| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2017**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

**1a** Name of plan
PAYROLL LINK RETIREMENT TRUST

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/2011

**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)
PAYROLL LINK, INC.

10251 TRADEMARK STREET BLDG. B
RANCHO CUCAMONGA, CA 91730

**2b** Employer Identification Number (EIN) 33-0888557

**2c** Plan Sponsor's telephone number 909-568-2900

**2d** Business code (see instructions) 541214

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2018 | MIKE DEMERJIAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2018 | MIKE DEMERJIAN |
| | **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.**

**3a** Plan administrator's name and address [X] 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** | 878 |
| **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)** | 825 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 861 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 83 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 944 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 944 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 266 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **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 3H

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

**9a** Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). | 2017 |
| Department of Labor Employee Benefits Security Administration | ▶ **File as an attachment to Form 5500.** | **This Form is Open to Public Inspection.** |
| Pension Benefit Guaranty Corporation | | |

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

| | |
|---|---|
| **A** Name of plan<br>PAYROLL LINK RETIREMENT TRUST | **B** Three-digit plan number (PN) ▶ 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>PAYROLL LINK, INC. | **D** Employer Identification Number (EIN)<br>33-0888557 |

## 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

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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)

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 | 44533 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

PAYROLL LINK, INC.

33-0888557

| (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? |
|---|---|---|---|---|---|---|
| 14 50 | PLAN ADMINISTRATOR | 9769 | 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 | 5757 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** Name: GOLDSTEIN, ZUGMAN, WEINSTEIN & POOL | | **b** EIN: 20-0453834 |
| **c** Position: AUDITOR | | |
| **d** Address: 6301 NW 5TH WAY, SUITE 4200<br>FORT LAUDERDALE, FL 33309 | | **e** Telephone: |

Explanation: MANAGEMENT'S DECISION TO USE AUDITOR LOCAL TO CALIFORNIA.

| | | |
|---|---|---|
| **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) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2017**<br>**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 LINK RETIREMENT TRUST

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PAYROLL LINK, INC.

**D** Employer Identification Number (EIN)
33-0888557

## 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) | 1933 | 1623 |
| **(2)** Participant contributions | 1b(2) | 19500 | 12812 |
| **(3)** Other | 1b(3) | 1340 | 2222 |
| **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) | 87991 | 145332 |
| **(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) | 4760407 | 6590875 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 4871171 | 6752864 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 4871171 | 6752864 |

## 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) | 163475 | |
| **(B)** Participants | 2a(1)(B) | 869562 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 4902 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1037939 |
| **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) | 4708 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 4708 |
| **(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) | 126252 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 126252 |
| **(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) | | 554593 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1723492 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 72402 | |
| (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) | | 72402 |
| f Corrective distributions (see instructions) | 2f | | 39590 |
| 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) | 54302 | |
| (3) Investment advisory and management fees | 2i(3) | 5757 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 60059 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 172051 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1551441 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 330252 |
| (2) From this plan | 2l(2) | | |

## 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)** [X] 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 [X] No

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

**(1)** Name: C DART CPA **(2)** EIN: 47-3105009

**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:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **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.) | 4a | X | | 42487 |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | X | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | 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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**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) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2017**<br>**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 LINK RETIREMENT TRUST

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PAYROLL LINK, INC.

**D** Employer Identification Number (EIN)
33-0888557

## 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): 65-0708495 _____

**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**

## 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 LINK, INC.
# PAYROLL LINK RETIREMENT TRUST

## FINANCIAL STATEMENTS
## AND SUPPLEMENTAL INFORMATION
## WITH INDEPENDENT AUDITOR'S REPORT

**DECEMBER 31, 2017 AND 2016**

**PAYROLL LINK, INC.**
**PAYROLL LINK RETIREMENT TRUST**

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**DECEMBER 31, 2017 AND 2016**


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C.DART CPA
Targeting your financial future

6370 Brockton Avenue
Riverside, California 92506
951-300-9680

# INDEPENDENT AUDITOR'S REPORT

To the Trustee
Payroll Link Retirement Trust
Rancho Cucamonga, California

## Report on the Financial Statements

We have audited the accompanying financial statements of Payroll Link Retirement Trust, which comprise the Statements of Net Assets Available for Plan Benefits as December 31, 2017 and 2016, and the related Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2017, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits 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 entity'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 entity'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 on the Financial Statements**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits as of December 31, 2017 and 2016 and the changes in net assets available for plan benefits for the year ended December 31, 2017 in accordance with accounting principles generally accepted in the United States of America.

