

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	<u>ONONDAGA EMPLOYEE LEASING INC 401K TAX SAVINGS PLAN</u>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1b Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>01/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan	<u>01/01/1994</u>
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan	<u>01/01/1994</u>				
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)				
Mailing address (include room, apt., suite no. and street, or P.O. Box)	<u>16-1254312</u>				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Plan Sponsor's telephone number				
<u>ONONDAGA EMPLOYEE LEASING SERVICES INC</u>	<u>315-463-7838</u>				
<u>4 ADLER DRIVE SUITE 2</u>	2d Business code (see instructions)				
<u>EAST SYRACUSE, NY 13057</u>	<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.	10/16/2021	JOHN GOLDTHWAITE
	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	810
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)	758
a(2) Total number of active participants at the end of the plan year		6a(2)	692
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	57
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	751
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	752
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	305
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	5
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 2G 2J 2K 3D 3H			
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 ONONDAGA EMPLOYEE LEASING INC 401K TAX SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ONONDAGA EMPLOYEE LEASING SERVICES INC	D Employer Identification Number (EIN) 16-1254312

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
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(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
36-6071399	70688	932505	305	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

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

(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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	1169866
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	15648323

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 ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year	7b	789796
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c	Additions: (1) Contributions deposited during the year	7c(1)	61409	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	5981	
	(4) Transferred from separate account.....	7c(4)	1069521	
	(5) Other (specify below)	7c(5)	70509	

▶ LOAN PRINCIPAL & INTEREST PAID, ADDITIONS TO FORFEITURES, EBA FORFEITURES

(6) Total additions	7c(6)	1207420
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1997216
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2125	
	7e(2)	7533	
	7e(3)	282956	
	7e(4)	534736	

▶ LOANS ISSUED, ALLOCATED FORFEITURES AND ADV ER, OTHER EXPENSES

(5) Total deductions	7e(5)	827350
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1169866
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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)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 ONONDAGA EMPLOYEE LEASING INC 401K TAX SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ONONDAGA EMPLOYEE LEASING SERVICES INC	D Employer Identification Number (EIN) 16-1254312	

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
TRANSAMERICA FINANCIAL LIFE INS. CO
36-6071399

(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)

LPL FINANCIAL CORPORATION

04-3046611

(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?
27	INVESTMETN ADVISORY- PLAN	37968	Yes ☒ No ☐	Yes ☐ No ☒	566	Yes ☐ No ☒

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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(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?
15 37 52 62 64 67	RECORDKEEPER	85441	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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>ONONDAGA EMPLOYEE LEASING INC 401K TAX SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ONONDAGA EMPLOYEE LEASING SERVICES INC</u>	D Employer Identification Number (EIN) <u>16-1254312</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FDS WASHINGTON MUTUAL INVE</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-231</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>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS BALANCED RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-228</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>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK HEALTH SCIENCES OPS RET A</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-365</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>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN SMALL-MID CAP GROWTH RET A</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-358</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>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GLOBAL RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-035</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>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IVY SCIENCE & TECHNOLOGY RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-267</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>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS HENDERSON TRITON RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-578</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>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQUITY INCOME RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-579	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT HIGH YIELD

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-660	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-519	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-305	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN SUSTAIN EQUITY RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-337	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN SMALL CAP VALUE RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-085	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-668	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP VAL IND

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDX RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL DISCOVERY

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-780	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2015 RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-482	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2020 RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-483	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2025 RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-484	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2030 RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-485	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2035 RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-486	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2040 RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-487	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2045 RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-488	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2050 RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-489	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2055 RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-490	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2060 RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 13-6071399-742	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRAT CONSERV GR RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GROWTH RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY INCOME RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MODERATE G		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MARKET INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA EMERGING MKT DEBT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-783	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2025 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1201018
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2030 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-435	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 671268
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2035 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-436	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 562224

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2040 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-361	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 627562
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2045 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-362	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 784248
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2050 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-363	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 310279
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2055 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-843	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 288200
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE IN RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-364	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 540890
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONET CHOICE 2060 R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-816	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61240
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BLNCD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-228	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 501523
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GR RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26975
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-255	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 565774
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-625	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24932

