

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 2022 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	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 (2022)
v. 220413

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		5 737
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).		
6a(1) Total number of active participants at the beginning of the plan year		6a(1) 597
6a(2) Total number of active participants at the end of the plan year		6a(2) 628
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 135
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 763
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 763
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 426
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 3
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PAYROLL MADE EASY, INC. DBA CONTINUUM HR	D Employer Identification Number (EIN) 65-0976069

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	83932	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	18458	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	12396	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	12396	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 2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>						
A Name of plan <u>PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	<u>002</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)	963817700
(2) Participant contributions.....		1b(2)	2323549609
(3) Other.....		1b(3)	20602969
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)	271661274196
(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)	1584787118853184
(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	16154465	19197658

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16154465	19197658
---	-----------	----------	----------

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)	1013635	
(B) Participants	2a(1)(B)	1946209	
(C) Others (including rollovers)	2a(1)(C)	353910	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3313754
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)	9291	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9291
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	467490	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		467490
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3098960
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		691575
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1371558	
(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)		1371558
f Corrective distributions (see instructions)	2f		41983
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)	83932	
(3) Investment advisory and management fees	2i(3)	43247	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		127179
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1540720
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-849145
l Transfers of assets:			
(1) To this plan	2l(1)		4146212
(2) From this plan	2l(2)		253874

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.)	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)
SLAVIC SECURE PEP	65-0608221	001
SONNENBERG CONSULTANTS LLC 401(K) PLAN	56-2631673	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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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)? ☐ 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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	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).....	14a	
	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)	14b	
	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)	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): _____
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.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

FOR THE YEAR ENDED DECEMBER 31, 2022

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

CONTENTS

Independent Auditors' Report.....	1-3
--	------------

Financial Statements

Statements of Net Assets Available for Benefits.....	4
Statement of Changes in Net Assets Available for Benefits.....	5

Notes to Financial Statements.....	6-17
---	-------------

Required Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	18
---	----

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Payroll Made Easy, Inc. d/b/a Continuum Retirement Savings Plan

Opinion

We have audited the financial statements of Payroll Made Easy, Inc. d/b/a Continuum Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for within one year after the date the financial statements are issued or available to be issued.

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

Auditors' Responsibilities for the Audits of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing the audits in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Marcum LLP

Tampa, Florida
October 11, 2023

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments, at Fair Value	<u>\$ 18,853,184</u>	<u>\$ 15,847,871</u>
Notes Receivable from Participants	<u>274,196</u>	<u>271,661</u>
Receivables		
Employer contributions	17,700	9,638
Participant's contributions	49,609	23,235
Other	<u>2,969</u>	<u>2,060</u>
Total Receivables	<u>70,278</u>	<u>34,933</u>
Total Assets	19,197,658	16,154,465
Total Liabilities	<u>--</u>	<u>--</u>
Net Assets Available for Benefits	<u><u>\$ 19,197,658</u></u>	<u><u>\$ 16,154,465</u></u>

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

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2022

Additions to Net Assets

Investment Income (Loss)

Net depreciation in fair value of investments	\$ (3,098,960)
Dividends and interest	<u>467,490</u>

Net Investment Loss \$ (2,631,470)

Interest Income on Notes Receivable from Participants 9,291

Contributions

Participants	1,946,209
Employers	1,013,635
Rollovers	<u>353,910</u>

Total Contributions 3,313,754

Total Additions 691,575

Deductions From Net Assets

Benefits paid to participants	1,413,541
Administrative expenses	<u>127,179</u>

Total Deductions 1,540,720

Net Decrease Before Transfer (849,145)

Net Assets Transferred In (Note 8) 3,892,338

Net Increase in Net Assets Available for Benefits 3,043,193

Net Assets Available for Benefits - Beginning 16,154,465

Net Assets Available for Benefits - Ending \$ 19,197,658

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

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of Payroll Made Easy, Inc. d/b/a 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 the following entities (collectively the Companies, or individually the Employer) who meet the minimum service requirements and are not covered by a collective bargaining agreement.

