

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
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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>PRIMACY 401(K) PLAN</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>ACSYS, INC.</u> <u>D/B/A PRIMACY</u> <u>525 SOUTH FLAGLER DRIVE #300</u> <u>WEST PALM BEACH, FL 33401</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>01/01/1999</u></td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td><u>06-1387631</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td><u>561-354-1300</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td><u>541519</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan	<u>01/01/1999</u>	2b Employer Identification Number (EIN)	<u>06-1387631</u>	2c Plan Sponsor's telephone number	<u>561-354-1300</u>	2d Business code (see instructions)	<u>541519</u>
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan	<u>01/01/1999</u>										
2b Employer Identification Number (EIN)	<u>06-1387631</u>										
2c Plan Sponsor's telephone number	<u>561-354-1300</u>										
2d Business code (see instructions)	<u>541519</u>										

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	MARY SANZONE
	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 ACSYS, INC. D/B/A PRIMACY 525 SOUTH FLAGLER DRIVE #300 WEST PALM BEACH, FL 33401	3b Administrator's EIN 06-1387361 3c Administrator's telephone number 860-679-9332
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	5 142
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) 105
a(2) Total number of active participants at the end of the plan year	6a(2) 109
b Retired or separated participants receiving benefits	6b 14
c Other retired or separated participants entitled to future benefits	6c 36
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 159
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 159
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 159
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 7
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
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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) ☐ 0 **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 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>PRIMACY 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACSYS, INC.</u>	D Employer Identification Number (EIN) <u>06-1387631</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	513769	568191
	(2) Participant contributions	1b(2)	40046	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	639981	631088
	(2) U.S. Government securities.....	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	180685	149370
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8992810	11848261
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
	(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10367291	13196910

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10367291	13196910
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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 Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	568191	
(B) Participants	2a(1)(B)	755473	
(C) Others (including rollovers)	2a(1)(C)	1382	
(2) Noncash contributions	2a(2)	0	1325046
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3024	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	9151	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12175
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	688435	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		688435
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1423449
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3449105

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	617869	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		617869
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		942
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	675	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		675
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		619486

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2829619
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: **CALER, DONTEN, LEVINE, COHEN, PORTE**

(2) EIN: **59-2831281**

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		30054
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		600000
4e	X		600000
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)

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 PRIMACY 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACSYS, INC.		D Employer Identification Number (EIN) 06-1387631
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
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): _____

**Audited Financial Statements
and Supplementary Information**

**Primacy
401(k) Plan**

December 31, 2017 and 2016



**CALER, DONTEN, LEVINE,
COHEN, PORTER & VEIL, P.A.**

CERTIFIED PUBLIC ACCOUNTANTS

PRIMACY 401(K) PLAN

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2017 AND 2016

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CALER, DONTEN, LEVINE, COHEN, PORTER & VEIL, P.A.

WILLIAM K. CALER, JR., CPA
LAURA E. CLARK, CPA
LOUIS M. COHEN, CPA
JOHN C. COURTNEY, CPA, JD
DAVID S. DONTEN, CPA
JAMES B. HUTCHISON, CPA
JOEL H. LEVINE, CPA
JAMES F. MULLEN, IV, CPA
MICHAEL J. NALEZYTY, CPA
THOMAS A. PENCE, JR., CPA
SCOTT L. PORTER, CPA
MARK D. VEIL, CPA

CERTIFIED PUBLIC ACCOUNTANTS

505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401-5948
TELEPHONE: (561) 832-9292

850 NW FEDERAL HIGHWAY, SUITE 121
STUART, FL 34994-1019
TELEPHONE: (772) 872-2123

info@cdlcpa.com

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Plan Administrator
Primacy 401(k) Plan
West Palm Beach, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Primacy 401(k) Plan (the "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

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with U.S. generally accepted auditing standards. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of delinquent participant contributions, assets (held at end of year) and assets (acquired and disposed of within year), as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

West Palm Beach, Florida
October 15, 2018

*Cales, Danten, Levine,
Cohen, Porter & Veil, P.A.*

PRIMACY 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments		
Mutual fund investments	\$ 12,479,349	\$ 9,632,791
Receivables		
Employer contributions	562,596	513,769
Other employer contributions	5,595	0
Participant contributions	0	40,046
Notes receivable from participants	<u>149,370</u>	<u>180,685</u>
	<u>717,561</u>	<u>734,500</u>
TOTAL ASSETS	13,196,910	10,367,291
LIABILITY	<u>0</u>	<u>0</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 13,196,910</u></u>	<u><u>\$ 10,367,291</u></u>

See notes to financial statements.

