

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2013</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan <u>01/01/2013</u>	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan <u>01/01/2013</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PAYROLL MADE EASY, INC. DBA CONTINUUM HR</u> <u>11691 GATEWAY BLVD STE 104</u> <u>FORT MYERS, FL 33913</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>65-0976069</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>239-592-9700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541214</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>65-0976069</u>	2c Plan Sponsor's telephone number <u>239-592-9700</u>	2d Business code (see instructions) <u>541214</u>	
2b Employer Identification Number (EIN) <u>65-0976069</u>					
2c Plan Sponsor's telephone number <u>239-592-9700</u>					
2d Business code (see instructions) <u>541214</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2018	ROBERT L SARVER II
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 539
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 481
a(2) Total number of active participants at the end of the plan year	6a(2) 436
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 45
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 481
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 481
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 192
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PAYROLL MADE EASY, INC. DBA CONTINUUM HR	D Employer Identification Number (EIN) 65-0976069	

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
(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
(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

(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

(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

(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

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

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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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 38 50	TPA	41854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(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?
28 51	PORTFOLIO MGMT	9547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PAYROLL MADE EASY, INC. DBA CONTINUUM HR</u>	D Employer Identification Number (EIN) <u>65-0976069</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2170	5388
(2) Participant contributions	1b(2)	10574	28944
(3) Other.....	1b(3)	586	944
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	144590	194704
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5544503	7628030
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5702423	7858010

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	27998	18525
k Total liabilities (add all amounts in lines 1g through 1j)	1k	27998	18525

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5674425	7839485
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	251881	
(B) Participants	2a(1)(B)	683736	
(C) Others (including rollovers)	2a(1)(C)	72315	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1007932
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	8470	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8470
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	168934	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		168934
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		805448
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1990784

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	382881	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		382881
f Corrective distributions (see instructions)	2f		18525
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	41854	
(3) Investment advisory and management fees	2i(3)	19124	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		60978
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		462384

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1528400
l Transfers of assets:			
(1) To this plan.....	2l(1)		809718
(2) From this plan	2l(2)		173058

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: SKODA MINOTTI

(2) EIN: 34-1945206

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		400000
4e	X		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HERITAGE BAY GOLF & COUNTRY CLUB 401K PLAN	20-2643036	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PAYROLL MADE EASY, INC. DBA CONTINUUM HR</u>	D Employer Identification Number (EIN) <u>65-0976069</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2017 AND 2016



SKODA MINOTTI

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

YEARS ENDED DECEMBER 31, 2017 AND 2016

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	PAGE NO. 2 - 3
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS December 31, 2017 and 2016	4
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years ended December 31, 2017 and 2016	5
NOTES TO THE FINANCIAL STATEMENTS	6 - 13
SUPPLEMENTARY INFORMATION	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2017	14 - 15

INDEPENDENT AUDITORS' REPORT

TO THE PLAN ADMINISTRATOR
PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Payroll Made Easy, Inc. dba Continuum Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements 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 the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements, referred to above present fairly, in all material respects, the net assets available for benefits of Payroll Made Easy, Inc. dba Continuum Retirement Savings Plan as of December 31, 2017 and 2016, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets (held at end of year) as of December 31, 2017 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

SKODA MINOTTI & CO.

A handwritten signature in cursive script that reads "Skoda Minotti".

Tampa, Florida
July 9, 2018

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
INVESTMENTS, AT FAIR VALUE		
Mutual funds	\$ 7,061,989	\$ 5,161,063
Money market fund	<u>566,041</u>	<u>383,440</u>
	<u>7,628,030</u>	<u>5,544,503</u>
RECEIVABLES		
Employers' contributions	5,388	2,170
Participants' contributions	28,944	10,574
Notes receivable from participants	232,013	181,899
Other receivables	<u>944</u>	<u>586</u>
	<u>267,289</u>	<u>195,229</u>
	7,895,319	5,739,732
LIABILITY		
Corrective distributions payable	<u>18,525</u>	<u>27,998</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,876,794</u>	<u>\$ 5,711,734</u>

