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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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.	10/14/2026	BRAD MORTON
	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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	440
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)**	341
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	231
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	140
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	371
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	371
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	267
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	249
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 Characteristic Codes in the instructions:

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

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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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	81220	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	24348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	11429	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 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	11428	Yes [ ] No [X]	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

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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 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)	13946	6996
(2) Participant contributions	1b(2)	27998	12034
(3) Other	1b(3)	1266	1231
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)	183216	150677
(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)	15700726	15570753
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	15927152	15741691
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	23807	7295
1k Total liabilities (add all amounts in lines 1g through1j)	1k	23807	7295
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	15903345	15734396

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)	646939	
(B) Participants	2a(1)(B)	1169470	
(C) Others (including rollovers)	2a(1)(C)	124999	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1941408
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)	14163	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14163
(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)	523662	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		523662
(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)		1498058
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3977291
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2780990	
(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)		2780990
f Corrective distributions (see instructions)	2f		4676
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	81220	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	47206	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		128426
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2914092
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1063199
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1232148

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
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?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
BONITA BOAT HARBOR, LLC - HRB RETIREMENT SAVINGS PLAN	92-1375379	001
AMPLIFY HR MANAGEMENT RETIREMENT SAVINGS PLAN	82-1671832	001
MYAKKA INSURANCE SERVICES 401(K) PLAN	36-5041271	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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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**

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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan PAYROLL MADE EASY, INC DBA CONTINUUM RETIREMENT SAVINGS PLAN	**B** Three-digit Plan number (PN)..... ▶ 002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF PAYROLL MADE EASY, INC. DBA CONTINUUM HR	**D** Administrator's EIN 65-0976069

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☐ other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
SS GOLF MANAGEMENT DBA VISION GOLF MANAGEMENT	59-3025175	0.00	371298
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
CROSS CREEK COUNTRY CLUB	59-2576791	0.00	4526

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RED BROWN KLE MARKETING INC	39-2011895	0.00	275
PREMIER WORKFORCE SOLUTIONSPREMIER GOLD	26-0447970	0.00	15622
ST CLARE TERRACE	39-1974121	0.00	25759
PAYROLL MADE EASY SUSPENSE PLAN	32-4235675	0.00	33226
ZODIAC SPIRITS LLC	46-4298877	0.00	22188
CHRYSALIS PACKAGING ASSEMBLY CORP DBA CHRYSPAC	39-1979872	0.07	133662
PHOTO USA INC	54-1682497	0.46	532777
TINNELLS FINER FOODSVISION FOODS GROUP INC DBA SAVEALOT	54-0800346	0.00	1501
REIDS FINE FURNISHINGS INC	54-1761644	1.39	459518

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRANSCENDENT LLC	20-1742704	0.24	1218186
LANGUAGE SOURCE	34-2007037	0.69	86227
SMART PARTS INC	65-0931065	0.56	116744
CORNER CONSTRUCTION SERVICES INC	20-8670765	0.39	252337
CONSERVA IRRIGATION OF SWFL INC	81-1810760	0.00	14175
BONITA BOAT HARBOR LLC	46-1910571	0.00	0
PROXIMITY MALT LLC	37-1777478	28.56	6539740
PRODCO INTERNATIONAL AMERICA INC	46-1616630	0.00	0
CLOCWORKS INC	83-4082660	10.03	1253966

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BBI MARKETING	27-0480426	0.77	68038
ALLIED TERMITE AND PEST CONTROL	46-4403597	0.00	64238
COLLIERS RESERVE ASSOCIATION	65-0380071	2.06	252937
ALL SERVICE ELECTRIC OF FT MYERS INC	26-1725676	2.71	179138
PLASTECH ENGINEERING INC	39-1917889	0.00	46
HOSPITALITY INTERNATIONAL INC	62-1017020	5.34	899950
NEXT PLUMBING	45-4903785	0.77	33286
MEADOWBROOK SOLUTIONS	87-0871255	4.69	157847
GOGEDDIT MARKETING MEDIA	45-2662931	1.55	158492