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HLTH SCNCS OPPS RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-844	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 600867
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID-CAP GROWTH EQUITY RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 83-1098532-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 508953
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SECURITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-526	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40459
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 83-1098532-087	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE AND TECH RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-848	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122584
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-578	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90802
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQT INC RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-579	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 360058
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT HI YLD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-660	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34173
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL DIVERSIFICATION R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 83-1098532-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87865
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVSTRS GROWTH ST		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-663	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 618171

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MD CAP VAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36134
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RET BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-597	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 532279
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123583
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CAP INDX RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100845
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY INCOME RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 590672
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRT CONS GR RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 426007
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRT GRTH RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2832351
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRT MOD GR RET ACC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 957328
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176826
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STCK MRKT INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1157644

a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO SPECIAL SM CAP VAL RET**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-746	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84330
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICANS NEW WORLD**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-625	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA SMARTCOURSE 2025 WITH**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-924	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA SMARTCOURSE 2030 WITH**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-919	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA SMARTCOURSE 2035 WITH**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-925	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA SMARTCOURSE 2040 WITH**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-920	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA SMARTCOURSE 2045 WITH**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-926	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA SMARTCOURSE 2050 WITH**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-921	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA SMARTCOURSE 2055 WITH**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-927	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA SMARTCOURSE 2060 WITH**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-928	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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
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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>ONONDAGA EMPLOYEE LEASING INC 401K TAX SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ONONDAGA EMPLOYEE LEASING SERVICES INC</u>	D Employer Identification Number (EIN) <u>16-1254312</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)	25428	16644
(2) Participant contributions.....	1b(2)	76979	64232
(3) Other	1b(3)	1429	0
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)	404382	278017
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	13011045	15648323
(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)	789796	1169866
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14309059	17177082

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		

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	14309059	17177082
--	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	346122	
(B) Participants	2a(1)(B)	1357200	
(C) Others (including rollovers).....	2a(1)(C)	208584	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1911906
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	17401	
(F) Other	2b(1)(F)	5981	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23382
(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)		
(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)		
(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)		

		(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)		2302858
(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		4238146

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1073990	
(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)		1073990
f Corrective distributions (see instructions)	2f		19396
g Certain deemed distributions of participant loans (see instructions).....	2g		154002
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	37967	
(4) Other.....	2i(4)	126825	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		164792
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1412180

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2825966
l Transfers of assets:			
(1) To this plan.....	2l(1)		166688
(2) From this plan	2l(2)		124631

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: **DERMODY BURKE & BROWN CPAS LLC**

(2) EIN: **01-0723685**

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		92399

	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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		X	

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 0.

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)
SPIN-OFF TERMINATION PLAN FOR OZ AUTO TRANSPORT INC	20-8854714	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 ONONDAGA EMPLOYEE LEASING INC 401K TAX SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ONONDAGA EMPLOYEE LEASING SERVICES INC	D Employer Identification Number (EIN) 16-1254312

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	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): 13-3689044		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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 _____

ONDAGA EMPLOYEE LEASING,
INC. 401(k) TAX SAVINGS PLAN

FINANCIAL STATEMENTS

December 31, 2020 and 2019

Table of Contents

ONONDAGA EMPLOYEE LEASING, INC. 401(k) TAX SAVINGS PLAN

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	4
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	4
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	5
NOTES TO FINANCIAL STATEMENTS	6
OTHER FINANCIAL INFORMATION	16
SCHEDULE OF ASSETS (HELD AT END OF YEAR)	16
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS	17



Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

TO THE PLAN ADMINISTRATOR OF THE ONONDAGA EMPLOYEE LEASING, INC. 401(k) TAX SAVINGS PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **ONONDAGA EMPLOYEE LEASING, INC. 401(k) TAX SAVINGS PLAN**, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 Transamerica Financial Life Insurance Company Inc., and John Hancock Life Insurance Company of New York, the Custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Transamerica Financial Life Insurance Company Inc. held the Plan's investment assets and executed investment transactions from January 1, 2019 to December 31, 2020, and that John Hancock Life Insurance Company of New York held part of the Plan's investment assets and executed investment transactions from January 1, 2019 to August 30, 2020. The Plan Administrator has obtained certifications from the Custodians as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) and delinquent participant contributions for the year ended December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 schedules 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 schedules, other than that derived from the information certified by the Custodians, 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.