**Report of Supplementary Information**

Our audits of the Plan's financial statements were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at Year End), Multiple-Employer Plan Participating Employer Plan Information, and Schedule of Delinquent Participant Contributions and Note Repayments as of December 31,2017 are presented for the purposes of additional analysis and are not a required part of the financial statements, but is supplemental information required by the Department of Labor's (DOL) 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 audits 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 presented in all material respects in relation to the financial statements taken as a whole.

Craig Dart

C. Dart CPA
Riverside, California
October 15, 2018

**PAYROLL LINK, INC.**
**PAYROLL LINK RETIREMENT TRUST**

## STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

| | December 31, 2017 | December 31, 2016 |
|---|---|---|
| **Assets** | | |
| Investments at fair value (Notes 2, 3 and 5): | | |
| Mutual funds | $ 6,590,875 | $ 4,760,407 |
| Total investments | 6,590,875 | 4,760,407 |
| Receivables: | | |
| Participants' contributions | 12,812 | 19,500 |
| Employer contributions | 1,623 | 1,933 |
| Notes receivable from participants | 145,332 | 87,991 |
| Other employer contributions (Note 10) | 2,914 | - |
| Other receivables | 2,222 | 1,340 |
| Total receivables | 164,903 | 110,764 |
| **Plan liabilities** | | |
| Corrective distributions | 45,450 | 39,590 |
| Total liabilities | 45,450 | 39,590 |
| **Net assets available for plan benefits** | $ 6,710,328 | $ 4,831,581 |

**PAYROLL LINK, INC.**
**PAYROLL LINK RETIREMENT TRUST**

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

| | Year ended December 31, 2017 |
|---|---|
| **Additions** | |
| Investment income (Notes 2, 3, and 5): | |
| Net appreciation in fair value of investments | $ 554,593 |
| Dividends from investments | 126,252 |
| Total investment income | 680,845 |
| Notes receivable interest from participants | 4,708 |
| Contributions: | |
| Employer | 163,475 |
| Participants, net of 2017 corrective distributions | 824,112 |
| Other employer contributions (Note 10) | 2,914 |
| Rollover contribution | 4,902 |
| Total contributions | 995,403 |
| Total additions, net | 1,680,956 |
| **Deductions** | |
| Deductions from net assets attributed to: | |
| Benefits paid to participants; including distribution of notes receivable | 72,402 |
| Administrative expenses | 60,059 |
| Total deductions | 132,461 |
| **Net increase** | 1,548,495 |
| Transfer of assets to the Plan (Note 11) | 330,252 |
| **Net assets available for plan benefits** | |
| Beginning of year | 4,831,581 |
| End of year | $ 6,710,328 |

The accompanying notes are an integral part of these financial statements

## NOTE 1 - DESCRIPTION OF THE PLAN

The Payroll Link Retirement Trust (the Plan) is a defined contribution plan providing retirement income to eligible employees. The Plan was established January 1, 2011 and subsequently amended. The Plan is a multiple-employer plan. The Plan is administered by Payroll Link, Inc. (the Company). The Plan consists of a tax deferred savings program under Internal Revenue Code (IRC) Section 401(k) and is subject to the provisions of the Employee Retirement Income Security of 1974 (ERISA).

The following description of the Plan provides only general information. Participants and other interested parties should refer to the plan document for a more complete description of the Plan's provisions.

