

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☒ an amended return/report ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	ROBERT L SARVER II
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	604
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)	547
a(2) Total number of active participants at the end of the plan year		6a(2)	461
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	59
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	520
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	520
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	214
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PAYROLL MADE EASY, INC. DBA CONTINUUM HR	D Employer Identification Number (EIN) 65-0976069	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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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	45291	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	11368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS RETIREMENT GROUP

2729 STATE ROAD 580
SUITE C
CLEARWATER, FL 33761

(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?
26 51	INV ADVISORY	6991	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)

FIDUCIARY PARTNERS INV CONSULTING

2729 STATE ROAD 580
SUITE C
CLEARWATER, FL 33761

(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?
26	INV ADVISORY	6991	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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PAYROLL MADE EASY, INC. DBA CONTINUUM HR</u>	D Employer Identification Number (EIN) <u>65-0976069</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1169	4228
(2) Participant contributions.....	1b(2)	4027	11750
(3) Other	1b(3)	110	1488
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)	137677	129189
(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)	9183308	11563061
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9326291	11709716

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3527	8571
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3527	8571

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9322764	11701145
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	415503	
(B) Participants	2a(1)(B)	861931	
(C) Others (including rollovers).....	2a(1)(C)	117118	
(2) Noncash contributions	2a(2)		1394552
(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)		
(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)	6715	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		6715
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		228150
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	228150	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		228150
(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)		
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		1118427
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2747844

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	303133	
(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)		303133
f Corrective distributions (see instructions)	2f		5044
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)	45291	
(3) Investment advisory and management fees	2i(3)	25350	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		70641
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		378818

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2369026
l Transfers of assets:			
(1) To this plan.....	2l(1)		9584
(2) From this plan	2l(2)		229

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **MARCUM LLP**

(2) EIN: **11-1986323**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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.)	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.)			
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)	
HERITAGE PALMS GOLF & COUNTRY CLUB RETIREMENT SAVINGS PLAN	65-0825023	001	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

Part I	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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
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) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Payroll Made Easy, Inc. dba Continuum Retirement Savings Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Payroll Made Easy, Inc. dba Continuum Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditors' 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 audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements, referred to above present fairly, in all material respects, the net assets available for benefits of Payroll Made Easy, Inc. dba Continuum Retirement Savings Plan as of December 31, 2020 and 2019 and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter – Supplemental Schedule

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2020 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Marcum LLP

Tampa, Florida
October 14, 2021

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
Assets		
Investments, at Fair Value		
Mutual funds	\$ 9,286,497	\$ 7,947,904
Money market funds	<u>2,276,564</u>	<u>1,235,404</u>
Total Investments, at Fair Value	<u>11,563,061</u>	<u>9,183,308</u>
Receivables		
Employers' contributions	4,228	1,169
Participants' contributions	11,750	4,027
Notes receivable from participants	147,223	212,569
Other receivables	<u>1,488</u>	<u>110</u>
Total Receivables	<u>164,689</u>	<u>217,875</u>
Total Assets	11,727,750	9,401,183
Liability		
Corrective distributions payable	<u>8,571</u>	<u>3,527</u>
Net Assets Available for Benefits	<u><u>\$ 11,719,179</u></u>	<u><u>\$ 9,397,656</u></u>

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

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019
Additions to Net Assets		
Investment Income		
Net appreciation in fair value of investments	\$ 1,118,427	\$ 1,293,953
Interest and dividends	<u>228,150</u>	<u>220,408</u>
Total Net Investment Income	<u>1,346,577</u>	<u>1,514,361</u>
Interest Income on Notes Receivable from Participants	<u>6,715</u>	<u>9,236</u>
Contributions		
Participants' contributions	861,931	811,321
Employers' contributions	415,503	359,410
Rollover contributions	<u>117,118</u>	<u>359,796</u>
Total Contributions	<u>1,394,552</u>	<u>1,530,527</u>
Total Additions	<u>2,747,844</u>	<u>3,054,124</u>
Deductions From Net Assets		
Benefits paid to participants	365,035	616,460
Administrative expenses	<u>70,641</u>	<u>73,467</u>
Total Deductions	<u>435,676</u>	<u>689,927</u>
Net Change Before Transfer	2,312,168	2,364,197
Net Assets Transferred In (Note 8)	<u>9,355</u>	<u>852,077</u>
Net Change in Net Assets Available for Benefits	2,321,523	3,216,274
Net Assets Available for Benefits - Beginning	<u>9,397,656</u>	<u>6,181,382</u>
Net Assets Available for Benefits - Ending	<u><u>\$ 11,719,179</u></u>	<u><u>\$ 9,397,656</u></u>

