

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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) \_\_\_\_\_

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>EMPLOYEE RETIREMENT SAVINGS PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ONONDAGA EMPLOYEE LEASING SERVICES INC</u></p> <p><u>5015 CAMPUSWOOD DRIVE STE 204</u> <u>EAST SYRACUSE, NY 13057</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1994</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>16-1254312</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>315-463-7838</u></p> <p><b>2d</b> Business code (see instructions) <u>561300</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2024	DON CAHALAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1155
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	989
	<b>6a(2)</b>	690
	<b>6b</b>	1
	<b>6c</b>	111
	<b>6d</b>	802
	<b>6e</b>	1
	<b>6f</b>	803
	<b>6g(1)</b>	449
	<b>6g(2)</b>	365
<b>h</b>	<b>6h</b>	26
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**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 2F 2R 2T 2V

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached   1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<b>A</b> Name of plan <b>EMPLOYEE RETIREMENT SAVINGS PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ONONDAGA EMPLOYEE LEASING SERVICES INC</b>		<b>D</b> Employer Identification Number (EIN) <b>16-1254312</b>	

**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.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>36-6071399</b>	<b>70688</b>	<b>932505</b>	<b>365</b>	<b>01/01/2023</b>	<b>12/31/2023</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
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.		
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	2270472
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	19603819
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year.....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 2293517
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 140448
	(2) Dividends and credits .....	<b>7c(2)</b>
	(3) Interest credited during the year .....	<b>7c(3)</b> 25577
	(4) Transferred from separate account.....	<b>7c(4)</b> 817981
	(5) Other (specify below) .....	<b>7c(5)</b> 106587
	▶ ADDITIONS TO FORFEITURE AND EXPENSE BUDGET ACCOUNTS AND LOAN REPAYMENTS	
	(6) Total additions .....	<b>7c(6)</b> 1090593
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 3384110
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b> 898346
	(2) Administration charge made by carrier .....	<b>7e(2)</b> 25433
	(3) Transferred to separate account.....	<b>7e(3)</b> 117465
	(4) Other (specify below) .....	<b>7e(4)</b> 72394
▶ ALLOCATED FORFEITURES AND ADV ER ACCOUNTS, OTHER EXPENSES AND TERM ADJUSTMENTS FROM UNALLOCATED ASSETS		
	(5) Total deductions .....	<b>7e(5)</b> 1113638
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b> 2270472

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<b>A</b> Name of plan <b>EMPLOYEE RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ONONDAGA EMPLOYEE LEASING SERVICES INC</b>	<b>D</b> Employer Identification Number (EIN) <b>16-1254312</b>	

**Part I Service Provider Information (see instructions)**

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

**CHARLES SCHWAB & CO., INC**

**94-1737782**

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

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

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**(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 50	INVESTMENT ADVISORY-PLAN	47592	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	239	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	197179	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UBS FINANCIAL SERVICES INC

13-2638166

(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 50	INVESTMENT ADVISORY-PLAN	10242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 71	SECURITIES BROKERAGE	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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
CHARLES SCHWAB & CO., INC.	33 71	0
(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.
ALLIANZ GLOBAL INVESTORS PO BOX 8050 BOSTON, MA 02266		RATE OF 0.02% OF AVERAGE DAILY BALANCE OF ASSET(S)
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(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.
BARON CAPITAL GROUP, INC.  13-3107580		RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(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.
BERKSHIRE  77-0330031		RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)

**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
CHARLES SCHWAB & CO., INC.	33 71	0
(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.	
BLACKROCK  04-6171663	RATE OF 0.50% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(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.	
SCHWAB FUNDS  94-3106735	RATE OF 0.14% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(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.	
WASATCH  87-0319391	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

**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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>EMPLOYEE RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ONONDAGA EMPLOYEE LEASING SERVICES INC</u>	<b>D</b> Employer Identification Number (EIN) <u>16-1254312</u>
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<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (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: STATE STREET RUSSELL SM CP IDX