Eligibility and Participation

The Plan covers all employees, as defined in the Plan, of the adopting employers (Employers) who have completed the age and service requirements selected by the Employer in the adoption agreement. New Employers entering into the Plan may initially waive the eligibility requirements for the employees employed by the Employers as of the date entering the Plan. Participation occurs on the first day of the month after completing each Employer's age and service requirements.

Contributions

Each year, participants may contribute between 1% to 98% of pre-tax and after tax annual compensation, as defined in the Plan. Discretionary employer-provided matching contributions may be made to the Plan. The employer matching contribution will be a specified percentage of the elective contributions the employee makes to the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution, and allocations of (a) the Company's contributions, if any, (b) plan earnings, and (c) charged with an allocation of administrative expenses as provided by the Plan. Allocations are based on participant earnings or account balances, 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 contributions plus actual earnings thereon. Each Employer selects among three vesting options. Under the first option, employer contributions are 20% vested after two years of credited service, and 20% for each additional year. Under the second option, employer contributions are 100% vested after three year of credited service. The third option is full and immediate vesting. All participants are 100% vested upon attainment of normal retirement (defined as age 65), or upon death, termination of the Plan, or retirement due to disability.

Notes Receivable from Participants

Participants may borrow from their fund accounts at a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance with only one outstanding loan allowable per participant. The loans are secured by the balance in the participant's account and bear interest at 4.25% - 4.75%, which is commensurate with local prevailing rate as determined by the plan administrator. Principal and interest are paid ratably through bi-weekly payroll deductions and generally must be paid back within five years.

Payment of Benefits

The Plan provides for the payment of benefits to the participant or beneficiary at retirement, death, disability, or termination of employment. Participants terminating their employment with the Company or attaining age 59 1/2 are entitled to withdraw all or a portion of their vested account balance. "Hardship" distributions, as outlined in the plan document, are permitted subject to the approval of the Trustee. Participants who qualify for retirement benefits and withdrawals will receive their benefits in the form of a lump sum cash distribution or periodic installments. Benefits under the Plan shall be distributed solely from the assets of the Trust. The benefit to which a participant is entitled is the benefit that can be provided directly from the participant's vested account balance.

Forfeitures

Forfeitures occur after an employee has a break in service or upon distribution of the participant's vested account balance. At December 31, 2017 and 2016, forfeited non-vested accounts totaled $1,126 and $7,644, respectively. These accounts are used to reduce future employer contributions or pay administrative expenses. For 2017, forfeitures were $4,482 and employer contributions were reduced by $10,999 from forfeited non-vested accounts.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments held by a defined-contribution plan are required to be reported at fair value; except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are participant directed and are stated at fair value (except for fully benefit-responsive investment contracts which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. See Note 5 for 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 investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at the unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 31, 2017 or 2016. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

## NOTE 3 - ACCOUNTING CHANGES

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 92), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for plan benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured at fair value by general type. However, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015.

## NOTE 4 - RISK 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 Plan Benefits.

## NOTE 5 - FAIR VALUE MEASUREMENTS

FASB ASC 820, Fair Value Measurements and Disclosures, 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. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Levels 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements
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 at the measurement date.

Level 2 Fair Value Measurements
Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets, (2) quoted prices for identical or similar assets or liabilities in inactive markets, (3) inputs other than quoted prices that are observable for the asset or liability, and (4) inputs that are derived principally from corroborated 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 Fair Value Measurements
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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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 the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to

transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The investment is classified within Level 1 of the hierarchy.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| | **Assets at Fair Value as of December 31, 2017** | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds | $ 6,590,875 | $ - | $ - | $ 6,590,875 |

| | **Assets at Fair Value as of December 31, 2016** | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds | $ 4,760,407 | $ - | $ - | $ 4,760,407 |

For the years ended December 31, 2017 and 2016, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

## NOTE 6 - TAX STATUS

The Company adopted the Slavic Integrated Administrative Multiple Employer Retirement Plan Volume Submitter Master Plan Document which obtained it's latest opinion letter on March 31, 2014. In this letter, the Internal Revenue Service (IRS) states that the Plan is acceptable under Section 401 of the Code for use by the employer for the benefit of their employees. Therefore, no provision for income taxes has been included in the Plan's financial statements. Although the Plan has been amended since receiving the opinion letter, the Company believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Company believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Company has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2017 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2014.