Affinity Group Midwest, LLC (AGM)	Hailide America, Inc. (HAI)
All Service Electric of Ft Myers, Inc. (ASEF)	Hospitality International, Inc. (HII)
Allied Termite and Pest Control (ATPC)	Language Source (LS)
Analytic Technologies Group, Inc. (ATG)	Laptops Plus, Inc. (LTPI)
BBI Marketing (BBI)	Meadowbrook Solutions (MS)
Bonita Boat Harbor, LLC (BBH)	Next Plumbing (NP)
Centerpoint IT, Inc. (CIT)	Payroll Made Easy, Inc. d/b/a Continuum
Chrysalis Packaging & Assembly Corp. d/b/a Chryspac (CPAC)	HR and Payroll Made Easy – Suspense Plan (PMEI)
CLOCworks, Inc. (CLOC)	Photo USA, Inc. (PHOTO)
Colliers Reserve Association (CRA)	Plas-Tech Engineering, Inc. (PTEI)
Conserva Irrigation of SWFL, Inc. (CI)	Premier Workforce Solutions/Premier Gold (PWSC)
Corner Construction Services, Inc. (CCS)	Prodco International America, Inc. (PIA)
Cross Creek Country Club (VOCC)	Proximity Malt, LLC (PM)
Dr. Piper Center for Social Services, Inc. (DPCSS)	Red Brown KLE Marketing, Inc. (RBKM)
Electrical Training Center (ETC)	Red Oak Sanitation (ROS)
GoGeddit Marketing & Media (GMM)	Reids Fine Furnishings, Inc. (REF)
Gulfside Elevator and Cab Interiors, LLC (GECI)	St. Clare Terrace (SCT)
	Sweetwater Lifestyles LLC (SL)
	Smart Parts Inc. (SP)

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

GENERAL

S&S Golf Management d/b/a Vision Golf Management (SSGM)	Tennessee Members 1 st Federal Credit Union (TMFCU)
Tinnell's Finer Foods/Vision Foods Group, Inc. d/b/a Save-a-Lot (TFFG)	Transcendent, LLC (TL)
	Zodiac Spirits, LLC (ZSL)

Participant eligibility is as follows:

Employer	Eligibility Requirements
GECI	After attaining age 18
TL, CRA, ETC, ROS	Completion of three months of employment and attaining age 18
PHOTO, TMFCU	Completion of one year of employment including 1,000 hours in a consecutive 12 months and after attaining age 18
PM, CLOC	After attaining age 21
ASEF, ATPC, CI, CIT, DPCSS, MS, PMEI, PWSC, ZSL	Completion of three months of employment and attaining age 21
ATG, CPAC, GMM, HAI, PIA	Completion of six months of employment and attaining age 21
BBH, CCS, LS, LTPI, PTEI, RBKM, RFF, SCT, SL, SP, SSGM, TFFG, VOCC	Completion of one year of employment including 1,000 hours in a consecutive 12 months after attaining age 21
HII	Completion of one month of employment
BBI, NP	Completion of three months of employment
AGM	All employees are eligible immediately upon 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.

Effective December 29, 2022, the Setting Every Community Up for Retirement Enhancement (SECURE) 2.0 Act of 2022 was signed into law. The Act is inclusive of approximately 90 provisions which offer many new benefits to employers and Plan participants. Certain provision changes are related to the following, but not limited to: changes to auto-enrollment and auto-escalation, age of required minimum distributions, catchup contributions, and increased dollar threshold for mandatory distributions.

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

GENERAL (CONTINUED)

Depending on the specific provision, some will take effect immediately, while others begin in a future year. As of December 31, 2022, Plan management is in process of evaluating the subsequent adoption and related impact these provisions will have on the Plan.

CONTRIBUTIONS

A participant may contribute a specific percentage of pre-tax or post-tax eligible compensation as an elective deferral, up to the lesser of 100% of their eligible compensation or the maximum dollar amount allowed by the Internal Revenue Code (IRC) (\$20,500 for 2022). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions (\$6,500 for 2022). Participants may also contribute amounts representing distributions from other qualified plans (Rollovers).