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

<b>c</b> EIN-PN <u>36-6071399-437</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>145560</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET ACCT

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

<b>c</b> EIN-PN <u>36-6071399-438</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>344620</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFL-PRCTD SEC POFOLIO

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

<b>c</b> EIN-PN <u>36-6071399-526</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65900</u>
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**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

<b>c</b> EIN-PN <u>36-6071399-625</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>73376</u>
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**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

<b>c</b> EIN-PN <u>36-6071399-130</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>293096</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TTL STOCK MKT IDX ACCT

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

<b>c</b> EIN-PN <u>36-6071399-166</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1993517</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET ACCT

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

<b>c</b> EIN-PN <u>36-6071399-971</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>628450</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS NEW PERSPECTIVE ACCT

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

<b>c</b> EIN-PN 36-6071399-255	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	733150
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HIGH YIELD BD RET ACCT

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

<b>c</b> EIN-PN 36-6071399-219	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	113597
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY 1 CH IN RETD ACCT

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

<b>c</b> EIN-PN 36-6071399-364	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	495602
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY 1 CH 2025 ACCT

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

<b>c</b> EIN-PN 36-6071399-434	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1360516
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY 1 CH 2030 ACCT

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

<b>c</b> EIN-PN 36-6071399-435	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	890630
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY 1 CH 2035 ACCT

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

<b>c</b> EIN-PN 36-6071399-436	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	271190
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY 1 CH 2040 ACCT

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

<b>c</b> EIN-PN 36-6071399-361	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	996193
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY 1 CH 2045 ACCT

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

<b>c</b> EIN-PN 36-6071399-362	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	885217
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY 1 CH 2050 ACCT

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

<b>c</b> EIN-PN 36-6071399-363	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	639058
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY 1 CH 2055 ACCT

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

<b>c</b> EIN-PN 36-6071399-843	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	969354
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPP ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-844	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 531650
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-830	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82175
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQ INC RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-579	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 508839
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVS GR STOCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-663	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 665230
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BD RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-597	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 463867
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VAL RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-709	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89770
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SPECIAL SM CP VAL RT ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-965	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 326830
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY 1 CH 2060 ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-816	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 377853
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS EUROPACIFIC GR RT ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-076	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144906
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY INC ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-503	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 842426

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MOD GR

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

<b>c</b> EIN-PN 36-6071399-504	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	634640
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GR RT ACCT

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

<b>c</b> EIN-PN 36-6071399-502	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3026322
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**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

<b>c</b> EIN-PN 83-1098532-087	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	284
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID-CAP GR EQ RET ACCT

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

<b>c</b> EIN-PN 83-1098532-098	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	799153
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTL DIVERSIFICATION RET ACCT

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

<b>c</b> EIN-PN 83-1098532-123	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	210848
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY CNSV GR RT

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

<b>c</b> EIN-PN 36-6071399-501	<b>d</b> Entity code P	<b>e</b> 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:

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

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**b** Name of plan sponsor **c** EIN-PN

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**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>	
<b>A</b> Name of plan <b>EMPLOYEE RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ONONDAGA EMPLOYEE LEASING SERVICES INC</b>	<b>D</b> Employer Identification Number (EIN) <b>16-1254312</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	43371	25921
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	124634	114476
<b>(3)</b> Other .....	<b>1b(3)</b>	773	686
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	246343	263818
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	19642912	19603819
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	2293517	2270472
<b>(15)</b> Other .....	<b>1c(15)</b>	1251915	1285638

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	23603465	23564830
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	23603465	23564830

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	666840	
(B) Participants .....	2a(1)(B)	2272143	
(C) Others (including rollovers) .....	2a(1)(C)	801254	
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		3740237
<b>b Earnings on investments:</b>			
(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)	16019	
(F) Other .....	2b(1)(F)	25577	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		41596
(2) Dividends: (A) Preferred stock .....			
(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 .....			
(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.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		2829256
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		151262
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		6762351

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	2537968	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2537968
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		26916
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		6573
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	197179	
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	57834	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		255013
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		2826470

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3935881
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		472697
(2) From this plan.....	<b>2l(2)</b>		4447213

**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** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
VOLO'S AUTO SUPPLY 401(K) PLAN	20-1529120	001
PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	16-1254312	333
SPIN-OFF TERMINATION PLAN FOR MS SUPPLY & HOME HEALTH CO.	03-0374741	001
THRIVE BY 5 401(K) PLAN	92-0493249	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 \_\_\_\_\_.