The accompanying notes are an integral part of these financial statements.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation in fair value of investments	\$ 805,448	\$ 297,373
Interest and dividends	<u>168,934</u>	<u>104,144</u>
	<u>974,382</u>	<u>401,517</u>
Contributions		
Employers	251,881	181,938
Participants'	683,736	511,985
Rollovers	<u>72,315</u>	<u>410,183</u>
	<u>1,007,932</u>	<u>1,104,106</u>
Transfers into the Plan	809,718	-
Other income	<u>8,470</u>	<u>5,953</u>
	<u>818,188</u>	<u>5,953</u>
Total additions	<u>2,800,502</u>	<u>1,511,576</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	401,406	184,274
Transfers out of the Plan	173,058	248,556
Administrative expenses	<u>60,978</u>	<u>51,341</u>
Total deductions	<u>635,442</u>	<u>484,171</u>
NET INCREASE	2,165,060	1,027,405
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>5,711,734</u>	<u>4,684,329</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u><u>\$ 7,876,794</u></u>	<u><u>\$ 5,711,734</u></u>

The accompanying notes are an integral part of these financial statements.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of Payroll Made Easy, Inc. dba Continuum Retirement Savings Plan (the Plan) provides only general information. Payroll Made Easy, Inc. is the Plan Sponsor. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a voluntary multiple employer defined contribution plan covering all employees of J. Cauley & Associates LLC (CAULEY), Chrysalis Packaging & Assembly Corp. dba Chryspac (CPAC), Corner Construction Services, Inc. (CCS), Cypress Woods Golf Club (CWGC), Heritage Bay Golf & Country Club (HBGC), Heritage Palms Golf Club (HPGC), Language Source (LS), Laptops Plus, Inc. (LTPI), Payroll Made Easy, Inc. dba Continuum HR (PMEI), Photo USA, Inc. (PHOTO), Premier Workforce Solutions/Premier Gold (PWSC), Red Brown KLE Marketing, Inc. (RBKM), Rehab Consultants of Central Florida (RCCF), Rehab Consultants of West Central Florida (RCWCF), Reids Fine Furnishings, Inc. (RFF), S&S Golf Management dba Vision Golf Management (SSGM), St. Clare Terrace (SCT), Smart Parts Inc. (SP), The Villages of Country Creek (VOCC), Tinnell's Finer Foods/Vision Foods Group, Inc. dba Save-A-Lot (TFFG), Transcendent, LLC (TL), and Zodiac Spirits, LLC (ZSL) (collectively the Companies, or individually the Employer) who meet the minimum service requirements and are not covered by a collective bargaining agreement. Employees of the following companies are eligible to participate in the Plan upon completion of three months of employment and having attained age 21: PMEI, PWSC and ZSL. Employees of the following companies are eligible to participate in the Plan upon completion of 1 year of service including 1,000 hours in a consecutive 12 months after attaining age 21: CCS, HBGC, LS, LTPI, RBKM, RCCF, RCWCF, RFF, SSGM, SCT, SP, TFFG, and VOCC. Employees of CWGC and HPGC are eligible to participate after six months of employment and attaining age 18. Employees of PHOTO are eligible to participate in the Plan upon completion of 1 year of service including 1,000 hours in a consecutive 12 months and after attaining age 18. Employees of CAULEY are eligible to participate after attaining age 18. Employees of CPAC are eligible to participate after 6 months and attaining age 21. Employees of TL are eligible to participate after 3 months of service and attaining age 18. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may elect to contribute from 1% to 100% of their compensation to the Plan through payroll reductions on a pre-tax basis or Roth contributions, as defined by the Plan, up to \$18,000 in 2017 and 2016, plus catch up contributions as defined in the Plan document. Effective May 1, 2017, a participant may also elect to defer a specific dollar amount to the Plan. Rollover contributions are permitted as described in the Plan document. Participants direct the investment of their contributions into various investment options offered by the Plan.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN (continued)

Contributions (continued)

The following Employers elected matching contributions of 25% of participants' elective deferrals up to 8% of compensation: HBGC, HPGC and SSGM. TFFG elected matching contributions of 25% of participants' elective deferrals up to 3% of compensation. The following Employers made safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 3% of compensation, plus 50% of their contributions that exceed 2% of compensation: PMEI, ZSL, CWGC, and VOCC. The following Employers made safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 4% of compensation: RCCF and RCWCF. TL made safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 3% of compensation, plus 50% of their contributions up to the next 5% of compensation. CAULEY made safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 5% of compensation. CCS elected matching contributions equal to 100% of participants' elective deferrals up to 3% of compensation. SP elected matching contributions equal to 100% of participants' deferrals up to 2% of compensation. LS elected matching contributions of 50% of participants' deferrals up to 4% of compensation, with matching contributions not exceeding \$1,500 per participant per year. PHOTO and RBKM made non-elective safe harbor contributions to participants' accounts equal to 3% of the participant's compensation. CPAC, LTPI, PWSC, RFF, and SCT have elected not to make any employer contributions. Total employer contributions were \$251,881 and \$181,938 for the years ended December 31, 2017 and 2016, respectively.