Employer	Employer Contribution
CRA	Matching contributions equal to 100% of participants' elective deferrals up to 5% of compensation
ASEF, BBH, CCS, DPCSS, SL, TMFCU	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
MS	Matching contributions equal to 100% of participants' deferrals, with matching contributions not exceeding \$2,500 per participant per year
GECI	Matching contributions of 50% of participants' deferrals up to 4% of compensation
GMM	Matching contributions of 50% of participants' deferrals up to 5% of compensation
NP, AGM	Matching contributions of 50% of participants' deferrals up to 6% 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
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
RBKM	Non-elective safe harbor contributions to participants' accounts equal to 3% of the participant's compensation
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

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

CONTRIBUTIONS (CONTINUED)

Employer	Employer Contribution
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
ETC	Safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 5% of compensation
ATG, ATPC, CLOC, CI, CIT, PIA	Safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 4% of compensation
PHOTO, LTPI	Safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 3% of compensation
BBI, CPAC, HII, PTEI, PWSC, RFF, SCT, HAI, ROS	Elected not to make any employer contributions

Total Companies' contributions were \$1,013,635 for the year ended December 31, 2022.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's elective contributions, any Rollovers into the Plan, the Companies' safe harbor matching contributions, as applicable, an allocation of the Companies' discretionary matching and qualified matching contributions, if any, and Plan earnings (losses), net of administrative expenses incurred by the participant. Each participant's account is reduced by any withdrawals or distributions associated directly associated with the participant. Allocations are based on participant earnings (losses), account balances, or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

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

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

VESTING

Participants are immediately vested in their elective deferrals, Rollovers, Employer safe harbor match contributions, and the actual earnings thereon. For all Employers except AGM, ASEF, ATPC, BBH, CCS, CIT, CRA, DPCSS, ETC, GECI, GMM, HAI, HII, LS, MS, PM, PTEI, SL and TMFCU, vesting in the discretionary Companies 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, LS, MS and TMFCU, 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%

For GMM, vesting in the discretionary Employer match portion of their account 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	33.33%
At least 2 year, but less than 3	66.66%
3 years or more	100%

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

VESTING (CONTINUED)

For CIT, 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%
At least 1 year, but less than 2	40%
At least 2 year, but less than 3	70%
3 years or more	100%

For ASEF, BBH, DPCSS, GECI and SL, 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 HII, PM, ETC, HAI, LTPI and AGM become 100% vested in the discretionary Employer match portion immediately.

Participants are fully vested in their account balance upon reaching their early retirement date, upon death or disability.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Notes receivable terms range from one to five years or up to fifteen years for the purchase of a primary residence. The interest rate charged is determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances.

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

NOTES RECEIVABLE FROM PARTICIPANTS (CONTINUED)

Notes receivable are secured by the balance in the participant's account and bear interest at rates of 4.25% to 7.25%, 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. 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. As of December 31, 2022 and 2021, certain plan participants have outstanding loans pursuant to this provision.

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. The Plan will make an involuntary distribution 60 days following separation of service for those participants with account balances less than \$5,000. Distributions of the Participant's vested interest in their account may be authorized, at any time, by the Plan Administrator under certain hardship conditions. The minimum age from when distributions must begin is 72.

HARDSHIP DISTRIBUTIONS

In the case of severe financial hardship, the Companies, in their sole discretion, may distribute all or a portion of the participant's voluntary contributions, subject to certain restrictions. For the year ended December 31, 2022, there were approximately \$28,000 hardship distributions.

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

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 for the current or next plan year. As of December 31, 2022 and 2021, there was \$13,739 and \$3,920, respectively, in the forfeiture balance. During the year ended December 31, 2022, no forfeitures were used to reduce the Companies' contributions applicable to 2022.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect reported amounts assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. 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 Administrator determines the Plan valuation policies utilizing information provided by the investment advisors and the Plan 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 (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. All gains and losses are reported in the accompanying Statement of Changes in Net Assets Available for Benefits.

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

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. Interest income is recorded on the accrual basis. In management's opinion, all notes receivable are fully collectible; accordingly, no allowance was deemed necessary as of December 31, 2022 and 2021. Delinquent notes receivable are treated 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 Company, at the discretion of the Company. Expenses paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments. Fees related to the administration of notes receivables from participants are charged directly to the related participant's account and are included in administrative expenses.