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
JELLYFISH US LIMITED 401(K) PLAN	45-5052905	001
THE ART EFFECT OF THE HUDSON VALLEY, INC. DBA THE ART EFFECT	22-2538177	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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>EMPLOYEE RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ONONDAGA EMPLOYEE LEASING SERVICES INC</u>	<b>D</b> Employer Identification Number (EIN) <u>16-1254312</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702462A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<p><b>A</b> Name of plan <span style="margin-left: 20px;">EMPLOYEE RETIREMENT SAVINGS PLAN</span></p>	<p><b>B</b> Three-digit Plan number (PN) ..... ▶</p>	<p>001</p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <span style="margin-left: 20px;">ONONDAGA EMPLOYEE LEASING SERVICES INC</span></p>	<p><b>D</b> Administrator's EIN <span style="margin-left: 100px;">16-1254312</span></p>	

**Part I** **Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II** **Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer <span style="margin-left: 20px;">4 PAWS VETERINARY CARE PLLC</span>	<b>2b</b> EIN <span style="margin-left: 20px;">20-8295833</span>	<b>2c</b> Percentage of Total Contributions for the Plan Year <span style="margin-left: 40px;">0.87</span>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <span style="margin-left: 100px;">111991</span>
<b>2a</b> Name of Participating Employer <span style="margin-left: 20px;">10BEAUTY, INC.</span>	<b>2b</b> EIN <span style="margin-left: 20px;">83-1247164</span>	<b>2c</b> Percentage of Total Contributions for the Plan Year <span style="margin-left: 40px;">4.71</span>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <span style="margin-left: 100px;">847254</span>

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2023)  
v. 230728**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABC AUTOS INC	59-1496470	2.92	321293
ACCESSORIES OF TAMPA BAY CRB INC	59-3108438	0.38	137083
ANNIE PORTER LIBRARY	83-0502914	0.12	27119
ASHFORD DENTAL OF DOBBS FERRY PC	88-4200200	0.02	534
ASSURED INVENTORY LOSS PREVENTION SERVICES	82-2073056	0.05	1591
ATB CARPET & RESTORATION SERVICES INC	46-3653028	0.21	4721
ATB FURNISHED HOUSING OF SOUTH FLORIDA	20-3545927	3.20	449635
AVILA PROPERTY OWNERS ASSOCIATION	59-1934484	1.17	173741
BARADO'S ON THE WATER	45-5037270	0.70	121963

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BGG PLUMBING & HEATING	46-1939480	0.00	39469
BRINE WELLS DEVELOPMENT CO. LLC	47-5171436	0.66	72641
BRONX LACROSSE, INC.	82-1991261	1.53	215551
BROWN EXCAVATING LLC	84-4113095	0.13	29546
CAITLYN BOM PHOTOGRAPHY, LLC	81-1191396	0.16	25335
CATHERINE DIANA-NUSTEP PROFESSIONAL SERVICES	27-4559148	0.09	16401
CJ'S CAR AMERICA	16-1593738	2.83	614836
CNY ASSOCIATION OF DELTA KAPPA EPSILON	15-0545634	0.07	53
CORNERSTONE HERKIMER, LLC	81-4349735	0.00	65394

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**Part II Participating Employer Information (Continued).**