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAILIDE AMERICA INC	27-1054801	0.24	0
DR PIPER CENTER FOR SOCIAL SERVICES INC	65-0788551	1.91	174107
TENNESSEE MEMBERS 1ST FEDERAL CREDIT UNION	62-0453519	3.16	399695
GULF COAST BUSINESS BANK	87-4743729	20.99	1524896
MIAKKA GOLF CLUB LLC	88-2768637	13.11	468744
CURE LLC DBA CU CARFINDERS	20-3746233	0.31	258288

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

PAYROLL MADE EASY, INC. DBA CONTINUUM
RETIREMENT SAVINGS PLAN
Financial Statements and Supplementary Information
December 31, 2025 and 2024

Forrestall CPAs, LLC
Certified Public Accountants

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Forrestall CPAs
EST. 1978

MEMBERS OF AMERICAN INSTITUTE OF CPA'S
GEORGIA SOCIETY OF CPA'S

THE ASSOCIATION OF CERTIFIED FRAUD EXAMINERS
AND ASPPA

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Payroll Made Easy, Inc. dba Continuum
Retirement Savings Plan

Opinion

We have audited the accompanying financial statements of Payroll Made Easy, Inc. dba Continuum Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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, 2025, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2025 Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of Payroll Made Easy, Inc. dba Continuum Retirement Savings 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 2025 Financial Statements

Management is responsible for the preparation and fair presentation of the 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 Payroll Made Easy, Inc. dba Continuum Retirement Savings Plan's ability to continue as a going concern for one year after the date the financial statements are 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 Audit of the 2025 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 generally accepted auditing standards 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 there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- 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 audit 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 Payroll Made Easy, Inc. dba Continuum Retirement Savings 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 Payroll Made Easy, Inc. dba Continuum Retirement Savings 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

2025 Supplemental Schedule Required by ERISA

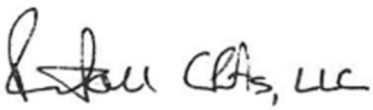
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are 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 schedules 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.

Other Matter - 2024 Financial Statements

The financial statements of Payroll Made Easy, Inc. dba Continuum Retirement Savings Plan as of December 31, 2024, were audited by other auditors whose report dated October 17, 2025 expressed an unmodified opinion on those statements.



Forrestall CPAs, LLC
Sugar Hill, GA
October 14, 2026

PAYROLL MADE EASY, INC. DBA CONTINUUM
RETIREMENT SAVINGS PLAN
Statements of Net Assets Available for Plan Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments:		
At fair value	$ 15,570,754	$ 15,700,726
Total investments	15,570,754	15,700,726
Receivables:		
Notes receivable from participants	150,677	183,216
Participant contributions	12,034	27,998
Employer contributions	6,996	13,946
Other receivables	1,231	1,266
Total receivables	170,938	226,426
TOTAL ASSETS	15,741,692	15,927,152
LIABILITIES		
Excess contributions payable	7,295	23,807
TOTAL LIABILITIES	7,295	23,807
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 15,734,397	$ 15,903,345

See accompanying Independent Auditors' Report and Notes to Financial Statements

PAYROLL MADE EASY, INC. DBA CONTINUUM
RETIREMENT SAVINGS PLAN
Statements of Changes in Net Assets Available for Plan Benefits
December 31, 2025 and 2024

	2025	2024
ADDITIONS:		
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in FMV of investments	$ 1,498,059	$ 1,731,945
Interest and dividends	523,662	664,470
Total investment income	2,021,721	2,396,415
Interest income on notes receivable from participants	14,163	15,829
Contributions:		
Participants	1,169,470	1,494,459
Employer	646,939	767,847
Rollover	124,999	119,453
Total contributions	1,941,408	2,381,759
TOTAL ADDITIONS	3,977,292	4,794,003
DEDUCTIONS:		
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	2,785,666	2,044,535
Investment and administrative expenses	128,426	148,688
TOTAL DEDUCTIONS	2,914,092	2,193,223
NET INCREASE IN PLAN ASSETS	1,063,200	2,600,780
TRANSFERS TO ANOTHER PLAN	(1,232,148)	(6,638,247)
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of the year	15,903,345	19,940,812
End of the year	$ 15,734,397	$ 15,903,345