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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying Statements of Net Assets Available for Benefits. The Plan Administrator, through its investment advisor, monitors the Plan's investments and the risks associated therewith on a regular basis, which the Plan Administrator believes minimizes these risks.

SUBSEQUENT EVENTS

The Plan evaluated subsequent events through October 11, 2023, the date these financial statements were available to be issued. There were no events identified requiring recognition or disclosure in the financial statements.

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 3 – INVESTMENTS

The following table presents investments as of December 31:

	<u>2022</u>	<u>2021</u>
Mutual funds	\$ 16,460,225	\$ 13,874,148
Money market funds	<u>2,392,959</u>	<u>1,973,723</u>
	<u>\$ 18,853,184</u>	<u>\$ 15,847,871</u>

The following table presents investment income (loss) for the year ended December 31:

	<u>2022</u>
Net depreciation in fair value of investments	<u>\$ (3,098,960)</u>
Dividends and interest	<u>\$ 467,490</u>

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting 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 recognized 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 used in valuation models (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 at the measurement date.
- Level 2 Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets. Level 2 inputs include those 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.

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset'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, 2022 and 2021.

Mutual Funds (Including Money Market Funds)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021:

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 18,853,184	\$ --	\$ --	\$ 18,853,184
Total Investments at Fair Value	<u>\$ 18,853,184</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 18,853,184</u>

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 15,847,871	\$ --	\$ --	\$ 15,847,871
Total Investments at Fair Value	<u>\$ 15,847,871</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 15,847,871</u>

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are invested in funds managed by the Plan's trustee (Fidelity Management Trust Company), and therefore, these transactions are considered party-in-interest transactions. The Plan utilizes a third party record keeper which provides administrative services to the Plan. Fees paid by the Plan to Plan's trustee and third-party administrator amounted to \$127,179 for the year ended December 31, 2022.

NOTE 6 – TAX STATUS

Effective January 1, 2022, the Plan Sponsor adopted a Multiple Employer Non-Standardized Pre-Approved Profit Sharing Plan with CODA (the Profit Sharing Plan) which received an opinion letter from the Internal Revenue Service (IRS) on June 30, 2020, stating that the Profit Sharing Plan, as then designed, is in accordance with applicable sections of the IRC. The Plan has been amended and certain provisions have been adopted since receiving the opinion letter. The Plan Administrator believes that the Plan is designed and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 – 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 for the Plan Sponsor to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants will become 100% vested in their account balances.

NOTE 8 – TRANSFERS TO/FROM OTHER PLANS

During the year ended December 31, 2022, seven participating employers (AGM, DPCSS, ETC, HAI, ROS, SL and TMFCU) joined the Plan and two employers (H5G and SC) left the Plan. The net assets transferred to the Plan in conjunction with mergers and participant account transfers were \$3,892,338 for the year ended December 31, 2022.