DERMODY, BURKE & BROWN

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

October 15, 2021

ONONDAGA EMPLOYEE LEASING, INC.
401(k) TAX SAVINGS PLAN

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

ASSETS		
	2020	2019
INVESTMENTS AT FAIR VALUE		
Pooled Separate Accounts	\$ 15,648,323	\$ 13,011,045
Stable Value Fund	<u>1,169,866</u>	<u>789,796</u>
Total Investments at Fair Value	16,818,189	13,800,841
RECEIVABLES		
Notes Receivable from Participants	278,017	404,382
Employer Contributions	16,644	25,428
Participant Contributions	<u>64,232</u>	<u>78,408</u>
Total Receivables	<u>358,893</u>	<u>508,218</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 17,177,082</u></u>	<u><u>\$ 14,309,059</u></u>

See notes to financial statements.

ONONDAGA EMPLOYEE LEASING, INC.
401(k) TAX SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2020 and 2019

	2020	2019
ADDITIONS		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 2,308,839	\$ 1,973,445
Interest Income on Notes Receivable from Participants	17,401	14,293
Contributions:		
Employer	346,122	325,495
Participant	1,357,200	1,173,422
Rollover	208,584	353,642
Total Contributions	<u>1,911,906</u>	<u>1,852,559</u>
Total Additions	4,238,146	3,840,297
DEDUCTIONS		
Benefits Paid to Participants	1,093,386	1,650,100
Deemed Distributions	154,002	58,093
Administrative Expenses	164,792	65,819
Total Deductions	<u>1,412,180</u>	<u>1,774,012</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE NET TRANSFER FROM OTHER PLANS	<u>2,825,966</u>	<u>2,066,285</u>
NET TRANSFER OF ASSETS FROM OTHER PLANS	42,057	2,684,557
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	2,868,023	4,750,842
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>14,309,059</u>	<u>9,558,217</u>
End of Year	<u><u>\$ 17,177,082</u></u>	<u><u>\$ 14,309,059</u></u>

See notes to financial statements.

ONONDAGA EMPLOYEE LEASING, INC.
401(k) TAX SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Onondaga Employee Leasing, Inc. 401(k) Tax Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a multiple-employer, defined contribution plan covering all full time employees from participating employers (the Employers), who meet certain eligibility requirements as defined in the Plan Document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator oversees governance of the Plan, determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Contributions

Participants may make voluntary, pretax contributions and Roth contributions in the form of salary reductions subject to certain limitations under the terms of the Plan and Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. These contributions belong to the participant and cannot be forfeited for any reason. Roth contributions are allowed.

In addition, the Companies make a safe harbor matching contribution equal to 100% of participant elective deferrals that do not exceed 3% of the participant’s compensation, plus 50% of the amount of the participant’s elective deferrals that exceed 3% of the participant’s compensation, but do not exceed 5% of the participant’s compensation. During the years ending December 31, 2020 and 2019, the Companies made safe harbor matching contributions to the Plan of approximately \$208,000 and \$190,000, respectively.

Each affiliated employer, at its discretion, may elect each year to provide a matching contribution based on the participant’s salary reduction contributions. During the years ended December 31, 2020 and 2019, the Plan Sponsor made employer matching contributions of approximately \$152,000 and \$134,000, respectively.

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF PLAN – Continued

Contributions – Continued

In addition, each affiliated employer may also make an additional profit sharing contribution to employees. The profit sharing contributions are determined by each affiliated employer, rather than at the Plan level. There were no discretionary profit sharing contributions for the Plan years ended December 31, 2020 and 2019.

Participant Accounts

Each participant's account is credited with the participant's contributions, and an allocation of (a) the employer's contributions, (b) rollover contributions, (c) Plan earnings or losses. Participant accounts are charged with an allocation of administration expenses, if applicable. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their pre-tax, Roth and employer safe harbor matching contributions plus actual earnings thereon. Vesting in the Companies' non-elective profit sharing and employer matching portion of their accounts is based on years of continuous service. Participants are vested based on qualifying years of service as follows.