See accompanying Independent Auditors' Report and Notes to Financial Statements

NOTE 1—DESCRIPTION OF THE PLAN

The following description of the Payroll Made Easy, Inc. d/b/a Continuum Retirement Savings Plan (the "Plan") provides general information only. Participating employers may elect different provisions in their adoption agreements. Participants should refer to the Plan document, applicable adopting employer agreements, amendments, and summary plan description for complete provisions.

General

The Plan is a multiple employer defined contribution retirement plan under Internal Revenue Code ("Code") Section 413(c), established effective January 1, 2013, and sponsored and administered by Payroll Made Easy, Inc. d/b/a ContinuumHR (the "Sponsor" or "Company"). The Plan covers eligible employees of subscribing adopting employers and is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan's investment committee oversees investment options and related fiduciary activities. The Baldwin Group Wealth Advisors, LLC (formerly Fiduciary Partners Retirement Group, LLC), serves as the Plan's investment advisor and is responsible for evaluating the appropriateness of the Plan's investment offerings, monitoring investment performance, and providing recommendations and reports to the Plan's investment committee.

Eligibility, entry dates, employer contributions, and other employer-specific elections are governed by the participating employer's adoption agreement. The Plan's multiple-employer structure permits different provisions among participating employers. The Plan Administrator oversees administration while adopting employers provide applicable payroll and participant information.

Contributions

Participants may elect to contribute up to 100% of their eligible annual compensation, as defined in the Plan document and their respective participating employer's Adoption Agreement, subject to applicable Internal Revenue Code ("Code") limitations. Elective deferrals may be designated as pre-tax contributions, Roth after-tax contributions, or a combination thereof. Participants who attain age 50 or older during the Plan year may make additional catch-up contributions, subject to applicable Code limitations. The Plan also permits eligible rollover contributions from other qualified retirement plans.

Participating employers may make matching contributions, discretionary contributions, or other employer contributions in accordance with the provisions elected under their respective Adoption Agreements. Employer contribution formulas, eligibility requirements, and allocation provisions may vary among participating employers. All contributions are subject to applicable Code limitations.

The Plan also provides for automatic enrollment when elected by a participating employer under its Adoption Agreement. Eligible employees subject to automatic enrollment are automatically enrolled at the applicable deferral percentage unless they affirmatively elect a different contribution rate or decline participation. Initial automatic deferral percentages, annual automatic contribution increases, and related provisions are determined separately under each participating employer's Adoption Agreement. Participants may modify their contribution elections in accordance with the Plan's administrative procedures.

NOTE 1—DESCRIPTION OF THE PLAN – Continued

Participant Investment Account Options

The Plan's investment options are limited to registered investment companies (mutual funds) and money market funds. The mutual funds include equity funds, fixed-income funds, and target-date retirement funds. Participants may direct the investment of their elective deferrals, employer contributions, and other amounts credited to their accounts among the investment options available under the Plan. Participants may change their investment elections and transfer existing account balances among the available options daily, subject to applicable Plan provisions and investment restrictions, such as fund-imposed short-term trading or redemption restrictions. Investment earnings and losses are allocated to each participant's account based on that participant's investment elections and account balance.

Participant Accounts

The Plan maintains a separate account for each participant. Each account is credited with the participant's elective deferrals (pre-tax and designated Roth), any employer matching and discretionary contributions, and any rollover contributions. Each account is also credited or charged with the investment earnings or losses of the mutual funds and money market funds the participant has elected. Accounts are charged with benefit distributions and with any administrative expenses paid from Plan assets. Each participating employer's Adoption Agreement determines its employer contributions and how they are allocated. Investment earnings and losses are allocated based on each participant's investment elections and the balances in those funds. Administrative expenses are allocated either in proportion to account balances or to the accounts of the participants whose transactions caused them, as the Plan provides. Each participant is entitled to the benefit that can be provided from their vested account balance.