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

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF THE PLAN

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

The Company is a professional employer organization (“PEO”) providing employers with an outsourced solution for non-core human capital operations, which encompasses human resources payroll processing and administration, workers’ compensation insurance, personnel records management, health care insurance, and risk management. The Plan consists of employees of the Company as well as employees from companies that the Company provides PEO services to whom have elected to join the Plan.

GENERAL

The Plan is a voluntary multiple employer defined contribution plan covering all employees of Allied Termite and Pest Control (ATPC), Analytic Technologies Group, Inc. (ATG), Bonita Boat Harbor, LLC (BBH), Chrysalis Packaging & Assembly Corp. dba Chrystac (CPAC), CLOCworks, Inc. (CLOC), Colliers Reserve Association (CRA), Conserva Irrigation of SWFL, Inc. (CI), Corner Construction Services, Inc. (CCS), Gulfside Elevator and Cab Interiors, LLC (GECI), H5G (H5G), Heritage Palms Golf Club (HPGC), Language Source (LS), Laptops Plus, Inc. (LTPI), Payroll Made Easy, Inc. and subsidiaries (PMEI), Photo USA, Inc. (PHOTO), Premier Workforce Solutions/Premier Gold (PWSC), Prodco International America, Inc. (PIA), Proximity Malt, LLC (PM), Red Brown KLE Marketing, Inc. (RBKM), Rehab Consultants of Central Florida (RCCF), Rehab Consultants of West Central Florida (RCWCF), Reids Fine Furnishings, Inc. (RFF), St. Clare Terrace (SCT), S&S Golf Management dba Vision Golf Management (SSGM), Smart Parts Inc. (SP), Sonnenberg Consultants, LLC (SC), The Villages of Country Creek (VOCC), Tinnell’s Finer Foods/Vision Foods Group, Inc. dba Save-A-Lot (TFFG), Transcendent, LLC (TL), and Zodiac Spirits, LLC (ZSL) (collectively the Companies, or individually the Employer) who meet the minimum service requirements and are not covered by a collective bargaining agreement.

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

GENERAL (CONTINUED)

Participant eligibility is as follows:

Employer	Eligibility Requirements
GECI	After attaining age 18
TL, CRA	Completion of three months of employment and attaining age 18
HPGC	Completion of six months of employment and attaining age 18
PHOTO	Completion of one year of employment including 1,000 hours in a consecutive 12 months and after attaining age 18
PM	After attaining age 21
ATPC, CLOC, CI, PMEI, PWSC, ZSL	Completion of three months of employment and attaining age 21
ATG, CPAC, PIA	Completion of six months of employment and attaining age 21
BBH, CCS, LS, LTPI, RBKM, RCCF, RCWCF, RFF, SC, SCT, SP, SSGM, TFFG, VOCC	Completion of one year of employment including 1,000 hours in a consecutive 12 months after attaining age 21
H5G	Completion of three months of employment

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan Administrator is responsible for the oversight of the Plan, determining appropriateness of the Plan’s investment offerings and monitoring investment performance.

CONTRIBUTIONS

Participants may elect to contribute from 1% to 100% of their compensation to the Plan through payroll deductions on a pre-tax basis or Roth contributions, as defined by the Plan, up to \$19,500 and \$19,000 in 2020 and 2019, respectively, plus catch up contributions as defined in the Plan document. Rollover contributions are permitted as described in the Plan document.

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

CONTRIBUTIONS (CONTINUED)

Participants direct the investment of their contributions into various investment options offered by the Plan.

