Yield Bnd Port K	**	242,118
*	Voya	Carillon Eagle Sm Cap Grw R6	**	321,564
*	Voya	DFA Infl-Prot Sec Port Ins	**	422,936
*	Voya	Franklin Gld & Prec Mtl Fd R6	**	255,112
*	Voya	Franklin Sm Cap Value Fnd R6	**	194,382
*	Voya	Invesco Amer Val Fd R6	**	162,802
*	Voya	JPMorgan Equity Income Fund R6	**	5,335,035
*	Voya	JPMorgan Intl Value Fnd R6	**	1,264,813
*	Voya	Loomis Sayles Core Plus Bd F N	**	1,632,753
*	Voya	Voya Index Solution 2025 P Z	**	841,064
*	Voya	Voya Index Solution 2030 P Z	**	3,713,729
*	Voya	Voya Index Solution 2035 P Z	**	1,375,409
*	Voya	Voya Index Solution 2040 P Z	**	3,564,200
*	Voya	Voya Index Solution 2045 P Z	**	2,365,708
*	Voya	Voya Index Solution 2050 P Z	**	1,716,014
*	Voya	Voya Index Solution 2055 P Z	**	793,229
*	Voya	Voya Index Solution 2060 P Z	**	201,146
*	Voya	Voya Index Solution 2065 P Z	**	691
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