Vesting

Participants are always 100% vested in their elective deferrals (pre-tax and designated Roth), their rollover contributions, and the earnings or losses on those amounts. Because the Plan is a multiple employer plan, each participating employer sets its own vesting schedule in its Adoption Agreement. That schedule governs vesting in the employer's matching and discretionary contributions and the earnings or losses on them, so schedules may differ from one employer to another. Participants vest in employer contributions by meeting the service requirements and other conditions in their employer's Adoption Agreement. Participants also become fully vested when they reach normal retirement age, die, or become disabled, as defined in the Plan, or if the Plan terminates. When a participant leaves employment, the nonvested part of their employer contributions is forfeited, either when the vested balance is distributed or after five consecutive one-year breaks in service. Forfeitures are then used as the Plan document and the employer's Adoption Agreement provide.

Forfeited Accounts

Forfeitures are the nonvested portion of employer matching and discretionary contributions, plus the earnings or losses on those amounts, that participants lose under the Plan's forfeiture provisions. Because the Plan is a multiple employer plan, forfeitures are determined and used separately for each participating employer, under the vesting and forfeiture provisions of its Adoption Agreement. As the Plan document and the Adoption Agreements allow, forfeitures may be used to reduce employer contributions, pay Plan administrative expenses, or be reallocated to the accounts of eligible participants. At December 31, 2025, and 2024, forfeited nonvested account balances totaled $0 and $3,604, respectively. During the years ended December 31, 2025, and 2024, employer contributions were reduced by $2,336 and $2,524, respectively, from forfeited nonvested accounts in accordance with Plan provisions.

NOTE 1—DESCRIPTION OF THE PLAN – Continued

Notes Receivable from Participants

The Plan permits eligible participants to obtain loans from their vested account balances in accordance with the Plan document, applicable loan procedures, and Internal Revenue Code ("Code") requirements. The minimum loan amount is $1,000, and the maximum loan amount is the lesser of $50,000, reduced as applicable for outstanding participant loans during the preceding 12 months, or 50% of the participant's vested account balance.

Participant loans are secured by the participant's vested account balance and generally must be repaid within five years. Loans used to acquire a principal residence may be repaid over a longer period, subject to applicable Plan provisions. Principal and interest payments are generally made through payroll deductions administered by the respective participating employers. Interest rates are established by the Plan Administrator based on prevailing market rates for loans under similar circumstances.

Payment of Benefits

Upon termination of employment, retirement, disability, or death, participants or their designated beneficiaries are entitled to receive the vested portion of their individual account balances in accordance with the Plan document and applicable distribution requirements. Benefits are generally payable as a lump-sum distribution, with certain installment or partial distribution options available to eligible participants, subject to the Plan's provisions.

The Plan permits hardship withdrawals from eligible elective deferral accounts when participants demonstrate an immediate and heavy financial need, provided such distributions are permitted under the applicable participating employer's Adoption Agreement and satisfy Internal Revenue Code ("Code") requirements. Other in-service withdrawals may be available upon attainment of age 59½ or under other qualifying circumstances, subject to applicable Plan provisions.

Required minimum distributions are made in accordance with applicable Code requirements. All benefit payments are subject to the Plan's administrative procedures and applicable federal regulations.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”). Accounting principles generally accepted in the United States of America are established by the Financial Accounting Standards Board (“FASB”) through the Accounting Standards Codification (“ASC”) and related Accounting Standards Updates (“ASUs”).

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes in net assets available for benefits, and related disclosures. Such estimates may include the valuation of investments and the determination of certain contributions receivable and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurement*. Fair value represents the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date.

The Plan's investments consist primarily of participant-directed mutual funds and money market funds held through its custodial and investment arrangements. Mutual funds are valued at their published daily net asset values ("NAV"), which represent the prices at which shares may be purchased or redeemed. Money market funds are valued at their quoted NAV at year-end. The Plan Administrator utilizes investment information provided by Fidelity Investments and other applicable service providers in determining the fair value of Plan investments.

Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recognized on the ex-dividend date, and interest income is recognized as earned. Net appreciation or depreciation in fair value of investments includes realized gains and losses on investments sold during the year and unrealized changes in the fair value of investments held during the year.

Additional information regarding the Plan's fair value measurements is presented in Note 3.

Contributions and Receivables

Participant elective deferral contributions, including pre-tax and designated Roth contributions, are recognized in the period in which the related compensation is earned and the contributions are withheld from participants' compensation. Employer matching and discretionary contributions are recognized when due in accordance with the provisions established under each participating employer's Adoption Agreement. Rollover contributions are recognized when received by the Plan.

Because the Plan is a multiple employer plan, participating employers are responsible for processing participant payroll deductions and remitting applicable employee and employer contributions in accordance with Plan provisions and applicable regulatory requirements. Contributions withheld or otherwise due but not received by the Plan as of year-end are reported as contributions receivable.

Notes Receivable from Participants

Notes receivable from participants represents loans made to eligible Plan participants in accordance with the Plan document and applicable loan procedures. Participant loans are measured at their unpaid principal balances plus accrued but unpaid interest. Loans are secured by the participants' vested account balances and are generally repaid through payroll deductions administered by the respective participating employers.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Notes Receivable from Participants – Continued

Interest income on participant loans is recognized as earned, and related loan administration fees are recorded as administrative expenses when incurred. Outstanding participant loans are subject to the Plan's repayment and default provisions and applicable Internal Revenue Code requirements.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of Code limits, or contributions that must be refunded to pass nondiscrimination testing, are recorded as a liability with a corresponding reduction to contributions. Because the Plan is a multiple employer plan, nondiscrimination testing is performed separately for each participating employer. The Plan Administrator works with Slavic Integrated Administration, Inc. and the participating employers to identify and process the required corrective distributions. At December 31, 2025, and 2024, excess contributions payable totaled $7,295 and $23,807, respectively.

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded when paid. Distributions are processed in accordance with the Plan document, applicable participating employer provisions, and Internal Revenue Code requirements.

Administrative Expenses

The Plan Sponsor, the participating employers, or the Plan may pay the costs of administering the Plan, as the Plan provisions and service agreements provide. Expenses paid directly by the Plan Sponsor or participating employers are excluded from these financial statements. Expenses charged to participant accounts are recorded when incurred. These include recordkeeping, third-party administration, investment advisory, and participant loan fees. Investment-related expenses deducted within the mutual funds and money market funds are included in net appreciation in fair value of investments and are not reported separately. Investment and administrative expenses deducted from Plan assets totaled $128,426 and $148,688 for the years ended December 31, 2025, and 2024, respectively.

NOTE 3—FAIR VALUE OF PLAN ASSETS

FASB ASC Topic 820, Fair Value Measurement (“ASC Topic 820”), establishes a framework for measuring fair value: That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

NOTE 3—FAIR VALUE OF PLAN ASSETS – Continued

The three levels of the fair value hierarchy under ASC Topic 820 are described as follows:

LEVEL 1 Quoted prices in active markets for identical assets

LEVEL 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets

LEVEL 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant 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, 2025, and 2024.

Mutual Funds (Level 1): Valued at the net asset value (NAV) of shares held by the Plan at year-end, based on quoted prices on nationally recognized securities exchanges. Mutual funds held by the Plan are open-end funds registered with the Securities and Exchange Commission, required to publish their daily NAV and transact at that price. These funds are deemed to be actively traded. Self-directed brokerage accounts primarily consist of mutual funds and common stocks valued on the basis of readily determinable market prices.

Money Market Funds (Level 1): Valued at their published NAV at year-end. These funds invest primarily in short-term, highly liquid securities and are classified as Level 1 within the fair value hierarchy based on their readily determinable fair values.