Participant Accounts

Each participant's account is credited with the participant's elective deferrals, the Company's safe harbor matching contributions, and an allocation of the Employers' discretionary contributions, and any earnings thereon, and charged with an allocation of administrative expenses. Discretionary contributions are allocated pro rata based on employee compensation. Allocations of the earnings and expenses are based on the participants' earnings or account balances, as defined in the Plan document. 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 elective deferrals, rollover contributions, employer safe harbor match contributions, and the actual earnings thereon. For all Employers except CCS and LS, vesting in the discretionary Employer match portion of their accounts is based on continuous service according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0%
At least 2 years, but less than 3	20%
At least 3 years, but less than 4	40%
At least 4 years, but less than 5	60%
At least 5 years, but less than 6	80%
6 years or more	100%

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN (continued)

Vesting (continued)

For CCS and LS, vesting in the discretionary Employer match portion of their accounts is based on continuous service according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 year	0%
At least 1 year, but less than 2	20%
At least 2 years, but less than 3	40%
At least 3 years, but less than 4	60%
At least 4 years, but less than 5	80%
5 years or more	100%

Participants become 100% vested in their account balance upon attainment of normal retirement age of 65, or upon death or disability.

Forfeitures

Forfeitures are created when participants terminate employment prior to becoming entitled to full benefits. The forfeitures may be used to offset Employer contributions or administrative expenses. At December 31, 2017 and 2016, forfeited non-vested accounts totaled \$325 and \$948, respectively. Forfeitures in the amount of \$704 and \$4,563 were used during 2017 and 2016, respectively, to offset Employer contributions.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or separation, participants or their beneficiaries may be entitled to receive a distribution of their vested account balance in the form of a lump-sum payment. Upon attaining age 59 1/2, participants may elect to withdraw funds from the Plan equal to the value of their vested account balances. In the case of severe financial hardship, the Companies, in their sole discretion, may direct distribution of all or a portion of the participant's voluntary contributions, subject to certain restrictions. The Plan will make an involuntary distribution 60 days following separation of service for those participants with account balances less than \$5,000.

Notes Receivable from Participants

Participants may borrow 50% of their vested account balance, a minimum of \$1,000 up to a maximum of \$50,000. Notes receivable terms range from one to five years or up to fifteen years for the purchase of a primary residence. Notes receivable are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through payroll deductions. Interest income of \$8,470 and \$5,953 for the years ended December 31, 2017 and 2016, respectively, has been included in other income in the accompanying Statements in Changes in Net Assets Available for Benefits.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses are paid by the Plan or the Companies, at the discretion of the Companies.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on the investments purchased 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. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

Subsequent Events

The Company evaluated subsequent events through July 9, 2018, the date these financial statements were available to be issued. Other than the matter described in Note 10, there were no material subsequent events that required recognition or additional disclosure in these financial statements.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

3. INVESTMENTS

The following table presents investments at December 31:

	<u>2017</u>	<u>2016</u>
Mutual funds	\$ 7,061,989	\$ 5,161,063
Money market accounts	<u>566,041</u>	<u>383,440</u>
	<u>\$ 7,628,030</u>	<u>\$ 5,544,503</u>

During 2017 and 2016, the Plan's investments (including investments purchased and sold, as well as held during the year) appreciated in value as follows:

	<u>2017</u>	<u>2016</u>
Mutual funds	\$ 805,448	\$ 297,373

4. FAIR VALUE MEASUREMENTS

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. It applies to fair value measurements already required or permitted by existing standards. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described as follows:

- 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 Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in inactive markets. Level 2 includes those inputs other than quoted prices that are observable for the asset or liability. Level 2 inputs are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified 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's 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 used should maximize the use of observable inputs and minimize the use of unobservable inputs.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS (continued)

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, 2017 and 2016.