## NOTE 7 - DELINQUENT PARTICIPANT CONTRIBUTIONS

Certain contributions were not remitted to the Plan within the maximum period permitted under the Department of Labor's regulations. These late remittances are detailed in the attached Schedule of Delinquent Participant Contributions and Note Repayments as of December 31, 2017.

## NOTE 8 - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. The Plan issues notes to participants which are secured by the balances in participants' accounts.

Slavic Integrated Administration, Inc. (SIA), the Plan's third-party administrator receives fees for recordkeeping services along with participant account administrative and asset fees. The total fee paid by the Plan for the year ended December 31, 2017 was $44,533.

Slavic Mutual Funds Management Corporation (SMF), which is owned by the stockholders of SIA, is the investment advisor to the Plan. Participants who elect this service are charged a quarterly advisor fee. The total fee paid by the Plan for the year ended December 31, 2017 was $5,757.

The Company has an expense reimbursement agreement with the Plan to cover various administrative expenses. The agreement calls for reimbursement of plan administrative expenses to be remitted to the Company through a quarterly fee. For the year ended December 31, 2017, the reimbursement paid was $9,769.

## NOTE 9 - PLAN TERMINATION

Although the Company has not expressed any intent to do so, the Company 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 that the Plan is terminated, participants will become 100% vested in all Company contributions.

## NOTE 10 - OTHER EMPLOYER CONTRIBUTIONS

The Plan has accrued $2,807 for missed elective deferrals and employer matching contributions. $1,011 is reported on the Schedule of Delinquent Participant Contributions and Note Repayments. The Plan has also accrued $107 for lost earnings related to $31,674 in participant contributions and note repayments not remitted timely for 2017.

## NOTE 11 - PLAN TO PLAN TRANSFER

During the year ended 2017, the following plans transferred assets to the Plan in the amount of $330,252: (1) Johnson Hospitality Services Associates, LLC Retirement Trust $111,044, (2) Airport Boulevard Realty, LLC 401(k) $15,247, (3) Four Seasons Associates, LLC 401(K) Plan $96,598, (4) Infinipower Hospitality Group, Inc. Retirement Trust $107,363. Employees of the respective companies were terminated, re-hired by Johnson Hospitality Services Associates, LLC who adopted the Plan in 2017.

## NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2017 and 2016 to Form 5500:

| | December 31, 2017 | December 31, 2016 |
|---|---|---|
| Net assets available for plan benefits per financial statements | $ 6,710,328 | $ 4,831,581 |
| Other employer contributions (Note 10) | (2,914) | - |
| Corrective distributions | 45,450 | 39,590 |
| Net assets available for plan benefits per the Form 5500 | $ 6,752,864 | $ 4,871,171 |

The following is a reconciliation of the change in net assets available for plan benefits per the financial statements for the year ended December 31, 2017 to Form 5500:

| | Year Ended December 31, 2017 |
|---|---|
| Change in net assets available for plan benefits per financial statements | $ 1,548,495 |
| Other employer contributions (Note 10) | (2,914) |
| 2016 adjustment for accrued corrective distributions | (39,590) |
| 2017 adjustment for accrued corrective distributions | 45,450 |
| Change in net assets available for plan benefits per the Form 5500 | $ 1,551,441 |

## NOTE 13 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 15, 2018, the date the financial statements were available to be issued.

In 2018, iTalk Mobile Corporation, iTalk Global Communications, Inc., and Digital Technology Marketing & Information, Inc. have elected not to participate in the Plan. As of the date of the auditor's report, no amounts related to the participants had been transferred from this plan to another plan.