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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CUSTOM KLOSETS & CABINETS INC	02-0533367	3.70	1005500
D. ROHDE HEATING PLUMBING AND A/C INC.	46-3278416	0.00	66656
DEE'S DINER	27-0800681	0.00	258729
DEPENDABLE PAVING CO	16-1318933	1.90	427208
DR. WILLIAM TUCKER MD PLLC	45-3778664	0.00	433754
EMERALD GREENS VILLAS MANAGEMENT COMPANY INC	05-0535795	0.00	2060
ERIKA MARIE HEGLAND, D.O., P.C.	86-2085371	1.42	87573
FALLON LAW OFFICE	10-5602458	0.45	133109
FORD ENGLISH FINANCIAL	11-3667603	0.02	1047

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

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**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOX HOLLOW	27-0973832	1.19	285887
FRED'S USED AUTO PARTS	10-4543229	0.00	13367
G.A. BOVE & SONS INC	14-1536615	10.43	4623898
GD MAPSTONE	26-0836937	0.94	314018
HARTY CONSTRUCTION	03-0422010	0.82	95288
HEREBA MENTAL HEALTH COUNSELING, LMHC, P.C.	82-2984673	0.55	40348
JIM RINALDO	59-3073589	0.12	349825
KINGSTON BLOCK & MASONRY SUPPLY	81-2536395	0.26	7076
KNYCH & WHRITENOUR LLC	20-3585821	0.00	85373

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LYOPHILIZATION SYSTEMS, INC.	14-1793316	2.92	704615
MALIWAWA PRODUCTIONS INC.	26-4450969	3.55	913663
MARCELLUS MEDICAL GROUP, PLLC	85-0562239	0.15	19328
MAYA KAIMAL FOODS, LLC	35-2650151	7.35	1700464
MILLROCK TECHNOLOGY INC.	20-1023604	5.68	2074809
NEW PALTZ RESCUE SQUAD	23-7261243	0.10	73345
NORTHWAY STOP & SHOP	26-2133038	0.42	125391
ONONDAGA BUILDERS	16-1593079	0.34	132466
ONONDAGA LEASING SERVICES	16-1254313	5.27	1784332

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PORTFOLIO BI	45-5135918	19.50	2495347
REEDS GARAGE INC	20-3811934	0.08	12597
ROSE'S QUICK STOP, LLC	82-2943978	0.97	149213
S V AUTO SUPPLY INC	82-2218782	0.04	0
SCHAEFER BANKRUPTCY LAW, P.C.	82-4323653	1.19	170224
SINGULARITY-INTELLIGENCE AMPLIFIED, LLC	47-2852561	0.56	43137
SPINELLA FREIGHT LINES	16-1208725	0.00	125102
SPLASH USA, INC.	27-2072494	0.00	0
STATLINE MEDICAL PC	87-2512585	4.45	240628

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STELLA'S DINER	46-1625611	1.83	0
STENGER DIAMOND & GLASS, LLP	46-1050718	1.61	175128
TANTIVY FARM	16-1245900	0.01	339535
THE ART EFFECT OF THE HUDSON VALLEY,	22-2538177	0.00	0
THERAPY IN PARTNERS THRIVE BY FIVE	26-2533581	0.12	0
UNITED ROADSIDE INC.	83-1147489	0.58	9188
URTASKER INC.	84-1916400	1.25	88445
VOLO'S AUTO SUPPLY	20-1529129	0.06	0
WILLOWBANK CO	16-1552808	0.35	172770

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) .....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_

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**O** **NONDAGA EMPLOYEE  
LEASING SERVICES, INC.  
401(k) TAX SAVINGS PLAN**

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***FINANCIAL STATEMENTS***

December 31, 2023 and 2022

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

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Dermody, Burke & Brown, CPAs, LLC

## INDEPENDENT AUDITORS' REPORT

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### **PLAN ADMINISTRATOR ONONDAGA EMPLOYEE LEASING SERVICES, INC. 401(k) TAX SAVINGS PLAN**

#### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed the audits of the accompanying financial statements of **ONONDAGA EMPLOYEE LEASING SERVICES, INC. 401(k) TAX SAVINGS PLAN**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, 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, having determined it is permissible in the circumstances, has elected to have the audits of Onondaga Employee Leasing Services, Inc. 401(k) Tax Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