PRIMACY 401(K) PLAN

STATEMENTS OF CHANGES IN NET
ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS		
Additions to net assets attributed to:		
Investment earnings		
Net appreciation in fair value	\$ 1,423,449	\$ 258,863
Dividends and interest	<u>691,459</u>	<u>337,639</u>
	2,114,908	596,502
 Interest income on notes receivable from participants	 9,151	 7,916
 Contributions		
Participants'	755,473	686,093
Employer	562,596	513,769
Other employer	5,595	0
Rollovers	<u>1,382</u>	<u>421,159</u>
	1,325,046	1,621,021
 TOTAL ADDITIONS	 3,449,105	 2,225,439
 DEDUCTIONS		
Benefits paid to participants	618,811	508,721
Administrative expenses	<u>675</u>	<u>565</u>
 TOTAL DEDUCTIONS	 <u>619,486</u>	 <u>509,286</u>
 NET INCREASE	 2,829,619	 1,716,153
 Net assets available for benefits, beginning of year	 <u>10,367,291</u>	 <u>8,651,138</u>
 NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	 <u><u>\$ 13,196,910</u></u>	 <u><u>\$ 10,367,291</u></u>

See notes to financial statements.

PRIMACY 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE A - PLAN DESCRIPTION

The Primacy 401(k) Plan (the "Plan") was established effective January 1, 1999 for eligible employees of ACSYS, Inc. d/b/a Primacy (the "Company") and is intended to comply with the Employee Retirement Income Security Act of 1974 ("ERISA") and Sections 401(a) and 501(a) of the Internal Revenue Code, as amended. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Eligible participants include all employees of the company with the exception of residents of Puerto Rico, employees covered under a collective bargaining agreement, leased employees, nonresident aliens with no income from a U.S. source, and interns who have completed less than a thousand hours during the Plan year. Employees become eligible to participate in the Plan immediately upon being hired as long as they have reached the age of 21.

Contributions: Each year, employees participating in the Plan may contribute up to 60% of their compensation to the Plan, subject to the limits set forth by the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified pension plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Participant contributions include excess contributions, which will be refunded to participants subsequent to year-end if the contributions were determined to be in excess of their maximum allowed contribution levels. There were no refunded excess contributions for the years ended December 31, 2017 and 2016.

The Company makes a safe harbor non-elective contribution to the Plan equal to 3% of participants' eligible compensation. In addition, the Company may elect to contribute a discretionary employer non-elective contribution. To be eligible to receive the discretionary employer non-elective contribution from the Company in any given year, a participant must be employed by the Company on the last day of the Plan year, and must have worked a minimum of 501 hours during such year. Company contributions are credited to individual participants' accounts at the time the contribution is made and are allocated to participants' accounts based on participants' elections. The Company's contributions for the year ended December 31, 2017 and 2016 totaled \$562,596 and \$513,769, respectively.

Participant Accounts: Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, allocations of safe harbor non-elective employer contributions and discretionary employer non-elective contributions and investment earnings, and charged with withdrawals and an allocation of investment losses and administrative expenses. 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 and their safe harbor non-elective employer contributions plus actual earnings thereon. Vesting in the Company's discretionary employer non-elective contributions portion of participants accounts plus earnings thereon is based on years of continuous service, as follows: less than 1 year, 0%; 1 year, 25%; 2 years, 50%; 3 years, 75%; and, 4 or more years, 100%.

PRIMACY 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE A – PLAN DESCRIPTION (Continued)

Payment of Benefits: The entire vested balance of a participant's account may be distributed at the date of the participant's retirement from the Company, termination from service from the Company, death or permanent disability. Participants may request a withdrawal of their accounts in case of financial hardship. Normal retirement age, as defined by the Plan, is age 65. In-service distributions are permitted from a participant's vested account balance, provided the participant has attained the age of 59½. On termination of service, benefits may be paid as a lump-sum distribution.