# SUPPLEMENTAL INFORMATION

**PAYROLL LINK, INC.**
**PAYROLL LINK RETIREMENT TRUST**
**PLAN YEAR BEGINNING JANUARY 1 AND ENDING DECEMBER 31, 2017**

**EIN: 33-0888557**
**PLAN # 002**

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

| (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 |
|---|---|---|---|---|
| | **Mutual Funds** | **Registered Investment Company** | | |
| | American Century Investments | ACMVX -American Century Mid Cap Value | ** | $ 234,979 |
| | American Funds | RERGX - American Funds EuroPacific R6 | ** | 258,773 |
| | DFA | DFCEX- DFA Emerging Markets Core Equity | ** | 139,129 |
| * | Fidelity | FATIX - Fidelity Advisor Technology | ** | 110,736 |
| * | Fidelity | FMFEX - Fidelity Advisor Materials I | ** | 24,669 |
| | Franklin | FURX - Franklin Utilities R6 | ** | 30,258 |
| | Gabelli | SVSPX - SSgAS&P Index 500 | ** | 179,987 |
| | Putnam | PHAYX - Putnam High Yield Advantage | ** | 88,111 |
| | T Rowe Price | PRDGX - T Rowe Price Dividend Growth | ** | 237,575 |
| | T Rowe Price | PRWAX - T Rowe Price New American | ** | 144,153 |
| | Vanguard | VGELX - Vanguard Energy Fund Admiral | ** | 50,130 |
| | Vanguard | VGSLX - Vanguard REIT Index Admiral | ** | 33,430 |
| | Vanguard | VTIAX - Vanguard Total Intnl Stock Index Admiral | ** | 175,608 |
| | Vanguard | VSIAX - Vanguard Small Cap Value Index | ** | 34,102 |
| | Vanguard | VSGAX - Vanguard Small Cap Growth Index | ** | 188,812 |
| | Vanguard | VMGMX - Vanguard Mid Cap Growth Index | ** | 77,549 |
| | Vanguard | VTXVX - Vanguard Target Ret 2015 FD Investor | ** | 44,792 |
| | Vanguard | VTTVX - Vanguard Target Ret 2025 FD Investor | ** | 71,849 |
| | Vanguard | VTTHX - Vanguard Target Ret 2035 FD Investor | ** | 50,679 |
| | Vanguard | VTIVX - Vanguard Target Ret 2045 FD Investor | ** | 18,893 |
| | Vanguard | VTWNX - Vanguard Target Retirement 2020 Investor | ** | 60,832 |
| | Vanguard | VTTSX - Vanguard Target Ret 2060 Fund Investor | ** | 20,155 |
| | Vanguard | VFFVX - Vanguard Target Ret 2055 Fund Investor | ** | 21,262 |
| | Vanguard | VFIFX - Vanguard Target Retirement 2050 Investor | ** | 19,606 |
| | Vanguard | VFORX - Vanguard Target Retirement 2040 Investor | ** | 51,365 |
| | Vanguard | VTHRX - Vanguard Target Retirement 2030 Investor | ** | 19,662 |
| | Vanguard | VINAX - Vanguard Industrials Index Fund Admiral | ** | 144,191 |
| | Vanguard | VIMAX - Vanguard Mid Cap Index Admiral SHS | ** | 112,331 |
| | Vanguard | VSMAX - Vanguard Samll Cap Index Admiral | ** | 74,969 |
| | Vanguard | VTSAX - Vanguard Total Stock Market Index | ** | 1,585,289 |
| | Vanguard | VBTLX - Vanguard Total Bond Market Index | ** | 63,329 |
| | Vanguard | VBILX - Vanguard Total Intermediate Bond Index | ** | 165,521 |
| | Vanguard | VTINX - Vanguard Target Ret Inc FD Investor | ** | 7,576 |
| | Vanguard | VAIPX - Vanguard Inflation Protected SEC Admiral CL | ** | 33,250 |
| | Vanguard | VSGDX - Vanguard Short Term Federal | ** | 748,519 |
| | Vanguard | VMMXX - Vanguard Money Market Prime Portfolio Investor | ** | 752 |
| | Vanguard | VMFXX - Vanguard Federal Reserve Money Market Investor CL | ** | 1,268,052 |
| | **Notes Receivable** | | | |
| * | Notes receivable from participants | (4.25% - 4.75%) | $0 | 145,332 |
| | | | | $ 6,736,207 |