Employer	Employer Contribution
CRA	Matching contributions equal to 100% of participants' elective deferrals up to 5% of compensation
ATPC, BBH, CCS	Matching contributions equal to 100% of participants' elective deferrals up to 3% of compensation
SP	Matching contributions equal to 100% of participants' deferrals up to 2% of compensation
GECI	Matching contributions of 50% of participants' deferrals up to 4% of compensation
LS	Matching contributions of 50% of participants' deferrals up to 4% of compensation, with matching contributions not exceeding \$1,500 per participant per year
HPGC, SSGM	Matching contributions of 25% of participants' elective deferrals up to 8% of compensation
TFFG	Matching contributions of 25% of participants' elective deferrals up to 3% of compensation
PHOTO, RBKM, SC	Non-elective safe harbor contributions to participants' accounts equal to 3% of the participant's compensation
H5G, PMEI, VOCC, ZSL	Safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 3% of compensation, plus 50% of their contributions that exceed the next 2% of compensation
TL	Safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 3% of compensation, plus 50% of their contributions up to the next 5% of compensation
PM	Safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 6% of compensation
ATG, CLOC, CI, PIA, RCCF, RCWCF	Safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 4% of compensation
CPAC, LTPI, PWSC, RFF, SCT	Elected not to make any employer contributions

Total Employers' contributions were \$415,503 and \$359,410 for the years ended December 31, 2020 and 2019, respectively.

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's elective contributions, rollovers, the Companies' safe harbor matching contributions, and an allocation of the Employers' discretionary contributions, and any earnings thereon, and charged with an allocation of administrative expenses. Allocations of the earnings and expenses are based on the participants' earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are immediately vested in their elective deferrals, rollover contributions, Employer safe harbor match contributions, and the actual earnings thereon. For all Employers except ATPC, BBH, CCS, GECI, LS and PM, vesting in the discretionary Employer match portion of their accounts is based on continuous service according to the following schedule:

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

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

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

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

VESTING (CONTINUED)

For BBH and GECI, vesting in the discretionary Employer match portion of their account is based on continuous service according to the following schedule:

Years of Service	Vesting Percentage
Less than 1 year	0%
1 year or more	100%

For CRA, vesting in the discretionary Employer match portion of their account is based on continuous service according to the following schedule:

Years of Service	Vesting Percentage
Less than 2 years	0%
2 years or more	100%

Employees of PM become 100% vested in the discretionary Employer match portion immediately.

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

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow 50% of their vested account balance, a minimum of \$1,000 up to a maximum of \$50,000. Notes receivable terms range from one to five years or up to fifteen years for the purchase of a primary residence. Notes receivable are secured by the balance in the participant's account and bear interest at rates of 4.25% to 6.25%, which commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

During 2020, the Plan adopted the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), which was signed into law on March 27, 2020. Pursuant to the CARES Act, Plan participants could request a delay of note repayments that occurred between March 27, 2020 and December 31, 2020 for one year. Such participant notes are reamortized and included any interest accrued during the period of delay. The ability to request a delay in note repayments under the CARES Act ceased as of December 31, 2020. Additionally, the CARES Act temporarily permitted Plan participants to take loans during the 180 day period starting on the date of enactment, up to the lesser of either \$100,000 or 100% of the participant's vested account balance.

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

PAYMENT OF BENEFITS

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

Effective January 1, 2019, the Plan adopted the Bipartisan Budget Act of 2018 ("BBA" that was signed into law and impacted the administration of hardship withdrawals. The BBA eliminated the long-standing requirement that a participant must first request all available plan loans before taking a hardship withdrawal. The BBA directed the Department of the Treasury to amend its 401(k) regulations to eliminate the 6-month suspension period for contributing 401(k) elective deferrals and after-tax employee contributions. The BBA expanded the types of accounts that can be distributed in the event of a hardship withdrawal to include qualified nonelective contributions ("QNECs"), qualified matching contributions ("QMACs"), safe harbor contributions, and 401(k) earnings after 12/31/1998.

During 2020, the Plan adopted the Setting Every Community Up for Retirement Enhancement Act ("SECURE Act"), which signed into law on January 1, 2020. The SECURE Act changes the minimum distributions age from when distributions must begin from 70 ½ to 72.

Pursuant to the CARES Act, participants who were currently receiving required minimum distributions were offered the option to waive their 2020 distribution and participants who were due to receive the first required distribution in 2020 had their distribution automatically waived. The ability to request special waivers with respect to required minimum distributions under the CARES Act ceased as of December 31, 2020. Additionally, the CARES Act permitted Plan participants to request up to \$100,000 in coronavirus-related distributions, with repayment terms of up to three years. The ability to request coronavirus-related distributions under the CARES Act ceased as of December 31, 2020.