Forfeited Accounts: Forfeitures of non-vested accounts are used to offset the employer contribution obligation or may be applied to payment of the Plan's administrative expenses. Forfeited amounts totaled \$9,305 and \$12,952 at December 31, 2017 and 2016, respectively. Employer matching contributions were offset with forfeitures totaling \$12,894 and \$19,625 for the years ended December 31, 2017 and 2016, respectively. No forfeitures were applied to administrative expenses for the years ended December 31, 2017 and 2016.

Notes Receivable from Participants: Participants may borrow from their investment fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund and from (to) the participant notes receivable fund. The loans are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with local prevailing rates at the time of the loan as established by the Plan agreement. Principal and interest is paid through employee payroll deductions. Interest income is recorded on the accrual basis. The interest rates on existing participant loans ranged from 3.25% to 6.25% for the year ended December 31, 2017 and 3.25% to 8.00% for the year ended December 31, 2016.

Investment Options: Upon enrollment in the Plan, a participant may direct contributions into any of the various investment options offered by the Plan. Participants may change their investment options and allocations daily. The Plan offered participants investments in a variety of mutual funds for the years ended December 31, 2017 and 2016.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been prepared on the accrual basis of accounting. The Plan recognizes participant contributions received as additions to net assets in the period received from participants through payroll deductions. Company contributions are recognized in the year in which the Company becomes obligated to make such contributions. Expenses are recorded when incurred in accordance with the accrual basis of accounting. Benefit payments are recorded when paid.

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 D for discussion of fair value measurements. Investments are not insured or collateralized. 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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year. The Plan invested in mutual funds for the years ended December 31, 2017 and 2016.

PRIMACY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

All investment information included in the financial statements, notes and supplemental schedules was obtained from data that was prepared and certified as complete and accurate by Fidelity Management Trust Company, the trustee of the Plan's assets. No auditing procedures were performed by the independent certified public accountants with respect to the information certified as complete and accurate by Fidelity Management Trust Company as summarized in Note C.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. 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. No allowance for credit losses has been recorded as of December 31, 2017 or 2016.

Use of Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles 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.

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

NOTE C - INVESTMENT INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. We have been informed by the Plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed transactions for the years ended December 31, 2017 and 2016. Accordingly, Fidelity Management Trust Company, the trustee, has certified that the following investment fair values and investment earnings included in the accompanying financial statements and supplemental schedules are complete and accurate.

	2017	2016
Fidelity Management Trust Company		
<u>Mutual Fund Investments</u>		
Fidelity Blue Chip Growth Fund	\$ 790,400	\$ 539,194
Fidelity Contrafund	653,490	493,319
Fidelity Diversified International Fund	495,604	340,810
Fidelity Dividend Growth Fund	865,968	681,752
Fidelity Equity Dividend Income Fund	179,071	138,183
Fidelity Equity-Income Fund	91,314	84,986
Fidelity Export and Multinational Fund	214,584	168,703
Fidelity Extended Market Index Fund - Investor Class	416,637	324,002
Fidelity Focused Stock Fund	140,349	102,682
Fidelity Freedom 2005 Fund	2,116	4,073
Fidelity Freedom 2010 Fund	10,779	13,263

PRIMACY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE C - INVESTMENT INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (Continued)

	2017	2016
Fidelity Management Trust Company (Continued)		
<u>Mutual Fund Investments (Continued)</u>		
Fidelity Freedom 2015 Fund	\$ 830	\$ 155
Fidelity Freedom 2020 Fund	262,947	202,733
Fidelity Freedom 2025 Fund	140,511	108,899
Fidelity Freedom 2030 Fund	232,425	188,113
Fidelity Freedom 2035 Fund	503,561	462,657
Fidelity Freedom 2040 Fund	513,599	335,293
Fidelity Freedom 2045 Fund	458,539	368,560
Fidelity Freedom 2050 Fund	551,556	410,529
Fidelity Freedom 2055 Fund	289,563	171,467
Fidelity Freedom 2060 Fund	6,695	3,447
Fidelity Freedom Income Fund	27,930	24,240
Fidelity Fund	715,743	557,884
Fidelity Government Money Market Fund	631,088	0
Fidelity Growth Company Fund	763,525	479,910
Fidelity Growth Strategies Fund	233,445	180,115
Fidelity Intermediate Bond Fund	277,498	246,714
Fidelity Investment Grade Bond Fund	168,155	153,788
Fidelity Large Cap Stock Fund	286,326	249,957
Fidelity Low-Priced Stock Fund	550,432	468,852
Fidelity Mid-Cap Stock Fund	306,218	259,775
Fidelity Money Market Trust Retirement Government Money Market II Portfolio	0	639,981
Fidelity OTC Portfolio	299,692	189,675
Fidelity Overseas Fund	210,963	156,402
Fidelity Puritan Fund	206,934	149,628
Fidelity Real Estate Investment Portfolio	69,806	77,138
Fidelity Short-Term Bond Fund	76,445	70,837
Fidelity Small Cap Discovery Fund	138,575	150,517
Fidelity Small Cap Value Fund	103,402	94,447
Fidelity Total Market Index Fund - Investor Class	309,843	256,449
Fidelity Value Fund	226,949	56,580
Fidelity Value Strategies Fund	55,842	27,082
Total Mutual Fund Investments	12,479,349	9,632,791
Notes Receivable from Participants	149,370	180,685
Total Mutual Fund Investments and Notes Receivable from Participants	\$ 12,628,719	\$ 9,813,476