* Denotes Party-in-Interest
** Cost information is not applicable for participant directed investments

**PAYROLL LINK, INC.**
**PAYROLL LINK RETIREMENT TRUST**
**MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION**

**EIN: 33-0888557**
**PLAN # 002**

| (a) Name of participating employer | (b) Employer identification number | (c) Percentage of total contributions |
|---|---|---|
| 5Nex & Company, Inc. | 41-2114828 | 8.05% |
| AmTRAN Logistics, Inc./AmTRAN Video Corp./ASEV Display Labs | 20-8040900 | 9.31% |
| CLS Landscape Management, Inc. | 95-3916100 | 7.09% |
| Coachella Valley Rescue Mission | 95-2684844 | 5.57% |
| Corona-Norco United Way | 95-1754467 | 0.33% |
| County Sanitation Company, Inc. | 95-3325117 | 3.99% |
| Digital Technology Marketing & Information, Inc. | 46-1541481 | 2.77% |
| iTalk Global Communications, Inc. | 20-0166156 | 22.28% |
| iTalk Mobile Corporation | 47-2232635 | 0.28% |
| Johnson Hospitality | 88-0457927 | 5.97% |
| Monkey Sports, Inc./Monkey Sports NJ, Inc. | 33-0872208 | 20.46% |
| Payroll Link, Inc. | 33-0888557 | 13.90% |

**PAYROLL LINK, INC.**
**PAYROLL LINK RETIREMENT TRUST**
**DECMBER 31, 2017**

**EIN: 33-0888557**
**PLAN # 002**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS AND NOTE REPAYMENTS**

| Participant Contributions Transferred Late to the Plan | Totals that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if late Note Repayments are included<br>X | Participant contributions and note repayments not corrected | Participant contributions and note repayments corrected outside VFCP | Participant contributions and note repayments corrected in VFCP | |
| $ 42,487 ** | $ 1,011 ** | $ 41,476 ** | $ - | $ - |

**The contributions and note repayments shown above were remitted to the Payroll Link Retirement Trust (the Plan) except for $1,011 which is included in "Other Employer Contributions". However, these amounts are considered delinquent under Section 2520.102(a) of the Department of Labor Rules and Regulations for Reporting and Disclosure. Lost earnings in the amount of $836 attributable to $41,476 in late remittances have been remitted to the Plan as of the date of the auditor's report. Thus, they are considered corrected. Management has represented that they will remit lost earnings in 2018 to the Plan attributable to $1,011 shown as not corrected.