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

FORFEITURES

Forfeitures are created when participants terminate employment prior to becoming fully vested. The forfeitures may be used to offset Employer contributions or administrative expenses. At December 31, 2020 and 2019, forfeited non-vested accounts totaled \$9,876 and \$11,359, respectively. Forfeitures in the amount of \$4,994 and \$3,178 were used in 2020 and 2019, respectively, to offset Employer contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Investment Committee determines the Plan’s valuation policies utilizing information provided by the investment advisors and trustee. See Note 4 for a discussion of fair value measurements.

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

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. In management's opinion, all notes receivable are fully collectible; accordingly, no allowance was deemed necessary as of December 31, 2020 and 2019. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

ADMINISTRATIVE EXPENSES

Administrative expenses are paid by the Plan or the Companies, at the discretion of the Companies. Expenses paid by the Companies are excluded from these financial statements.

RISKS AND UNCERTAINTIES

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

In March 2020, the World Health Organization declared the outbreak of the novel coronavirus ("COVID-19") as a pandemic which continues to spread throughout the United States. The COVID-19 pandemic, along with efforts to mitigate its spread by federal, state, and local governments, has created significant disruptions to the current economic environment. Additionally, there are a number of uncertainties around the longevity of the crisis and its impact on the Plan and Plan participants.

SUBSEQUENT EVENTS

The Company evaluated subsequent events through October 14, 2021, the date these financial statements were available to be issued.

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 3 - INVESTMENTS

The following table presents investments as of and for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Mutual funds	\$ 9,286,497	\$7,947,904
Money market funds	<u>2,276,564</u>	<u>1,235,404</u>
	<u>\$11,563,061</u>	<u>\$ 9,183,308</u>
Interest and dividends	<u>\$ 228,150</u>	<u>\$ 220,408</u>
Net appreciation in fair value of investments	<u>\$ 1,118,427</u>	<u>\$ 1,293,593</u>

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Standards Codification (“ASC 820”), *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. It applies to fair value measurements already required or permitted by existing standards. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under 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.
- Level 2 Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in inactive markets. Level 2 includes those inputs other than quoted prices that are observable for the asset or liability. Level 2 inputs are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

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, 2020 and 2019.

Mutual funds – Valued at quoted market prices.

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

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

	Level 1	Total
Mutual funds	\$ 9,286,497	\$ 9,286,497
Money market funds	<u>2,276,564</u>	<u>2,276,564</u>
Total Assets at Fair Value	<u>\$11,563,061</u>	<u>\$11,563,061</u>

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

	Level 1	Total
Mutual funds	\$7,947,904	\$7,947,904
Money market funds	<u>1,235,404</u>	<u>1,235,404</u>
Total Assets at Fair Value	<u>\$9,183,308</u>	<u>\$9,183,308</u>

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 5 – TAX STATUS

The Plan is a Volume Submitter Profit Sharing Plan with a cash or deferral arrangement. The Plan obtained a favorable opinion letter on March 31, 2014, in which the Internal Revenue Service (“IRS”) stated that the Plan, as then designed, was acceptable under section 401 of the Internal Revenue Code (“IRC”). The Plan has been amended and certain provisions have been adopted since receiving the opinion letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. As of December 31, 2020 and 2019, there were no uncertain tax 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 pending or in progress.

NOTE 6 – PLAN TERMINATION

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

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are invested in funds managed by the Plan’s trustee, and therefore, these transactions are considered party-in-interest transactions. The Plan makes loans to participants who are also parties-in-interest.

NOTE 8 – TRANSFERS TO/FROM OTHER PLANS

One new participating employer joined the Plan (CRA) and one participating employer (RBKM) transferred additional funds into the Plan during the year ended December 31, 2020. One participating employer (HPGC) left the Plan. The approximate net assets transferred to the Plan in conjunction with mergers and participant account transfers were \$9,355 for the year ended December 31, 2020.

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 8 – TRANSFERS TO/FROM OTHER PLANS (CONTINUED)

During the year ended December 31, 2019, eight participating employers (ATG, ATPC, CLOC, GECI, H5G, PIA, PM and SC) joined the Plan, and one participating employer (RCCF) left the Plan. The approximate net assets transferred to the Plan in conjunction with mergers and participant account transfers was \$852,077 for the year ended December 31, 2019.