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for plan benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall as of December 31, 2025, and 2024:

	ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2025			
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Mutual funds	$ 14,230,406	$ -	$ -	$ 14,230,406
Money market funds	1,340,348	-	-	1,340,348
Total	$ 15,570,754	$ -	$ -	$ 15,570,754

NOTE 3—FAIR VALUE OF PLAN ASSETS – Continued

Recurring Measurements – Continued

	ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2024			
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Mutual funds	$ 14,450,141	$ -	$ -	$ 14,450,141
Money market funds	1,250,585	-	-	1,250,585
Total	$ 15,700,726	$ -	$ -	$ 15,700,726

Net appreciation in the fair value of investments totaled $1,498,059 and $1,731,945 for the years ended December 31, 2025, and 2024, respectively.

NOTE 4—TRANSFERS OUT OF THE PLAN

Certain adopting employers ceased participation and related participant account balances were transferred to other retirement arrangements. During the years ended December 31, 2025, and 2024, net transfers out of the Plan in conjunction with merger and participant account transfers totaled $1,232,148 and $6,638,247 as reported in the statements of changes in net assets available for plan benefits.

NOTE 5—RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Company, its affiliated entities, participating employers, Plan fiduciaries, participants, and certain service providers are parties in interest as defined under ERISA.

The Plan utilizes Slavic Integrated Administration, Inc. d/b/a Slavic401k.com for third-party administration, recordkeeping, participant account administration, and related retirement plan services. Slavic Mutual Fund Management Corporation provides portfolio management services, while Fidelity Investments and its affiliated entities provide brokerage, custodial, and investment-related services. The Baldwin Group Wealth Advisors, LLC, serves as an investment advisor to the Plan, assisting with investment selection, performance monitoring, and investment committee oversight.

Some of the Plan's investments are in funds managed by entities affiliated with Plan service providers. Transactions in these funds are party-in-interest transactions. Participant loans are also party-in-interest transactions. These transactions are exempt from ERISA's prohibited transaction rules.

Officers and employees of the Plan Sponsor and the participating employers perform certain administrative functions for the Plan without compensation from the Plan. Expenses paid directly by the Plan Sponsor or participating employers are not reflected in these financial statements.

NOTE 6—PLAN TERMINATION

Although it has expressed no intent to do so, the Sponsor may terminate the Plan subject to ERISA and the Plan document. On termination, affected participants become fully vested in employer contribution accounts as provided by the Plan.

NOTE 7—TAX STATUS

The Plan is a multiple employer plan under Section 413(c) of the Internal Revenue Code (the "Code"). It uses a pre-approved plan document sponsored by Slavic Integrated Administration, Inc. d/b/a Slavic401k.com. The document consists of a base plan document, an Adoption Agreement for each participating employer, and later amendments. Each participating employer elects its employer-specific provisions in its Adoption Agreement.

The Internal Revenue Service ("IRS") issued an opinion letter dated June 30, 2020 to Slavic Integrated Administration, Inc. The letter states that the form of the pre-approved plan document meets the qualification requirements of Section 401(a) of the Code. The opinion letter addresses only the form of the plan document, not how the Plan is operated. The Plan has been amended since the opinion letter was issued, including amendments for retirement plan legislation. The Plan Administrator believes the Plan is designed and currently operated in compliance with the applicable requirements of the Code. Accordingly, the Plan Administrator believes the Plan is qualified and the related trust is tax-exempt under Section 501(a) of the Code. No provision for income taxes has been included in the financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate the tax positions taken by the Plan. A liability is recognized if the Plan has taken an uncertain position that more likely than not would not be sustained on examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan. As of December 31, 2025, and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax period.

NOTE 8—RISKS AND UNCERTAINTIES

The Plan holds investment securities exposed to market, interest-rate and credit risks. It is reasonably possible that near-term changes in investment values could materially affect reported net assets available for benefits and participant account balances.