Plan investments for the years ended December 31, 2017 and 2016, include mutual fund investments held by Fidelity Management Trust Company, which was the trustee of the Plan at December 31, 2017 and 2016, and therefore these transactions qualified as exempt party-in-interest transactions.

PRIMACY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE C - INVESTMENT INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (Continued)

Investment earnings for the years ended December 31, 2017 and 2016, are summarized as follows:

	<u>2017</u>	<u>2016</u>
Investment Earnings		
Net appreciation in fair value of investments	\$ 1,423,449	\$ 258,863
Dividends and interest	691,459	337,639
Interest income on notes receivable from participants	<u>9,151</u>	<u>7,916</u>
Total Investment Earnings	<u>\$ 2,124,059</u>	<u>\$ 604,418</u>

NOTE D - FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the 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 or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 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 at the measurement date.

Level 2: Inputs to the valuation methodology include the following:

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. These unobservable inputs reflect the Plan's own estimates for assumptions that market participants would use in pricing the asset or liability. Valuation techniques would typically include discounted cash flow models and similar techniques, but may also include the use of market prices of assets or liabilities that are not directly comparable to the subject asset or liability.

The fair value measurement of an asset or liability 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.

PRIMACY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

Items Measured at Fair Value on a Recurring Basis: The following methods and assumptions were used by the Plan in estimating the fair value of financial instruments that are measured at fair value on a recurring basis under FASB ASC 820:

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end as quoted on a national stock exchange.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no changes in the methodologies used during the years ended December 31, 2017 and 2016.

Fair Value of Assets: The fair value of the Plan's investments at December 31, 2017 and 2016, by level within the fair value hierarchy, is summarized as follows:

	Fair Value as of December 31, 2017			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual fund investments	\$ <u>12,479,349</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>12,479,349</u>

	Fair Value as of December 31, 2016			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual fund investments	\$ <u>9,632,791</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>9,632,791</u>

NOTE E – ADMINISTRATION

The Company is the Plan's sponsor and administrator. The Plan is administered by certain employees of the Company appointed by the Board of Directors of the Company. Fidelity Management Trust Company was the Plan trustee for the years ended December 31, 2017 and 2016.

Expenses such as custodial, audit and legal fees are payable from Plan assets, except where the Company directly assumes such expenses. Custodial expenses for 2017 and 2016 were paid by the Plan and the Company paid all other administrative expenses. Investment related expenses are included with net appreciation in fair value of Plan investments.

NOTE F – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal

PRIMACY 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE F – TAX STATUS (Continued)

Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

The Plan evaluates its uncertain tax positions in accordance with FASB ASC 740, *Income Taxes*, which states that management's determination of the taxable status of an entity, including its status as a tax-exempt entity, is a tax position subject to the standards required for accounting for uncertainty in income taxes. Management does not believe that the Plan has any significant uncertain tax positions that would be material to the financial statements. The Plan's tax returns for tax years 2014 and later remain subject to examination by the Internal Revenue Service, generally for a period of three years after they are filed. The Plan's tax return for 2016 is currently under audit by the IRS.

NOTE G – TERMINATION

Although it 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 of Plan termination, participants will become 100 percent vested in their accounts.