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

**PAYROLL LINK RETIREMENT TRUST** **PLAN# 002** **EIN #: 33-0888557**

| (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 | ACMVX - American Century Mid Cap Value | | 234,979 |
| | DFA | DFCEX - DFA Emerging Markets Core Equity | | 139,129 |
| | Fidelity | FATIX - Fidelity Advisor Technology | | 110,736 |
| | Fidelity | FMFEX - Fidelity Advisor Materials I | | 24,669 |
| | Franklin/Templeton | FUFRX - Franklin Utilities R6 | | 30,258 |
| | Putnam | PHAYX - Putnam High Yield Advantage | | 88,111 |
| | T Rowe Price | PRDGX - T_ Rowe Price Dividend Growth | | 237,575 |
| | T Rowe Price | PRWAX - T_ Rowe Price New American Growth | | 144,153 |
| | American Funds | RERGX - American Funds EuroPacifc R6 | | 258,773 |
| | Gabelli Funds/SSga | SVSPX - SSgA S&P Index 500 | | 179,987 |
| | Vanguard | VAIPX - Vanguard Inflation Protected Securities | | 33,250 |
| | Vanguard | VBILX - Vanguard Intermediate-Term Bond Index Ad | | 165,521 |
| | Vanguard | VBTLX - Vanguard Total Bond Market Index Admiral | | 63,329 |
| | Vanguard | VFFVX - Vanguard Target Retirement 2055 | | 21,262 |
| | Vanguard | VFIFX - Vanguard Target Retirement 2050 | | 19,606 |
| | Vanguard | VFORX - Vanguard Target Retirement 2040 | | 51,365 |
| | Vanguard | VGELX - Vanguard Energy Admiral | | 50,130 |
| | Vanguard | VGSLX - Vanguard Real Estate Index Admiral | | 33,430 |
| | Vanguard | VIMAX - Vanguard Mid Cap Index Admiral | | 112,331 |
| | Vanguard | VINAX - Vanguard Industrial Index Admiral | | 144,191 |
| | Vanguard | VMFXX - Vanguard Federal Money Market | | 1,268,052 |
| | Vanguard | VMGMX - Vanguard Mid Cap Growth Index Admiral | | 77,549 |
| | Vanguard | VMMXX - Vanguard Money Market Prime | | 752 |
| | Vanguard | VSGAX - Vanguard Small Cap Growth Index Adm | | 188,812 |
| | Vanguard | VSGDX - Vanguard Short-Term Federal Admiral | | 748,516 |
| | Vanguard | VSIAX - Vanguard Small Cap Value Index Adm | | 34,102 |
| | Vanguard | VSMAX - Vanguard Small Cap Index Admiral | | 74,969 |
| | Vanguard | VTHRX - Vanguard Target Retirement 2030 | | 19,662 |
| | Vanguard | VTIAX - Vanguard Total Int'l Stock Index Admiral | | 175,608 |
| | Vanguard | VTINX - Vanguard Target Retirement Income | | 7,576 |
| | Vanguard | VTIVX - Vanguard Target Retirement 2045 | | 18,893 |
| | Vanguard | VTSAX - Vanguard Total Stock Market Index Admira | | 1,585,289 |
| | Vanguard | VTTHX - Vanguard Target Retirement 2035 | | 50,679 |
| | Vanguard | VTTSX - Vanguard Target Retirement 2060 | | 20,155 |
| | Vanguard | VTTVX - Vanguard Target Retirement 2025 | | 71,849 |
| | Vanguard | VTWNX - Vanguard Target Retirement 2020 | | 60,832 |
| | Vanguard | VTXVX - Vanguard Target Retirement 2015 | | 44,792 |
| | Participants Loan | 4.25% to 4.75% | | 145,332 |

# Multiple-Employer Plan Participating Employer Information

| PAYROLL LINK RETIREMENT TRUST | PLAN#002 | EIN: 33-0888557 |
|---|---|---|
| ( a ) Name of participating employer | ( b ) EIN | ( c ) Percent of Total Contributions |
| 5Nex & Company, Inc. | 41-2114828 | 8.05% |
| AmTRAN Logistics, Inc./AmTRAN Video Corp./ASEV Display Labs | 20-8040900 | 9.31% |
| CLS Landscape Management, Inc. | 95-3916100 | 7.09% |
| Coachella Valley Rescue Mission | 95-2684844 | 5.57% |
| Corona-Norco United Way | 95-1754467 | 0.33% |
| County Sanitation Company, Inc. | 95-3325117 | 3.99% |
| Digital Technology Marketing & Information, Inc. | 46-1541481 | 2.77% |
| iTalk Global Communications, Inc. | 20-0166156 | 22.28% |
| iTalk Mobile Corporation | 47-2232635 | 0.28% |
| Johnson Hospitality | 88-0457927 | 5.97% |
| Monkey Sports, Inc./Monkey Sports NJ, Inc. | 33-0872208 | 20.46% |
| Payroll Link, Inc. | 33-0888557 | 13.90% |