Years of Service	Percentage Vested
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF PLAN – Continued

Notes Receivable from Participants

Active participants may only have one note outstanding at a time. 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. Terms of the note receivable range from one to five years, or longer for the purchase of a primary residence. Notes are secured by the balance in the participants' account and bear interest at the prevailing market rates at the time of issuance. The interest rates remain fixed throughout the duration of the notes. Principal and interest are paid ratably through payroll deduction.

Payment of Benefits

On termination of service due to death, disability, separation of employment, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. A participant may, upon attainment of age 59½, elect to receive all or a portion of their vested account balance while still employed. Normal retirement age is 59½.

Hardship Withdrawals

Hardship withdrawals are permitted and subject to certain limitations imposed by the Internal Revenue Service and specified in the Plan Document.

Forfeitures

Upon termination, participant's non-vested account balances are forfeited. The outstanding balance of forfeited non-vested contributions totaled \$23,145 and \$3,275 at December 31, 2020 and 2019, respectively. These accounts will be used to reduce future Plan expenses, with the remainder used to offset employer contributions. Forfeitures used to reduce employer contributions for the years ended December 31, 2020 and 2019 amounted to \$1,852 and \$0-, respectively. Forfeitures used to offset Plan expenses in 2020 and 2019 amounted to \$262 and \$9, respectively.

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF PLAN – Continued

Changes to Plan Due to COVID-19 Pandemic

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has led to increased volatility in financial markets. The extent to which such increased volatility will impact the value of the Plan's assets will depend on future developments that are highly uncertain and cannot be predicted.

On March 27, 2020, the "Coronavirus Aid, Relief, and Economic Security (CARES) Act" was signed into law. The CARES Act includes several relief provisions available to the Plan and its participants. The Plan's management has evaluated the relief provisions available to Plan participants under the CARES Act and has implemented the following provisions:

- Special coronavirus distributions up to \$100,000. These distributions included a waiver of the 10% early distribution penalty tax (for distributions before age 59-1/2), as well as provisions for a 3-year repayment of the distribution. Participants could elect to have the regular income taxes on the distribution spread over three years and the standard 20% withholding tax was not required.
- Extend the period for loan repayments, if applicable, up to one year. There were no changes made to the loan amount threshold of \$50,000.

Previously, on December 20, 2019, the "Setting Every Community Up for Retirement Enhancement (SECURE Act)" was signed into law. The SECURE Act includes several relief provisions available to the Plan and its participants as well. The Plan's management has evaluated the relief provisions available to Plan participants under the SECURE Act and has implemented the following provisions:

- Increase the Required Minimum Distributions age from 70 ½ years to 72 years.

In accordance with the CARES Act and SECURE Act, the Plan will be amended to retroactively adopt these provisions no later than Plan year end 2022. The SECURE Act and the CARES Act provided transition relief for plan administrators and payors in making required minimum distributions in 2020. For the Plan year ending December 31, 2020, there were \$47,556 of special coronavirus distributions.

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investments Valuation and Income Recognition

The Plan's 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and trust company. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Payment of Benefits

Benefit payments are recorded when paid.

ONONDAGA EMPLOYEE LEASING, INC.
401(k) TAX SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are excluded from administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

Plan management has evaluated subsequent events through October 15, 2021, which is the date the financial statements were available to be issued.

NOTE 3 – CERTIFIED INVESTMENT INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from the Custodians of the Plan, that all of the information provided by them is complete and accurate.

The following information included in the accompanying financial statements and supplemental schedule of assets (held at end of year) was obtained from data that has been prepared and certified as complete and accurate by the Custodians as of and for the years ended December 31, 2020 and 2019:

	2020	2019
Investments, at Fair Value	<u>\$ 16,818,189</u>	<u>\$ 13,800,841</u>
Notes Receivable from Participants	<u>\$ 278,017</u>	<u>\$ 404,382</u>
Investment Income	<u>\$ 2,308,839</u>	<u>\$ 1,973,445</u>
Interest Income on Notes Receivable from Participants	<u>\$ 17,401</u>	<u>\$ 14,293</u>

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

ONONDAGA EMPLOYEE LEASING, INC.
401(k) TAX SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

Following is a description of the valuation methodologies used for assets measured at fair value. See below for methodologies used at December 31, 2020 and 2019.