443 North Franklin Street • Syracuse, NY 13204-1441 • (315) 471-9171 • Fax (315) 471-8555

1120 Corporate Drive • Auburn, NY 13021-1634 • (315) 253-6273 • Fax (315) 253-0890

4350 Middle Settlement Road • New Hartford, NY 13413-5328 • (315) 732-2991 • Fax (315) 732-0282

<http://www.dbbllc.com>

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## **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Onondaga Employee Leasing Services, Inc. 401(k) Tax Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Onondaga Employee Leasing Services, Inc. 401(k) Tax Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Onondaga Employee Leasing Services, Inc. 401(k) Tax Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Onondaga Employee Leasing Services, Inc. 401(k) Tax Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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**Auditor’s Responsibilities for the Audit of the Financial Statements – Continued**

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**Other Matter – Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

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**Other Matter – Supplemental Schedule Required by ERISA – Continued**

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Dermody, Burke & Brown*

**DERMODY, BURKE & BROWN, CPAs, LLC**

Syracuse, NY

October 12, 2024

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

**FINANCIAL STATEMENTS**

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**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2023 and 2022

**ASSETS**

	<b>2023</b>	<b>2022</b>
<b>INVESTMENTS AT FAIR VALUE</b>		
Pooled Separate Accounts	\$ 19,603,819	\$ 19,642,912
Stable Value Fund	2,270,472	2,293,517
Self-Directed Brokerage Accounts	<u>1,285,638</u>	<u>1,251,915</u>
Total Investments at Fair Value	23,159,929	23,188,344
<b>RECEIVABLES</b>		
Notes Receivable from Participants	263,818	246,343
Employer Contributions	25,921	43,371
Participant Contributions	<u>115,162</u>	<u>125,407</u>
Total Receivables	<u>404,901</u>	<u>415,121</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 23,564,830</u></u>	<u><u>\$ 23,603,465</u></u>

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See notes to financial statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended December 31, 2023 and 2022

	<b>2023</b>	<b>2022</b>
<b>ADDITIONS</b>		
Investment Income (Loss):		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 3,006,095	\$ (3,676,089)
Interest Income on Notes Receivable from Participants	16,019	12,869
Contributions:		
Employer	666,840	761,637
Participant	2,272,143	2,421,302
Rollover	801,254	365,984
Total Contributions	3,740,237	3,548,923
Total Additions (Reductions)	6,762,351	(114,297)
<b>DEDUCTIONS</b>		
Benefits Paid to Participants	2,571,457	1,983,698
Administrative Expenses	255,013	225,095
Total Deductions	2,826,470	2,208,793
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE NET TRANSFER (TO) FROM OTHER PLANS	3,935,881	(2,323,090)
NET TRANSFER OF ASSETS (TO) FROM OTHER PLANS	(3,974,516)	579,899
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(38,635)	(1,743,191)
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of Year	23,603,465	25,346,656
End of Year	\$ 23,564,830	\$ 23,603,465

See notes to financial statements.

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

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**NOTES TO FINANCIAL STATEMENTS**

December 31, 2023 and 2022

**NOTE 1 – DESCRIPTION OF PLAN**

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The following description of the Onondaga Employee Leasing Services, 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 employees from participating employers (the “Employers” or “Companies”), 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 may elect to offer 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, 2023 and 2022, the Companies made safe harbor matching contributions to the Plan of approximately \$366,000 and \$408,000, 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, 2023 and 2022, the Plan sponsor made employer matching contributions of approximately \$319,000 and \$294,000, respectively.

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, 2023 and 2022.

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

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**NOTES TO FINANCIAL STATEMENTS**

December 31, 2023 and 2022

**NOTE 1 – DESCRIPTION OF PLAN – Continued**

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**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, and (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.