NOTE 9—DELINQUENT PARTICIPANT CONTRIBUTIONS

The Plan is a multiple employer defined contribution plan under which participating employers are responsible for remitting participant contributions withheld from employee compensation in accordance with the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 9—DELINQUENT PARTICIPANT CONTRIBUTIONS – Continued

During the year ended December 31, 2024, certain participating employers did not remit participant contributions to the Plan within the required timeframes. Delinquent participant contributions totaling $78,718 were reported on the Plan's 2024 Form 5500, Schedule H, Line 4a, Schedule of Delinquent Participant Contributions. These contributions were reported as corrected outside the DOL's Voluntary Fiduciary Correction Program.

No additional delinquent participant contributions were noted during the year ended December 31, 2025.

NOTE 10—SECURE 2.0 ACT

The Setting Every Community Up for Retirement Enhancement ("SECURE") 2.0 Act of 2022 was enacted on December 29, 2022, as part of the Consolidated Appropriations Act of 2023. The legislation includes numerous retirement plan provisions with varying effective dates, including changes to automatic enrollment and automatic contribution increases, required minimum distributions, catch-up contributions, and mandatory distribution thresholds.

The legislation includes both mandatory and optional provisions affecting qualified retirement plans. As a multiple employer plan, the Payroll Made Easy, Inc. d/b/a Continuum Retirement Savings Plan (the "Plan") must comply with applicable mandatory provisions, while certain optional provisions may be adopted in accordance with the Plan document and participating employers' respective Adoption Agreements.

During the year ended December 31, 2024, the Plan adopted certain applicable provisions of SECURE Act 2.0 and initiated the process of formally amending the Plan document. During the year ended December 31, 2025, Plan management continued evaluating the legislation's applicable requirements and optional provisions, including their effect on Plan administration and participating employers. Management determined that the provisions applicable during 2025 did not have a material effect on the Plan's financial statements for the year ended December 31, 2025.

NOTE 11—SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 14, 2026, the date the financial statements were available to be issued. No subsequent events were noted that would require disclosure or modification to the financial statements.
note

SUPPLEMENTARY INFORMATION

PAYROLL MADE EASY, INC. DBA CONTINUUM
RETIREMENT SAVINGS PLAN
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 65-0976069 Plan Number: 002
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Current Value
	American Century Midcap Value R6	Mutual Fund	$ 142,486
	American Century Small Cap Growth Fund R	Mutual Fund	122,915
	iShares MSCI EAFE International Index K	Mutual Fund	755,465
*	Fidelity 500 Index	Mutual Fund	1,948,483
	Fidelity US Bond Index	Mutual Fund	86,889
	JPMorgan Mid Cap Growth R6	Mutual Fund	162,266
	JPMorgan Small Cap Value Class R6	Mutual Fund	128,807
	MFS Value Fund Class R6	Mutual Fund	68,128
	BlackRock Global Allocation K	Mutual Fund	127,609
	TCW MetWest Total Return Bd Plan	Mutual Fund	39,981
	Principal High Yield R6	Mutual Fund	4,314
	Principal Large Cap Growth I R6	Mutual Fund	720,275
	American Funds Capital World Bond R6	Mutual Fund	13,150
	American Funds EuroPacifc R6	Mutual Fund	23,640
	American Funds American Balanced R6	Mutual Fund	114,576
	American Funds Capital World G & I R6	Mutual Fund	82,516
	Vanguard Inflation Protected Securities	Mutual Fund	107,342
	Vanguard Intermediate-Term Bond Index Ad	Mutual Fund	1,765,315
	Vanguard Consumer Staples Index	Mutual Fund	679,708
	Vanguard Target Retirement 2055	Mutual Fund	236,809
	Vanguard Target Retirement 2050	Mutual Fund	58,360
	Vanguard Short Term Treasury Admiral	Mutual Fund	224,551
	Vanguard Target Retirement 2040	Mutual Fund	746,113
	Vanguard Global Capital Cycles Fund Inve	Mutual Fund	221,488
	Vanguard Real Estate Index Admiral	Mutual Fund	9,192
	Vanguard Mid Cap Index Admiral	Mutual Fund	368,127
	Vanguard Target Retirement 2065 Inv	Mutual Fund	130,382
	Vanguard Small Cap Index Admiral	Mutual Fund	407,030
	Vanguard Target Retirement 2070	Mutual Fund	30,061
	Vanguard Target Retirement 2030	Mutual Fund	160,421
	Vanguard Total Int'l Stock Index Admiral	Mutual Fund	289,942
	Vanguard Target Retirement Income	Mutual Fund	127,269
	Vanguard Target Retirement 2045	Mutual Fund	261,569
	Vanguard Total Stock Market Index Admira	Mutual Fund	2,939,762
	Vanguard Target Retirement 2035	Mutual Fund	246,394
	Vanguard Target Retirement 2060	Mutual Fund	256,205
	Vanguard Target Retirement 2025	Mutual Fund	183,502
	Vanguard Target Retirement 2020	Mutual Fund	61,633
	Vanguard Utilities Index Admiral	Mutual Fund	177,731
	Vanguard Federal Money Market	Money Market Fund	1,340,348
	Total investments		15,570,754
*	Participant Loans	Interest rate range 4.25% - 9.50%, various	150,677
	Total		$ 15,721,431