Pooled Separate Accounts: Valued at the net asset value of units held based on the fair value of the underlying investments held by the fund adjusted for capital gains/losses and dividends which are automatically reinvested and reduced for administrative fees as reported by the investment manager of the fund.

Stable Value Fund: Valued at the net asset value, based on the fair values of the underlying investments reported by the Custodian of the fund. Fair values for the underlying assets were based on either quoted prices in active markets or observable inputs or quotations from inactive markets.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value, as of December 31, 2020 and 2019:

Investments at Fair Value as of December 31, 2020

	Level 1	Level 2	Level 3	Total
Investments at Fair Value:				
Pooled Separate Accounts	\$ 0	\$ 15,648,323	\$ 0	\$ 15,648,323
Stable Value Fund	0	1,169,866	0	1,169,866
	<u>0</u>	<u>1,169,866</u>	<u>0</u>	<u>1,169,866</u>
Total Investments at Fair Value	<u>\$ 0</u>	<u>\$ 16,818,189</u>	<u>\$ 0</u>	<u>\$ 16,818,189</u>

Investments at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Investments at Fair Value:				
Pooled Separate Accounts	\$ 0	\$ 13,011,045	\$ 0	\$ 13,011,045
Stable Value Fund	0	789,796	0	789,796
	<u>0</u>	<u>789,796</u>	<u>0</u>	<u>789,796</u>
Total Investments at Fair Value	<u>\$ 0</u>	<u>\$ 13,800,841</u>	<u>\$ 0</u>	<u>\$ 13,800,841</u>

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2020 and 2019 are reported in net appreciation in fair value of investments.

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

**NOTE 5 – RELATED PARTY AND PARTY-IN-INTEREST
TRANSACTIONS**

Transamerica Financial Life Insurance Company Inc., and John Hancock Life Insurance Company of New York were the Custodians of the Plan's assets. As such, transactions between Custodians and the Plan qualify as party-in-interest transactions. Transactions involving participant loans also qualify as party-in-interest transactions.

As described in Note 2, the Plan Sponsor paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA and are exempt from prohibitive transaction rules.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their account balances.

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 8 – NET TRANSFER OF ASSETS FROM OTHER PLANS

During 2020 and 2019, the Companies lost a number of clients and acquired additional ones. The clients who left the Companies transferred the assets from the Plan to other qualified pension plans. The new clients transferred the assets of their previously sponsored pension plans to the Plan. The balance of those transfers are included in the Net Transfer of Assets from Other Plans on the Statement of Changes in Net assets Available for Benefits, totaling \$42,057 and \$2,684,557 during 2020 and 2019, respectively.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities 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 statements of net assets available for benefits.

ONONDAGA EMPLOYEE LEASING, INC.
401(k) TAX SAVINGS PLAN

OTHER FINANCIAL INFORMATION

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2020

EIN: 16-1254312

Plan Number: 001

Schedule H, Part IV, Line 4(i)

Plan Sponsor: Onondaga Employee Leasing Services, Inc.