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

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

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**NOTES TO FINANCIAL STATEMENTS**

December 31, 2023 and 2022

**NOTE 1 – DESCRIPTION OF PLAN – Continued**

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**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 \$102,241 and \$88,984 at December 31, 2023 and 2022, respectively. These accounts will be used to reduce future Plan expenses, with the remainder used to offset employer contributions. Forfeitures used to offset Plan expenses in 2023 and 2022 amounted to \$773 and \$-0-, respectively. Forfeitures used to reduce employer contributions were \$-0- for both the years ended December 31, 2023 and 2022.

**NOTES TO FINANCIAL STATEMENTS**

December 31, 2023 and 2022

**NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES**

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**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 (depreciation) 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, 2023 and 2022.

**Payment of Benefits**

Benefit payments are recorded when paid.

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

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**NOTES TO FINANCIAL STATEMENTS**

December 31, 2023 and 2022

**NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued**

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**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 (depreciation) of fair value of investments.

**Subsequent Events**

Plan management has evaluated subsequent events through October 12, 2024, which is the date the financial statements were available to be issued.

**NOTE 3 – CERTIFIED INVESTMENT INFORMATION**

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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 Transamerica Financial Life Insurance Company, Inc., the custodian 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 custodian as of and for the years ended December 31, 2023 and 2022:

	<b>2023</b>	<b>2022</b>
Investments, at Fair Value	<u>\$ 23,159,929</u>	<u>\$ 23,188,344</u>
Notes Receivable from Participants	<u>\$ 263,818</u>	<u>\$ 246,343</u>
Investment Income (Loss)	<u>\$ 3,006,095</u>	<u>\$ (3,676,089)</u>
Interest Income on Notes Receivable from Participants	<u>\$ 16,019</u>	<u>\$ 12,869</u>

**NOTES TO FINANCIAL STATEMENTS**

December 31, 2023 and 2022

**NOTE 4 – FAIR VALUE MEASUREMENTS**

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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 SERVICES, INC.  
401(k) TAX SAVINGS PLAN

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**NOTES TO FINANCIAL STATEMENTS**

December 31, 2023 and 2022

**NOTE 4 – FAIR VALUE MEASUREMENTS – Continued**

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Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

***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 custodians 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.

***Self-Directed Brokerage Accounts:*** Valued at the daily closing price as reported by the underlying investment fund. Fair values for the underlying assets were based on either quoted prices in active markets or observable inputs or quotations from inactive markets.

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

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**NOTES TO FINANCIAL STATEMENTS**

December 31, 2023 and 2022

**NOTE 4 – FAIR VALUE MEASUREMENTS – Continued**

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The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value, as of December 31, 2023 and 2022:

**Investments at Fair Value as of December 31, 2023**

	Level 1	Level 2	Level 3	Total
Investments at Fair Value:				
Pooled Separate Accounts	\$ 0	\$ 19,603,819	\$ 0	\$ 19,603,819
Stable Value Fund	0	2,270,472	0	2,270,472
Self-Directed Brokerage Accounts	0	1,285,638	0	1,285,638
Total Investments at Fair Value	\$ 0	\$ 23,159,929	\$ 0	\$ 23,159,929

**Investments at Fair Value as of December 31, 2022**

	Level 1	Level 2	Level 3	Total
Investments at Fair Value:				
Pooled Separate Accounts	\$ 0	\$ 19,642,912	\$ 0	\$ 19,642,912
Stable Value Fund	0	2,293,517	0	2,293,517
Self-Directed Brokerage Accounts	0	1,251,915	0	1,251,915
Total Investments at Fair Value	\$ 0	\$ 23,188,344	\$ 0	\$ 23,188,344

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2023 and 2022 are reported in net appreciation (depreciation) in fair value of investments.

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

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Transamerica Financial Life Insurance Company, Inc. is the custodian of the Plan’s assets. As such, transactions between the custodian 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.

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

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**NOTES TO FINANCIAL STATEMENTS**

December 31, 2023 and 2022

**NOTE 6 – PLAN TERMINATION**

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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**

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The Internal Revenue Service has determined and informed the Companies by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator and Plan's tax counsel believe that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, believes 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 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.