NOTE H – RISKS AND UNCERTAINTIES

The Plan's investments are exposed to various risks, such as market risk, interest rate risk, and credit risks. In addition, certain investments of the Plan may be subject to additional risks including, foreign currency risk, derivatives risk, foreign and emerging markets risk, leveraging risk, liquidity risk, multi-manager risk, real estate risk and small company risk. Due to the various risks associated with the Plan's investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

The Plan's investments may also include certain securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

NOTE I – CONTINGENCY

The Plan did not file audited financial statements with the Form 5500 annual report as of and for the year ended December 31, 2016. ERISA and the Internal Revenue Code provide for DOL and the Internal Revenue Service (IRS), respectively, to assess or impose penalties on the Plan Sponsor for not providing complete information and for not filing complete and accurate statements and returns/reports.

PRIMACY 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE I - CONTINGENCY (Continued)

Accordingly, the Plan Sponsor and/or the Plan may be liable for substantial penalties unless it is determined that there was reasonable cause for the failure to comply. No provision for penalties, if any, which may be assessed, have been accrued in the accompanying financial statements.

NOTE J - PROHIBITED TRANSACTIONS

During the year ended December 31, 2016, the Plan Sponsor failed to transmit \$27,054 of withheld participant contributions and \$3,000 of participant loan payments to the Plan within the time period prescribed in the Code of Federal Regulations. Late payments result in a prohibited transaction inasmuch as a late remittance is deemed to create a loan to the Plan Sponsor. The Plan Sponsor has indicated that they intend to file a Form 5330 "Return of Excise Taxes Related to Employee Benefit Plans," with the Internal Revenue Service and make a contribution to the Plan to compensate for lost earnings resulting from the late payments in 2016. The Plan Sponsor has not determined the amount of the excise tax and additional contribution for the 2016 late remittances; however, the Plan Sponsor does not believe that these amounts will be material to the Plan's net assets available for benefits. Accordingly, no amount has been recorded in the accompanying financial statements as of and for the year ended December 31, 2016.

NOTE K - SUBSEQUENT EVENT - CORRECTION OF PLAN FAILURE

During the year ended December 31, 2017, the Plan Sponsor failed to withhold participant contributions from participant bonuses in error. Due to this error, the Plan Sponsor entered into the Self Correction Program allowed by the IRS to make the correction. Accordingly, the IRS requires the Plan Sponsor pay to the Plan 25% of the amount the participants would have been eligible to defer on their bonuses. The amount the Plan Sponsor owes for the corrective qualified non-elective contribution is \$5,399 which was paid to the Plan on October 3, 2018. An additional estimated calculation of lost earnings and profits was made of \$196, but has not been paid into the Plan as of the audit report date. The total amount due from the Sponsor is \$5,595 at December 31, 2017 and has been recorded as other employer contributions receivable and other employer contributions in the accompanying financial statements.

SUPPLEMENTARY INFORMATION

Primacy 401(k) Plan

Plan Number: 001

EIN: 06-1387361

Schedule H, Part IV, Line 4(a)

Schedule of Delinquent Participant Contributions

December 31, 2017

Total that Constitute Non exempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are included: ☒				
\$30,054	\$30,054	\$0	\$0	\$0