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Transamerica Sub Account	American Century One Choice 2025 Ret Acct	**	\$ 1,201,018
*	Transamerica Sub Account	American Century One Choice 2030 Ret Acct	**	671,268
*	Transamerica Sub Account	American Century One Choice 2035 Ret Acct	**	562,224
*	Transamerica Sub Account	American Century One Choice 2040 Ret Acct	**	627,562
*	Transamerica Sub Account	American Century One Choice 2045 Ret Acct	**	784,248
*	Transamerica Sub Account	American Century One Choice 2050 Ret Acct	**	310,279
*	Transamerica Sub Account	American Century One Choice 2055 Ret Acct	**	288,200
*	Transamerica Sub Account	American Century One Choice Interest Ret Acct	**	540,890
*	Transamerica Sub Account	American Century One Choice 2060 Ret Acct	**	61,240
*	Transamerica Sub Account	American Funds Balanced Ret Acct	**	501,523
*	Transamerica Sub Account	American Funds Europacific Growth Ret Acct	**	26,975
*	Transamerica Sub Account	American Funds New Perspective Ret	**	565,774
*	Transamerica Sub Account	American Funds New World Ret Acct	**	24,932
*	Transamerica Sub Account	Blackrock Health Sciences Opps Ret Acct	**	600,867
*	Transamerica Sub Account	Blackrock Mid Cap Growth Equity Ret	**	508,953
*	Transamerica Sub Account	DFA Inflation-Protected Securities	**	40,459
*	Transamerica Sub Account	Franklin Utilities Ret Acct	**	259
*	Transamerica Sub Account	Ivy Science and Tech Ret Acct	**	122,584
*	Transamerica Sub Account	Janus Henderson Triton Ret Acct	**	90,802
*	Transamerica Sub Account	JP Morgan Equity Inc Ret Acct	**	360,058
*	Transamerica Sub Account	Lord Abbett High Yield Ret Acct	**	34,173
*	Transamerica Sub Account	MFS International Diversification Ret	**	87,865
*	Transamerica Sub Account	MFS Massachusetts Investors Growth St	**	618,171
*	Transamerica Sub Account	MFS Md Capital Value Ret Acct	**	36,134
*	Transamerica Sub Account	PGIM Total Ret Bd Ret Acct	**	532,279
*	Transamerica Sub Account	State Street Russell Small Cap Index Ret	**	123,583
*	Transamerica Sub Account	State Street S&P Mid Cap Index Ret Acct	**	100,845
*	Transamerica Sub Account	TA Vanguard LifeStrategy Income Ret Acct	**	590,672
*	Transamerica Sub Account	TA Vanguard LifeStrategy Conserv Gr Ret Acct	**	426,007
*	Transamerica Sub Account	TA Vanguard LifeStrategy Growth Ret Acct	**	2,832,351
*	Transamerica Sub Account	TA Vanguard LifeStrategy Moderate Growth Ret Acct	**	957,328
*	Transamerica Sub Account	TA Vanguard Reit Index Ret Acct	**	176,826
*	Transamerica Sub Account	TA Vanguard Total Stock Market Index Ret	**	1,157,644
*	Transamerica Sub Account	Wells Fargo Special Small Cap Value Retirement	**	84,330
*	Transamerica Fixed Accounts	TA Stable Value Core	**	1,169,866
				<u>16,818,189</u>
*	Notes Receivable from Participants	Interest rates ranging from 3.50% to 6.50% with maturity dates through November 2025.	-0-	278,017
				<u>\$ 17,096,206</u>
*	Party-in-interest, as defined by ERISA.			
**	In accordance with ERISA, the historical cost has been omitted as the investments are participant directed.			

See notes to financial statements.

ONONDAGA EMPLOYEE LEASING, INC.
401(k) TAX SAVINGS PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2020

EIN: 16-1254312
Plan Number: 001
Schedule H, Line 4i

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$92,399	\$0	\$0	\$92,399	\$0

See notes to financial statements.

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Onondaga Employee Leasing Inc 401K Tax Savings Plan