**NOTE 8 – NET TRANSFER OF ASSETS FROM OTHER PLANS**

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During 2023 and 2022, 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 is included in the Net Transfer of Assets from Other Plans on the statements of changes in net assets available for benefits, totaling (\$3,974,516) and \$579,899 during 2023 and 2022, respectively.

**NOTE 9 – RISKS AND UNCERTAINTIES**

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The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 SERVICES, INC.**  
**401(k) TAX SAVINGS PLAN**

**OTHER FINANCIAL INFORMATION**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Year Ended December 31, 2023

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 Financial Life Ins Co	AllSpring Special Sm cp Val Rt Acct	**	\$ 326,830
*	Transamerica Financial Life Ins Co	American Century One Ch 2025 Rt Acct	**	1,360,516
*	Transamerica Financial Life Ins Co	American Century One Ch 2030 Rt Acct	**	890,630
*	Transamerica Financial Life Ins Co	American Century One Ch 2035 Rt Acct	**	271,190
*	Transamerica Financial Life Ins Co	American Century One Ch 2040 Rt Acct	**	996,193
*	Transamerica Financial Life Ins Co	American Century One Ch 2045 Rt Acct	**	885,217
*	Transamerica Financial Life Ins Co	American Century One Ch 2050 Rt Acct	**	639,058
*	Transamerica Financial Life Ins Co	American Century One Ch 2055 Rt Acct	**	969,354
*	Transamerica Financial Life Ins Co	American Century One Ch In Rtmnt Rt Acct	**	495,602
*	Transamerica Financial Life Ins Co	American Century One Ch 2060 Rt Acct	**	377,853
*	Transamerica Financial Life Ins Co	American Funds Balanced Ret Acct	**	628,450
*	Transamerica Financial Life Ins Co	American Fds EuroPacific Gr Rt Acct	**	144,906
*	Transamerica Financial Life Ins Co	American Fds New Perspective Rt Acct	**	733,150
*	Transamerica Financial Life Ins Co	American Funds New World Ret Acct	**	73,376
*	Transamerica Financial Life Ins Co	BlackRock Health Sciences Opp Rt Acct	**	531,650
*	Transamerica Financial Life Ins Co	BlackRock Mid-Cap Gr Eq Ret Acct	**	799,153
*	Transamerica Financial Life Ins Co	BlackRock High Yield Bd Rt Acct	**	113,597
*	Transamerica Financial Life Ins Co	DFA Inf-Protected Sec Prtf Ret Acct	**	65,900
*	Transamerica Financial Life Ins Co	Franklin Utilities Ret Acct	**	284
*	Transamerica Financial Life Ins Co	Janus Henderson Triton Ret Acct	**	82,175
*	Transamerica Financial Life Ins Co	JPMorgan Equity Income Ret Acct	**	508,839
*	Transamerica Financial Life Ins Co	MFS Intl Diversification Ret Acct	**	210,848
*	Transamerica Financial Life Ins Co	MFS Massachusetts Invs Gr Stock Rt Acct	**	665,230
*	Transamerica Financial Life Ins Co	MFS Mid Cap Value Ret Acct	**	89,770
*	Transamerica Financial Life Ins Co	PGIM Total Return Bd Rt Acct	**	463,867
*	Transamerica Financial Life Ins Co	State Street Russell Sm cp Idx Rt Acct	**	145,560
*	Transamerica Financial Life Ins Co	State Street S&P Md cp Idx Ret Acct	**	344,620
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Inc Rt Acct	**	842,426
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Cnsv Gr Rt Acct	**	0
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Gr Rt Acct	**	3,026,322
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Mod Gr Rt Acct	**	634,640
*	Transamerica Financial Life Ins Co	TA Vanguard REIT Index Ret Acct	**	293,096
*	Transamerica Financial Life Ins Co	TA Vanguard Total Stock Mkt Idx Rt Acct	**	1,993,517
*	Transamerica Financial Life Ins Co	Transamerica Stable Value Core Account	**	2,270,472
	Charles Schwab & Co., Inc.	Personal Choice Retirement Account	**	1,285,638
				<u>23,159,929</u>
*	Notes Receivable from Participants	Interest rates ranging from 4.25% to 8.00% with maturity dates through November 2027.	-0-	263,818
				<u>\$ 23,423,747</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 SERVICES, INC.**  
**401(k) TAX SAVINGS PLAN**