PAYROLL MADE EASY, INC.
d/b/a CONTINUUM RETIREMENT SAVINGS PLAN

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

DECEMBER 31, 2022

EIN: 65-0976069
PLAN 002

(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
<i>Mutual Funds</i>				
	Vanguard	Vanguard Total Stock Market Index Admira	**	\$ 3,588,856
	Vanguard	Vanguard Intermediate-Term Bond Index Ad	**	2,158,351
*	Fidelity	Fidelity 500 Index	**	1,689,307
	Vanguard	Vanguard Target Retirement 2040	**	924,999
	Vanguard	Vanguard Consumer Staples Index Fund Adm Class	**	854,609
	Vanguard	iShares MSCI EAFE International Index K	**	799,532
	Vanguard	Vanguard Mid Cap Index Admiral	**	706,712
	Principal	Principal Large Cap Growth I R6	**	597,104
	Vanguard	Vanguard Small Cap Index Admiral	**	573,784
	Vanguard	Vanguard Real Estate Index Admiral	**	564,514
	Vanguard	Vanguard Total Int'l Stock Index Admiral	**	517,187
	Vanguard	Vanguard Target Retirement 2045	**	335,917
	American Century	American Century Midcap Value R6	**	321,939
	Vanguard	Vanguard Target Retirement 2050	**	306,602
	American Funds	American Funds American Balanced R6	**	236,003
	Vanguard	Vanguard Target Retirement Income	**	222,557
	JPMorgan	JPMorgan Small Cap Growth Fund Class R6	**	196,589
	Vanguard	Vanguard Target Retirement 2035	**	193,772
	Vanguard	Vanguard Target Retirement 2030	**	164,981
	JPMorgan	JPMorgan Small Cap Value Class R6	**	151,250
	Vanguard	Vanguard Short Term Treasury Admiral	**	147,592
	MFS	MFS Value Fund Class R5	**	142,226
	Vanguard	Vanguard Target Retirement 2055	**	140,072
	American Funds	American Funds Capital World G & I R6	**	127,285
	Vanguard	Vanguard Target Retirement 2020	**	126,948
	Dreyfus	Dreyfus Boston Co Sm Midcap Growth I	**	122,719
	Vanguard	Vanguard Target Retirement 2025	**	107,187
	Vanguard	Vanguard Target Retirement 2060	**	95,935
	Vanguard	Vanguard Inflation Protected Securities	**	93,897
	Vanguard	Vanguard Target Retirement 2065	**	71,687
	Principal	Principal High Yield R6	**	50,508
	BlackRock	BlackRock Global Allocation K	**	48,265
	American Funds	American Funds EuroPacific R6	**	35,853
	Metropolitan West	Metropolitan West Total Return CL P	**	28,898
	American Funds	American Funds Capital World Bond R6	**	16,588
Total Mutual Funds				16,460,225
<i>Money Market Funds</i>				
	Vanguard	Vanguard Federal Money Market	**	2,392,959
Total Money Market Funds				2,392,959
*	Notes Receivable from Participants	4.25% - 7.25%, maturity dates through 2032	\$ --	274,196
Total				<u>\$ 19,127,380</u>

* Parties-in-interest as defined by ERISA.