NOTE 9 – CORRECTIVE DISTRIBUTIONS PAYABLE

In order to pass the 2020 and 2019 Actual Deferral Percentage (“ADP”) Test, the Plan administrator elected to refund excess elective deferrals and earnings thereon to certain highly-compensated employees. The calculated amounts were \$5,044 and \$3,527 for 2020 and 2019, respectively, and were distributed out in March 2021 and March 2020, respectively. These amounts have been included as corrective distributions payable in the accompanying Statements of Net Assets Available for Benefits.

NOTE 10 – RECONCILIATION TO THE FORM 5500

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

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$11,719,179	\$9,397,656
Less: Accumulated deemed distributions of participant loans	<u>(18,034)</u>	<u>(74,892)</u>
Net Assets Available for Benefits Per the Form 5500	<u>\$11,701,145</u>	<u>\$9,322,764</u>

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 10 – RECONCILIATION TO THE FORM 5500 (CONTINUED)

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

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31:

	<u>2020</u>	<u>2019</u>
Benefits paid to participants per the financial statements	\$ 365,035	\$616,460
Add: Deemed distributions	<u>(56,858)</u>	<u>28,254</u>
Benefits Paid to Participants per the Form 5500	<u><u>\$ 308,177</u></u>	<u><u>\$644,714</u></u>

PAYROLL MADE EASY, INC.
dba CONTINUUM RETIREMENT SAVINGS PLAN

PLAN NUMBER: 002
EIN: 65-0976069

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

DECEMBER 31, 2020

(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
		<i>Mutual Funds</i>		
	American Century	American Century Midcap Value R6	**	\$ 107,761
	American Funds	American Funds Capital World Bond R6	**	43,169
	American Funds	American Funds EuroPacific R6	**	615,284
	American Funds	American Funds American Balanced R6	**	50,372
	American Funds	American Funds Capital World G & I R6	**	31,688
	BlackRock	BlackRock Global Allocation K	**	49,890
	BNY Mellon	BNY Mellon Sm Midcap Growth I	**	480,323
*	Fidelity	Fidelity 500 Index	**	592,495
	JPMorgan	JPMorgan Small Cap Value Class R6	**	52,469
	JPMorgan	JPMorgan Small Cap Growth Fund Class R6	**	263,538
	Metropolitan West	Metropolitan West Total Return CL P	**	39,169
	MFS	MFS Value Fund Class R5	**	52,358
	Principal	Principal High Yield R6	**	69,145
	Principal	Principal Large Cap Growth I R6	**	512,557
	Vanguard	Vanguard Inflation Protected Securities	**	107,876
	Vanguard	Vanguard Short Term Treasury Admiral	**	33,165
	Vanguard	Vanguard Real Estate Index Admiral	**	403,138
	Vanguard	Vanguard Mid Cap Index Admiral	**	442,738
	Vanguard	Vanguard Industrial Index Admiral	**	248,834
	Vanguard	Vanguard Information Technology Index Ad	**	349,666
	Vanguard	Vanguard Short-Term Federal Admiral	**	1,395,976
	Vanguard	Vanguard Small Cap Index Admiral	**	344,976
	Vanguard	Vanguard Target Retirement 2020	**	27,665
	Vanguard	Vanguard Target Retirement 2025	**	8,456
	Vanguard	Vanguard Target Retirement 2030	**	8,845
	Vanguard	Vanguard Target Retirement 2035	**	56,014
	Vanguard	Vanguard Target Retirement 2040	**	15,857
	Vanguard	Vanguard Target Retirement 2045	**	3,648
	Vanguard	Vanguard Target Retirement 2050	**	26,337
	Vanguard	Vanguard Target Retirement 2055	**	22,086
	Vanguard	Vanguard Target Retirement 2060	**	21,222
	Vanguard	Vanguard Target Retirement 2065	**	5,709
	Vanguard	Vanguard Target Retirement Income	**	9,271
	Vanguard	Vanguard Total Int'l Stock Index Admiral	**	321,158
	Vanguard	Vanguard Total Stock Market Index Admira	**	2,473,642
		<i>Money Market Funds</i>		
	Gabelli Funds/Ssga	Gabelli US Treasury Money Market	**	146,140
	Vanguard	Vanguard Federal Money Market	**	2,130,424
		<i>Notes Receivable from Participants</i>		
*	Participant Notes Receivable	Interest rates at 4.25% - 6.25% with various maturities through 2032 (net of \$18,034 in deemed distributions)	N/A	129,189
	Total			<u><u>\$ 11,692,250</u></u>

* Party-in-interest

** Cost information is not required for participant-directed investments

See independent auditors' report.