**OTHER FINANCIAL INFORMATION**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Year Ended December 31, 2023

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 Financial Life Ins Co	AllSpring Special Sm cp Val Rt Acct	**	\$ 326,830
*	Transamerica Financial Life Ins Co	American Century One Ch 2025 Rt Acct	**	1,360,516
*	Transamerica Financial Life Ins Co	American Century One Ch 2030 Rt Acct	**	890,630
*	Transamerica Financial Life Ins Co	American Century One Ch 2035 Rt Acct	**	271,190
*	Transamerica Financial Life Ins Co	American Century One Ch 2040 Rt Acct	**	996,193
*	Transamerica Financial Life Ins Co	American Century One Ch 2045 Rt Acct	**	885,217
*	Transamerica Financial Life Ins Co	American Century One Ch 2050 Rt Acct	**	639,058
*	Transamerica Financial Life Ins Co	American Century One Ch 2055 Rt Acct	**	969,354
*	Transamerica Financial Life Ins Co	American Century One Ch In Rtmnt Rt Acct	**	495,602
*	Transamerica Financial Life Ins Co	American Century One Ch 2060 Rt Acct	**	377,853
*	Transamerica Financial Life Ins Co	American Funds Balanced Ret Acct	**	628,450
*	Transamerica Financial Life Ins Co	American Fds EuroPacific Gr Rt Acct	**	144,906
*	Transamerica Financial Life Ins Co	American Fds New Perspective Rt Acct	**	733,150
*	Transamerica Financial Life Ins Co	American Funds New World Ret Acct	**	73,376
*	Transamerica Financial Life Ins Co	BlackRock Health Sciences Opp Rt Acct	**	531,650
*	Transamerica Financial Life Ins Co	BlackRock Mid-Cap Gr Eq Ret Acct	**	799,153
*	Transamerica Financial Life Ins Co	BlackRock High Yield Bd Rt Acct	**	113,597
*	Transamerica Financial Life Ins Co	DFA Inf-Protected Sec Prtf Ret Acct	**	65,900
*	Transamerica Financial Life Ins Co	Franklin Utilities Ret Acct	**	284
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*	Transamerica Financial Life Ins Co	JPMorgan Equity Income Ret Acct	**	508,839
*	Transamerica Financial Life Ins Co	MFS Intl Diversification Ret Acct	**	210,848
*	Transamerica Financial Life Ins Co	MFS Massachusetts Invs Gr Stock Rt Acct	**	665,230
*	Transamerica Financial Life Ins Co	MFS Mid Cap Value Ret Acct	**	89,770
*	Transamerica Financial Life Ins Co	PGIM Total Return Bd Rt Acct	**	463,867
*	Transamerica Financial Life Ins Co	State Street Russell Sm cp Idx Rt Acct	**	145,560
*	Transamerica Financial Life Ins Co	State Street S&P Md cp Idx Ret Acct	**	344,620
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Inc Rt Acct	**	842,426
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Cnsv Gr Rt Acct	**	0
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Gr Rt Acct	**	3,026,322
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Mod Gr Rt Acct	**	634,640
*	Transamerica Financial Life Ins Co	TA Vanguard REIT Index Ret Acct	**	293,096
*	Transamerica Financial Life Ins Co	TA Vanguard Total Stock Mkt Idx Rt Acct	**	1,993,517
*	Transamerica Financial Life Ins Co	Transamerica Stable Value Core Account	**	2,270,472
	Charles Schwab & Co., Inc.	Personal Choice Retirement Account	**	1,285,638
				<u>23,159,929</u>
*	Notes Receivable from Participants	Interest rates ranging from 4.25% to 8.00% with maturity dates through November 2027.	-0-	263,818
				<u>\$ 23,423,747</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.