EIN No.: 16-1254312 , Plan No. 001

Plan Year Ending: December 31, 2020

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
Onondaga Employee Leasing Services Inc.	16-1254313	6.09%
Volo's Auto Supply	20-1529129	4.03%
Onondaga Builders	16-1593079	5.25%
The Bike Loft	16-1274983	2.89%
Annie Porter Library	83-0502914	3.48%
B & B Wholesale	16-1442130	2.32%
Barado's on the Water	45-5037270	2.58%
BK Printing	20-1970292	2.42%
Catherine Diana-NuStep Professional Services	27-4559148	2.45%
Hinman & Associates	41-2188844	2.20%
Paperkite Creative LLC	47-9224397	3.12%
Stella's Diner	46-1625611	1.85%
Tantivy Farm	16-1245900	1.44%
Wealth Resources Network I	12-5556745	1.71%
Willowbank Co	16-1552808	2.43%
S V Auto Supply Inc	82-2218782	1.33%
Accessories of Tampa Bay CRB INC	59-3108438	2.12%
Custom Klosets & Cabinets INC	02-0533367	0.91%
ATB Carpet & Restoration Services Inc	46-3653028	1.46%
Cynthia Drake	16-1292465	1.45%
Fallon Law Office	10-5602458	0.88%
Emerald Greens Villas Management Company Inc	05-0535795	0.91%
Jim Moroney	14-1513901	1.81%
John M Murphy Jr	16-6093979	2.86%
Kall & Reilly I & II	54-2116321	0.93%
Knych & Whritenour LLC	20-3585821	0.91%
Lyncourt Foot Care	14-1765058	1.99%
Moulton's Auto & Truck	11-3667602	0.85%
Northway Stop & Shop	26-2133038	1.00%

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Onondaga Employee Leasing Inc 401K Tax Savings Plan

EIN No.: 16-1254312 , Plan No. 001

Plan Year Ending: December 31, 2020

Paco Express	90-0641972	1.49%
Randy I Brown DBA	11-8424858	1.28%
Reed CNY Business Law	46-1419207	1.41%
Reeds Garage INC	20-3811934	1.71%
Retail Aid Business Solutions LLC	90-0191779	0.93%
Spinella Freight Lines	16-1208725	0.95%
Harty Construction	03-0422010	0.89%
Moran Moran & Dauphin Inc	20-1018536	2.61%
Gregg Ott Agency	16-1426328	1.33%
CJ's Car America	16-1593738	1.16%
Hancock Precision INC	16-1560488	0.63%
CNY Association of Delta Kappa Epsilon	15-0545634	0.88%
Dependable Paving Co	16-1318933	0.58%
Fox Hollow	27-0973832	1.00%
GD Mapstone	26-0836937	1.14%
L&L Property Maintenance	16-1481498	0.73%
G.A. BOVE & SONS INC	14-1536615	0.73%
EGGERSMANN USA LLC	14-1536616	0.48%
Ford English Financial	11-3667603	0.38%
Wealth Resources Commission	12-5556746	0.77%
Therapy In Partners Thrive by Five	26-2533581	0.35%
Tony Rotella's Body and Accessory Shop	09-0506112	0.80%
Dr. William Tucker MD PLLC	45-3778664	0.46%
Fred's Used Auto Parts	10-4543229	0.40%
Jim Rinaldo	59-3073589	0.45%
O'Neil's Auto Repair	65-0105701	0.59%
4 Paws Veterinary Care PLLC	20-8295833	0.89%
MS Supply & Home Health Co.	03-0374741	0.53%
David Schnall	08-7609284	0.67%
Dee's Diner	27-0800681	0.35%
BGG Plumbing & Heating	46-1939480	0.45%
Avila Property Owners Association	59-1934484	0.63%
Brass Lantern Bar & Grill LLC	82-4624389	0.56%
ABC Autos Inc	59-1496471	0.49%
Lyophilization Systems Inc.	14-1793316	0.51%
Splash USA Inc.	27-2072494	0.50%
Robert C Cupelo MD PLLC	46-0585614	0.43%
Schaefer Bankruptcy Law P.C.	82-4323653	0.48%
Assured Inventory Loss Prevention Services	82-2073056	0.35%
Alliance Distributors	81-2297327	0.65%
HubbCorp LLC dba The Brine Well Eatery	83-2438279	0.33%
Millrock Technology Inc.	20-1023604	0.32%
Cornerstone Herkimer LLC	81-4349735	0.46%
Caitlyn Bom Photography LLC	81-1191396	0.46%
Dr. James Donovan	16-1446195	0.76%
New Paltz Rescue Squad	23-7261243	0.36%

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Onondaga Employee Leasing Inc 401K Tax Savings Plan

EIN No.: 16-1254312 , Plan No. 001

Plan Year Ending: December 31, 2020

The Art Effect of the Hudson Valley Inc. dba The Art Effect	22-2538177	0.72%
Marcellus Medical Group PLLC	85-0562239	0.30%
Rose's Quick Stop LLC	82-2943978	0.25%
Brine Wells Development Co. LLC	47-5171436	0.76%