* Represents a party-in-interest.
Note: Column (d) cost information is not applicable because the investments are participant-directed.

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
	American Century	AMDVX - American Century Midcap Value R6		142,486
	American Century	ANODX - American Century Small Cap Growth Fund R		122,915
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		755,465
	Fidelity	FXAIX - Fidelity 500 Index Fund		1,948,483
	Fidelity	FXNAX - Fidelity US Bond Index Fund		86,888
	JPMorgan	JGSMX - JPMorgan Small Cap Growth Fund Class R6		-
	JPMorgan	JMGMX - JPMorgan Mid Cap Growth R6		162,266
	JPMorgan	JSVUX - JPMorgan Small Cap Value Class R6		128,807
	MFS	MEIKX - MFS Value Fund Class R5		68,128
	BlackRock	MKLOX - BlackRock Global Allocation K		127,609
	Metropolitan West	MWTSX - Metropolitan West Total Return Cl P		39,981
	Principal	PHYFX - Principal High Yield R6		4,314
	Principal	PLCGX - Principal Large Cap Growth I R6		720,275
	American Funds	RCWGX - American Funds Capital World Bond R6		13,150
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		23,640
	American Funds	RLBGX - American Funds American Balanced R6		114,576
	American Funds	RWIGX - American Funds Capital World G & I R6		82,516
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		107,342
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		1,765,315
	Vanguard	VCSAX - Vanguard Consumer Staples Index		679,708
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		236,809
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		58,359
	Vanguard	VFIRX - Vanguard Short Term Treasury Admiral		224,551
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		746,113
	Vanguard	VGPMX - Vanguard Precious Metals		221,488
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		9,192
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		368,127
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		130,382
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		1,340,348
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		407,030
	Vanguard	VSVNX - Vanguard Target Retirement 2070		30,061
	Vanguard	VTHRX - Vanguard Target Retirement 2030		160,421
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		289,942
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		127,269
	Vanguard	VTIVX - Vanguard Target Retirement 2045		261,569
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		2,939,762
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		246,394
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		256,205
	Vanguard	VTTVX - Vanguard Target Retirement 2025		183,502
	Vanguard	VTWNX - Vanguard Target Retirement 2020		61,633
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		177,731
	Participant Loans	4.25 - 9.50 %		150,677

//classification/confidential

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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	[signature]	10-15-2026	BRAD MORTON
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor		**3b** Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name		**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year		**5**	440
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)**	341
a(2) Total number of active participants at the end of the plan year		**6a(2)**	231
b Retired or separated participants receiving benefits		**6b**	0
c Other retired or separated participants entitled to future benefits		**6c**	140
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.		**6d**	371
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		**6e**	0
f Total. Add lines **6d** and **6e**.		**6f**	371
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		**6g(1)**	267
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		**6g(2)**	249
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 Characteristic Codes in the instructions:

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

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)