Multiple-Employer Plan Participating Employer Information

PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN		PLAN # 002	EIN # 65-0976069
(a) Name of participating employer	(b) EIN	(c) Percent of total contributions	
Proximity Malt, LLC	37-1777478	30.55%	
Payroll Made Easy, Inc. dba Continuum HR	65-0976069	19.42%	
Transcendent, LLC	20-1742704	10.21%	
CLOCworks, Inc.	83-4082660	6.11%	
Gulfside Elevator and Cab Interiors, LLC	47-4681103	6.01%	
Sonnenberg Consultants LLC	56-2631673	5.42%	
Bonita Boat Harbor, LLC	46-1910571	4.49%	
S&S Golf Management dba Vision Golf Management	59-3025175	3.34%	
Prodco International America Inc.	46-1616630	2.49%	
REIDS FINE FURNISHINGS INC	54-1761644	2.21%	
Colliers Reserve Association	65-0380071	2.19%	
Language Source	34-2007037	1.99%	
Premier Workforce Solutions/Premier Gold	26-0447970	1.26%	
Analytic Technologies Group, Inc.	46-1698477	1.17%	
Allied Termite and Pest Control	46-4403597	1.03%	
Photo USA, Inc.	54-1682497	0.78%	
Smart Parts Inc	65-0931065	0.53%	
Corner Construction Services, Inc.	20-8670765	0.39%	
Chrysalis Packaging & Assembly Corp. dba Chryspac	39-1979872	0.38%	
Heritage Palms Golf & Country Club	65-0825023	0.00%	
Cross Creek Country Club	59-2576791	0.00%	
Rehab Consultants of West Central Florida	65-0873868	0.00%	
Red Brown KLE Marketing, Inc.	39-2011895	0.00%	
St. Clare Terrace	39-1974121	0.00%	
Payroll Made Easy - Suspense Plan	32-4235675	0.00%	
Zodiac Spirits, LLC	46-4298877	0.00%	
Laptops Plus, Inc.	59-3469708	0.00%	
Tinnell's Finer Foods/Vision Foods Group Inc. dba Save-A-Lot	54-0800346	0.00%	
Conserva Irrigation of SWFL Inc.	81-1810760	0.00%	

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

PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN

PLAN # 002

EIN # 65-0976069

(a)	(b) Identity of issuer, 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
	Vanguard	VTMAX - Vanguard Total Stock Market Index Fund Admiral Shares		2,473,642
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		2,130,424
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		1,395,976
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		615,284
	Fidelity	FXAIX - Fidelity 500 Index Fund		592,495
	Principal	PLCGX - Principal Large Cap Growth I R6		512,557
	Dreyfus	SDSCX - Dreyfus Boston Co Sm Mid Cap Grw I		480,323
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		442,738
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		403,138
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		349,666
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		344,976
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		321,158
	JPMorgan	JGSMX - JPMorgan Small Cap Growth Fund Class R6		263,538
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		248,834
	Gabelli Funds/Ssga	GABXX - Gabelli Us Treasury Money Market		146,140
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		107,876
	American Century	AMDVX - American Century Midcap Value R6		107,761
	Principal	PHYFX - Principal High Yield R6		69,145
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		56,014
	JPMorgan	JSVUX - JPMorgan Small Cap Value Class R6		52,469
	MFS	MEIKX - MFS Value Fund Class R5		52,358
	American Funds	RLBGX - American Funds American Balanced R6		50,372
	BlackRock	MKLOX - BlackRock Global Allocation K		49,890
	American Funds	RCWGX - American Funds Capital World Bond R6		43,169
	Metropolitan West	MWTSX - Metropolitan West Total Return CI P		39,169
	Vanguard	VFIRX - Vanguard Short Term Treasury Admiral		33,165
	American Funds	RWIGX - American Funds Capital World G & I R6		31,688
	Vanguard	VTWNX - Vanguard Target Retirement 2020		27,665
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		26,337
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		22,086
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		21,222
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		15,857
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		9,271
	Vanguard	VTHRX - Vanguard Target Retirement 2030		8,845
	Vanguard	VTTVX - Vanguard Target Retirement 2025		8,456
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		5,709
	Vanguard	VTIVX - Vanguard Target Retirement 2045		3,648
	Participant Loans	4.25%-6.25%		129,189