Onondaga Employee Leasing Inc 401K Tax Savings Plan

EIN No.: 16-1254312, Plan No. 001

Schedule H, Line 4i - Schedule of Assets

Plan Year Ending: 12/31/2020

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Financial Life Ins. Co.	American Century One Choice 2025 Ret Acct	1,201,018
*	Transamerica Financial Life Ins. Co.	American Century One Choice 2030 Ret Acct	671,268
*	Transamerica Financial Life Ins. Co.	American Century One Choice 2035 Ret Acct	562,224
*	Transamerica Financial Life Ins. Co.	American Century One Choice 2040 Ret Acct	627,562
*	Transamerica Financial Life Ins. Co.	American Century One Choice 2045 Ret Acct	784,248
*	Transamerica Financial Life Ins. Co.	American Century One Choice 2050 Ret Acct	310,278
*	Transamerica Financial Life Ins. Co.	American Century One Choice 2055 Ret Acct	288,200
*	Transamerica Financial Life Ins. Co.	American Century One Choice In Retirement Ret Acct	540,890
*	Transamerica Financial Life Ins. Co.	American Century One Choice 2060 Ret Acct	61,240
*	Transamerica Financial Life Ins. Co.	American Funds Balanced Ret Acct	501,523
*	Transamerica Financial Life Ins. Co.	American Funds EuroPacific Growth Ret Acct	26,975
*	Transamerica Financial Life Ins. Co.	American Funds New Perspective Ret Acct	565,774
*	Transamerica Financial Life Ins. Co.	American Funds New World Ret Acct	24,932
*	Transamerica Financial Life Ins. Co.	BlackRock Health Sciences Opportunities Ret Acct	600,867
*	Transamerica Financial Life Ins. Co.	BlackRock Mid-Cap Growth Equity Ret Acct	508,953
*	Transamerica Financial Life Ins. Co.	DFA Inflation-Protected Securities Portfolio Ret Acct	40,459
*	Transamerica Financial Life Ins. Co.	Franklin Utilities Ret Acct	259
*	Transamerica Financial Life Ins. Co.	Ivy Science and Technology Ret Acct	122,584
*	Transamerica Financial Life Ins. Co.	Janus Henderson Triton Ret Acct	90,802
*	Transamerica Financial Life Ins. Co.	JPMorgan Equity Income Ret Acct	367,746
*	Transamerica Financial Life Ins. Co.	Lord Abbett High Yield Ret Acct	34,173
*	Transamerica Financial Life Ins. Co.	MFS International Diversification Ret Acct	87,865
*	Transamerica Financial Life Ins. Co.	MFS Massachusetts Investors Growth Stock Ret Acct	618,171
*	Transamerica Financial Life Ins. Co.	MFS Mid Cap Value Ret Acct	36,134
*	Transamerica Financial Life Ins. Co.	Prudential Total Return Bond Ret Acct	532,279
*	Transamerica Financial Life Ins. Co.	State Street Russell Small Cap Index Ret Acct	123,583
*	Transamerica Financial Life Ins. Co.	State Street S&P Mid Cap Index Ret Acct	100,845
*	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Income Ret Acct	590,672
*	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Conservative Growth Ret Acct	426,007
*	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Growth Ret Acct	2,865,572
*	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Moderate Growth Ret Acct	957,328
*	Transamerica Financial Life Ins. Co.	TA Vanguard REIT Index Ret Acct	176,826
*	Transamerica Financial Life Ins. Co.	TA Vanguard Total Stock Market Index Ret Acct	1,182,800
*	Transamerica Financial Life Ins. Co.	Wells Fargo Special Small Cap Value Ret Acct	84,330
		SEPARATE ACCOUNT FUND TOTAL	15,648,323
*	Transamerica Financial Life Ins. Co.	Transamerica Stable Value Core Account	1,173,186
		STABLE VALUE FUND TOTAL	1,173,186
*	Participants	Notes Receivable with interest rates of 4.00% to 6.50%	288,027
		TOTAL PLAN ASSETS	17,109,536

* Indicates Party-In-Interest to the Plan