Mutual funds – Valued at quoted market prices.

Money market fund – Valued at cost, which equals fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Level 1	Total
Mutual funds	\$ 7,061,989	\$ 7,061,989
Money market fund	<u>566,041</u>	<u>566,041</u>
Total assets at fair value	<u>\$ 7,628,030</u>	<u>\$ 7,628,030</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	Level 1	Total
Mutual funds	\$ 5,161,063	\$ 5,161,063
Money market fund	<u>383,440</u>	<u>383,440</u>
Total assets at fair value	<u>\$ 5,544,503</u>	<u>\$ 5,544,503</u>

5. TAX STATUS

The Plan is a Volume Submitter Profit Sharing Plan with a cash or deferral arrangement. The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

6. PLAN TERMINATION

Although they have not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants will become 100% vested in their accounts.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

7. PARTY-IN-INTEREST

Certain Plan investments are invested in funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee; therefore, these transactions are considered party-in-interest transactions.

8. RISKS AND UNCERTAINTIES

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

9. TRANSFERS TO/FROM OTHER PLANS

During the year ended December 31, 2017, five participating employers (CCS, LS, RFF, SP, and TL) joined the Plan, and one participating employer (HBGC) left the Plan. Net assets totaling \$809,718 were merged into the Plan and \$173,058 of assets were transferred out of the Plan. During the year ended December 31, 2016, one participating employer (CWGC) left the Plan. Net assets totaling \$248,556 of assets were transferred out of the Plan.

10. CORRECTIVE DISTRIBUTIONS PAYABLE

In order to pass the 2017 and 2016 Actual Deferral Percentage (ADP) Test, the Plan administrator elected to refund excess elective deferrals and earnings thereon to certain highly-compensated employees. The calculated amounts were \$18,525 and \$27,998 for 2017 and 2016, respectively, and were distributed out in March 2018 and March 2017, respectively. These amounts have been included as corrective distributions payable in the accompanying Statements of Net Assets Available for Benefits.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

11. RECONCILIATION TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

	<u>2017</u>	<u>2016</u>
Net assets available for benefits per the financial statements	\$ 7,876,794	\$ 5,711,734
Less: Accumulated deemed distributions of participant loans	<u>(37,309)</u>	<u>(37,309)</u>
Net assets available for benefits per Form 5500	<u>\$ 7,839,485</u>	<u>\$ 5,674,425</u>

Deemed distributions relate to notes receivable from participants that have not yet been repaid timely during the year, but whose related participant accounts have not yet been distributed.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

PLAN NO: 002

EIN: 65-0976069

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Current value
	Mutual funds		
	American Century Midcap Value Fund	3,648 shares	\$ 63,924
	American Funds American Balanced Fund	2,174 shares	59,066
	American Funds Capital World Bond Fund	5,161 shares	103,074
	American Funds Capital World Growth & Income Fund	446 shares	22,830
	American Funds EuroPacific Growth Fund	6,900 shares	387,373
	BlackRock Global Allocation Fund	1,173 shares	23,240
	BlackRock Small-Cap Growth Equity Fund	3,108 shares	60,886
	DFA Emerging Markets Core Equity Fund	6,143 shares	142,649
	Dreyfus Boston Co Small/Mid Cap Growth Fund	6,126 shares	120,694
*	Fidelity Spartan 500 Index Premium Fund	6,158 shares	575,541
	JPMorgan Small Cap Value Fund	1,499 shares	45,950
	Metropolitan West Total Return Fund	13,115 shares	131,548
	MFS Value Fund	1,977 shares	80,203
	Principal Investors High Yield Fund II	3,342 shares	24,932
	Principal Large Cap Growth Fund	20,512 shares	295,794
	Vanguard Industrials Index Admiral Fund	3,313 shares	242,170
	Vanguard Inflation-Protected Securities Admiral Fund	2,056 shares	52,644
	Vanguard Mid-Cap Index Admiral Fund	2,740 shares	525,001
	Vanguard REIT Index Admiral Fund	1 share	193
	Vanguard Short-Term Federal Admiral Fund	108,470 shares	1,151,956
	Vanguard Short-Term Treasury Admiral Fund	4,716 shares	49,764
	Vanguard Small-Cap Index Admiral Fund	3,253 shares	230,273
	Vanguard Total International Stock Index Admiral Fund	2,824 shares	86,193
	Vanguard Total Stock Market Index Admiral Fund	38,760 shares	2,586,091
	Balance to next page		7,061,989

* Party-in-interest

See the Independent Auditors' Report.