Primacy 401(k) Plan
Plan Number: 001
EIN: 06-1387361
Schedule H, Part IV, Line 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Mutual Fund Investments				
*	Fidelity Investments	Fidelity Blue Chip Growth Fund	\$	790,400
*	Fidelity Investments	Fidelity Contrafund		653,490
*	Fidelity Investments	Fidelity Diversified International Fund		495,604
*	Fidelity Investments	Fidelity Dividend Growth Fund		865,968
*	Fidelity Investments	Fidelity Equity Dividend Income Fund		179,071
*	Fidelity Investments	Fidelity Equity-Income Fund		91,314
*	Fidelity Investments	Fidelity Export and Multinational Fund		214,584
*	Fidelity Investments	Fidelity Extended Market Index Fund - Investor Class		416,637
*	Fidelity Investments	Fidelity Focused Stock Fund		140,349
*	Fidelity Investments	Fidelity Freedom 2005 Fund		2,116
*	Fidelity Investments	Fidelity Freedom 2010 Fund		10,779
*	Fidelity Investments	Fidelity Freedom 2015 Fund		830
*	Fidelity Investments	Fidelity Freedom 2020 Fund		262,947
*	Fidelity Investments	Fidelity Freedom 2025 Fund		140,511
*	Fidelity Investments	Fidelity Freedom 2030 Fund		232,425
*	Fidelity Investments	Fidelity Freedom 2035 Fund		503,561
*	Fidelity Investments	Fidelity Freedom 2040 Fund		513,599
*	Fidelity Investments	Fidelity Freedom 2045 Fund		458,539
*	Fidelity Investments	Fidelity Freedom 2050 Fund		551,556
*	Fidelity Investments	Fidelity Freedom 2055 Fund		289,563
*	Fidelity Investments	Fidelity Freedom 2060 Fund		6,695
*	Fidelity Investments	Fidelity Freedom Income Fund		27,930
*	Fidelity Investments	Fidelity Fund		715,743
*	Fidelity Investments	Fidelity Government Money Market Fund		631,088
*	Fidelity Investments	Fidelity Growth Company Fund		763,525
*	Fidelity Investments	Fidelity Growth Strategies Fund		233,445
*	Fidelity Investments	Fidelity Intermediate Bond Fund		277,498
*	Fidelity Investments	Fidelity Investment Grade Bond Fund		168,155
*	Fidelity Investments	Fidelity Large Cap Stock Fund		286,326
*	Fidelity Investments	Fidelity Low-Priced Stock Fund		550,432
*	Fidelity Investments	Fidelity Mid-Cap Stock Fund		306,218
*	Fidelity Investments	Fidelity OTC Portfolio		299,692
*	Fidelity Investments	Fidelity Overseas Fund		210,963
*	Fidelity Investments	Fidelity Puritan Fund		206,934
*	Fidelity Investments	Fidelity Real Estate Investment Portfolio		69,806
*	Fidelity Investments	Fidelity Short-Term Bond Fund		76,445
*	Fidelity Investments	Fidelity Small Cap Discovery Fund		138,575
*	Fidelity Investments	Fidelity Small Cap Value Fund		103,402
*	Fidelity Investments	Fidelity Total Market Index Fund - Investor Class		309,843
*	Fidelity Investments	Fidelity Value Fund		226,949
*	Fidelity Investments	Fidelity Value Strategies Fund		55,842
Total Mutual Fund Investments				12,479,349
Participant Loans		Participant Loans 3.25% to 6.25%	\$ 0	149,370
Grand Total			\$ 0	\$ 12,628,719

* Party-in-interest.

Primacy 401(k) Plan
 Plan Number: 001
 EIN: 06-1387361
 Schedule H, Part IV, Line 4(i)
 Schedule of Assets (Acquired and Disposed of Within Year)
 December 31, 2017

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Participant Loans	3.25% to 6.25%	\$ 0	\$ 0

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 01/01/2017 and ending 12/31/2017

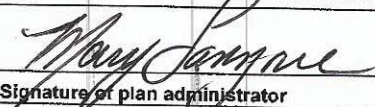
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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 PRIMACY 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
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) ACSYS, INC. D/B/A PRIMACY 525 SOUTH FLAGLER DRIVE #300 WEST PALM BEACH FL 33401	1c Effective date of plan 01/01/1999 2b Employer Identification Number (EIN) 06-1387631 2c Plan Sponsor's telephone number 561-354-1300 2d Business code (see instructions) 541519

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		<u>10/15/18</u>	MARY SANZONE
	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 ACSYS, INC. D/B/A PRIMACY 525 SOUTH FLAGLER DRIVE #300 WEST PALM BEACH FL 33401	3b Administrator's EIN 06-1387361 3c Administrator's telephone number 860-679-9332
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	5 142
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) 105
a(2) Total number of active participants at the end of the plan year	6a(2) 109
b Retired or separated participants receiving benefits	6b 14
c Other retired or separated participants entitled to future benefits	6c 36
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 159
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 159
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 159
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 7
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 _____

Primacy 401(k) Plan
 Plan Number: 001
 EIN: 06-1387361
 Schedule H, Part IV, Line 4(i)
 Schedule of Assets (Held at End of Year)
 December 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Mutual Fund Investments				
*	Fidelity Investments	Fidelity Blue Chip Growth Fund	\$	790,400
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*	Fidelity Investments	Fidelity Diversified International Fund		495,604
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