** 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) Balance at the end of the year	(d) Percent of total contributions	
Affinity Group Midwest, LLC	85-4306081	1,490,709	23.50%	
Proximity Malt, LLC	37-1777478	5,084,836	15.33%	
Plas-Tech Engineering Inc.	39-1917889	1,497,889	14.02%	
Payroll Made Easy, Inc. dba Continuum HR	65-0976069	2,599,492	8.78%	
Hailide America, Inc	27-1054801	1,275,123	5.61%	
Electrical Training Center	11-3469596	1,429,433	4.47%	
Gulfside Elevator and Cab Interiors, LLC	47-4681103	289,914	4.31%	
Centerpoint IT, Inc	03-0382776	642,460	3.18%	
CLOCworks, Inc.	83-4082660	546,687	2.96%	
Hospitality International, Inc.	62-1017020	374,490	2.81%	
Bonita Boat Harbor, LLC	46-1910571	363,881	2.08%	
Prodco International America Inc.	46-1616630	189,021	1.80%	
All Service Electric of Ft Myers, Inc	26-1725676	47,886	1.53%	
Transcendent, LLC	20-1742704	1,279,854	1.35%	
Colliers Reserve Association	65-0380071	80,655	1.03%	
Next Plumbing	45-4903785	29,154	0.80%	
REIDS FINE FURNISHINGS INC	54-1761644	305,310	0.79%	
Dr. Piper Center for Social Services, Inc.	65-0788551	22,006	0.76%	
Tennessee Members 1st Federal Credit Union	62-0453519	222,995	0.73%	
Language Source	34-2007037	44,857	0.71%	
Analytic Technologies Group, Inc.	46-1698477	72,613	0.63%	
GoGeddit Marketing & Media	45-2662931	47,835	0.44%	
Meadowbrook Solutions	87-0871255	12,357	0.41%	
Photo USA, Inc.	54-1682497	304,060	0.40%	
BBI Marketing	27-0480426	17,029	0.38%	
Allied Termite and Pest Control	46-4403597	31,523	0.30%	
Smart Parts Inc	65-0931065	58,856	0.23%	
Heritage Care Inc	81-2486052	-	0.20%	
Corner Construction Services, Inc.	20-8670765	147,493	0.19%	
Chrysalis Packaging & Assembly Corp. dba Chryspac	39-1979872	72,543	0.18%	
Red Oak Sanitation	58-2609048	12,388	0.05%	
Premier Workforce Solutions/Premier Gold	26-0447970	104,174	0.04%	
S&S Golf Management dba Vision Golf Management	59-3025175	261,544	0.00%	
Cross Creek Country Club	59-2576791	3,335	0.00%	
Rehab Consultants of West Central Florida	65-0873868	-	0.00%	
Red Brown KLE Marketing, Inc.	39-2011895	355	0.00%	
St. Clare Terrace	39-1974121	25,360	0.00%	
Payroll Made Easy - Suspense Plan	32-4235675	32,430	0.00%	
Zodiac Spirits, LLC	46-4298877	14,451	0.00%	
Laptops Plus, Inc.	59-3469708	80,830	0.00%	
Tinnell's Finer Foods/Vision Foods Group Inc. dba Save-A-Lot	54-0800346	1,300	0.00%	
Conserva Irrigation of SWFL Inc.	81-1810760	10,249	0.00%	
Sonnenberg Consultants LLC	56-2631673	-	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	VTSEX - Vanguard Total Stock Market Index Fund Admiral Shares		3,588,855
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		2,392,959
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		2,158,351
	Fidelity	FXAIX - Fidelity 500 Index Fund		1,689,307
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		924,999
	Vanguard	VCSAX - Vanguard Consumer Staples Index		854,609
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		799,532
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		706,712
	Principal	PLCGX - Principal Large Cap Growth I R6		597,104
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		573,783
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		564,514
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		517,187
	Vanguard	VTIVX - Vanguard Target Retirement 2045		335,917
	American Century	AMDVX - American Century Midcap Value R6		321,939
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		306,603
	American Funds	RLBGX - American Funds American Balanced R6		236,003
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		222,557
	JPMorgan	JGSMX - JPMorgan Small Cap Growth Fund Class R6		196,589
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		193,772
	Vanguard	VTHRX - Vanguard Target Retirement 2030		164,981
	JPMorgan	JSVUX - JPMorgan Small Cap Value Class R6		151,250
	Vanguard	VFIRX - Vanguard Short Term Treasury Admiral		147,592
	MFS	MEIKX - MFS Value Fund Class R5		142,226
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		140,073
	American Funds	RWIGX - American Funds Capital World G & I R6		127,285
	Vanguard	VTWNX - Vanguard Target Retirement 2020		126,948
	Dreyfus	SDSCX - Dreyfus Boston Co Sm Mid Cap Grw I		122,719
	Vanguard	VTTVX - Vanguard Target Retirement 2025		107,187
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		95,935
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		93,897
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		71,687
	Principal	PHYFX - Principal High Yield R6		50,508
	BlackRock	MKLOX - BlackRock Global Allocation K		48,265
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		35,853
	Metropolitan West	MWTSX - Metropolitan West Total Return CI P		28,898
	American Funds	RCWGX - American Funds Capital World Bond R6		16,588
	Participant Loans	4.25% - 7.25%		274,196

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 2022 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information				
For calendar plan year 2022 or fiscal plan year beginning		01/01/2022	and ending	12/31/2022
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) _____			
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐				

Part II Basic Plan Information —enter all requested information			
1a Name of plan Payroll Made Easy, Inc dba Continuum Retirement Savings Plan	1b	Three-digit plan number (PN) ▶	002
	1c	Effective date of plan 01/01/2013	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Payroll Made Easy, Inc. dba Continuum HR 11691 Gateway Blvd Ste 104 Fort Myers FL 33913	2b	Employer Identification Number (EIN) 65-0976069	
	2c	Plan Sponsor's telephone number (239) 592-9700	
	2d	Business code (see instructions) 541214	

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

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

SIGN HERE		10/13/23	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 (2022)
v. 220413

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		5 737
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) 597
a(2) Total number of active participants at the end of the plan year		6a(2) 628
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 135
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 763
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 763
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 426
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 3
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)