PAYROLL MADE EASY, INC. dba CONTINUUM RETIREMENT SAVINGS PLAN

PLAN NO: 002
EIN: 65-0976069

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Current value
	Balance from previous page		\$ 7,061,989
	<i>Money market fund</i>		
	Gabelli US Treasury Money Market Fund	2,692 shares	2,692
	Vanguard Money Market Prime	563,349 shares	563,349
*	<i>Notes receivable from participants</i>	Interest rates at 4.25%- 4.75% with various maturities through 2032	<u>232,013</u>
			<u><u>\$ 7,860,043</u></u>

* Party-in-interest

See the Independent Auditors' Report.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN

PLAN# 002

EIN #: 65-0976069

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	American Century	AMDVX - American Century Midcap Value R6		63,924
	DFA	DFCEX - DFA Emerging Markets Core Equity		142,649
	Fidelity	FUSVX - Fidelity 500 Index Premium		575,543
	Gabelli Funds/SSga	GABXX - Gabelli US Treasury Money Market		2,692
	JPMorgan	JSVUX - JPMorgan Small Cap Value Class R6		45,950
	MFS	MEIKX - MFS Value Fund Class R6		80,203
	BlackRock	MKLOX - BlackRock Global Allocation K		23,240
	Metropolitan West	MWTSX - METROPOLITAN WEST TOTAL RETURN CL P		131,548
	Principal	PHYTX - Principal Investors High Yield II		24,932
	Principal	PLCGX - Principal Large Cap Growth I R6		295,794
	BlackRock	PSGIX - BlackRock Small Cap Growth Equity		60,886
	American Funds	RCWGX - American Funds Capital World Bond R6		103,074
	American Funds	RERGX - American Funds EuroPacifc R6		387,373
	American Funds	RLBGX - American Funds American Balanced R6		59,066
	American Funds	RWIGX - American Funds Capital World G & I R6		22,830
	Dreyfus	SDSCX - Dreyfus Boston Co Sm Mid Cap Grw I		120,694
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		52,644
	Vanguard	VFIRX - Vanguard Short Term Treasury Admiral		49,764
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		193
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		525,001
	Vanguard	VINAX - Vanguard Industrial Index Admiral		242,170
	Vanguard	VMFXX - Vanguard Federal Money Market		563,349
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		1,151,956
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		230,273
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		86,193
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admira		2,586,091
	Participants Loan	4.25% - 4.75%		194,704

Multiple-Employer Plan Participating Employer Information

PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN PLAN# 002 EIN: 65-0976069

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Chrysalis Packaging & Assembly Corp. dba Chrystac	39-1979872	0.83%
Corner Construction Services, Inc.	20-8670765	1.55%
Heritage Bay Golf & Country Club	20-2643036	4.06%
Heritage Palms Golf Club	65-0825023	15.81%
J. Cauley & Associates LLC	47-1662045	2.52%
Language Source	34-2007037	2.73%
Laptops Plus, Inc.	59-3469708	1.04%
Payroll Made Easy, Inc. dba Continuum HR	65-0976069	22.57%
Photo USA, Inc.	54-1682497	1.41%
Premier Workforce Solutions/Premier Gold	26-0447970	2.82%
Red Brown KLE Marketing, Inc.	39-2011895	11.82%
Rehab Consultants of Central Florida	65-0862730	2.95%
Rehab Consultants of West Central Florida	65-0873868	1.58%
REIDS FINE FURNISHINGS INC	541761644	2.20%
S&S Golf Management dba Vision Golf Management	59-3025175	5.89%
Smart Parts Inc	65-0931065	0.55%
St. Clare Terrace	39-1974121	0.64%
The Villages of Country Creek	65-0040526	1.97%
Tinnell's Finer Foods/Vision Foods Group Inc. dba Save-A-Lot	54-0800346	0.47%
Transcendent, LLC	20-1742704	12.73%
Zodiac Spirits, LLC	46-4298877	3.85%