

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 6047(e), 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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ONEPOINT HRO LLC MULTIPLE EMPLOYER 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2002</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ONEPOINT HRO LLC</u> <u>10303 E. DRY CREEK ROAD, SUITE 400</u> <u>ENGLEWOOD, CO 80112</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-8129844</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>303-771-4445</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541211</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-8129844</u>	2c Plan Sponsor's telephone number <u>303-771-4445</u>	2d Business code (see instructions) <u>541211</u>	
2b Employer Identification Number (EIN) <u>20-8129844</u>					
2c Plan Sponsor's telephone number <u>303-771-4445</u>					
2d Business code (see instructions) <u>541211</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2015	JOHN D SMITH
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor ONEPOINT HRO LLC 10303 E. DRY CREEK ROAD, SUITE 400 ENGLEWOOD, CO 80112	3b Administrator's EIN 20-8129844 3c Administrator's telephone number 303-771-4445
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 793
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) 690
a(2) Total number of active participants at the end of the plan year	6a(2) 586
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 97
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 683
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 683
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 403
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2A 2T 3B 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan ONEPOINT HRO LLC MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ONEPOINT HRO LLC	D Employer Identification Number (EIN) 20-8129844

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B3-MZ00	14	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
47	12

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAMBRIDGE INVESTMENT RESEARCH 1776 PLEASANT PLAIN ROAD FAIRFIELD, IA 52556-8757

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
47			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NATHAN CARLSON 7100 E. BELLEVIEW AVE., SUITE 300 GREENWOOD VILLAGE, CO 80111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	12	ADMINISTRATIVE EXPENSES PAID BY NATIONWIDE	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	42742
c	Additions: (1) Contributions deposited during the year	7c(1)	92625
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	-227
	(4) Transferred from separate account	7c(4)	63
	(5) Other (specify below)	7c(5)	1313381
	▶ LOAN REPAYMENT - PRINCIPAL \$383; REALLOCATED TRANSFER IN \$5; TRANSFER FROM OUTSIDE NATIONWIDE \$1,312,993		
	(6) Total additions	7c(6)	1405842
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1448584
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	300
	(3) Transferred to separate account	7e(3)	1332545
	(4) Other (specify below)	7e(4)	57317
	▶ LOAN WITHDRAWAL \$788; TRANSFER TO FUNDING SUCCESSOR \$56,529		
	(5) Total deductions	7e(5)	1390162
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	58422

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>ONEPOINT HRO LLC MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ONEPOINT HRO LLC</u>	D Employer Identification Number (EIN) <u>20-8129844</u>

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
NATIONWIDE ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

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

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

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

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

RPS PLAN ADMINISTRATORS

7100 E. BELLEVIEW AVE., SUITE 300
GREENWOOD VILLAGE, CO 80111

(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?
13	N/A	58371	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

REDHAWK WEALTH ADVISORS INC.

7400 METRO BLVD, SUITE 400
MINNEAPOLIS, MN 55439

(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?
27	N/A	35298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HANLON INVESTMENT MANAGEMENT, INC.

3393 BARGAINTOWN ROAD
SUITE 200
EGG HARBOR TWP, NJ 08234

(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	N/A	31971	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)

CLARKE LANZEN SKALLA INVESTMENT

17605 WRIGHT STREET
OMAHA, NE 68130

(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	N/A	22441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
19	N/A	20283	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILSON DOWNING GROUP

215 UNION BLVD, SUITE 215
LAKEWOOD, CO 80228

(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?
10	N/A	9500	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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name: WILSON DOWNING GROUP	b EIN: 84-0509647
c Position: ACCOUNTANT	
d Address: 215 UNION BLVD SUITE 215 LAKEWOOD, CO 80228	e Telephone: 303-232-2262

Explanation: WE CHANGED AUDITORS TO CONSOLIDATE OUR AUDIT FUNCTIONS.

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>ONEPOINT HRO LLC MULTIPLE EMPLOYER 401(K) PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ONEPOINT HRO LLC</u>		D Employer Identification Number (EIN) <u>20-8129844</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	47930	76384
(2) Participant contributions.....	1b(2)	75146	141644
(3) Other.....	1b(3)	206	437
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)	291333	336696
(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)	15914675	16135742
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	42742	58422
(15) Other.....	1c(15)	1293506	1399735

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17665538	18149060

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17665538	18149060
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	756580	
(B) Participants	2a(1)(B)	1880316	
(C) Others (including rollovers)	2a(1)(C)	235437	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2872333

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)	15020	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15020

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(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)		521144
c Other income.....	2c		49552
d Total income. Add all income amounts in column (b) and enter total.....	2d		3458049

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2564548	
(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)		2564548
f Corrective distributions (see instructions).....	2f		5802
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	9500	
(2) Contract administrator fees.....	2i(2)	58371	
(3) Investment advisory and management fees.....	2i(3)	89710	
(4) Other.....	2i(4)	24509	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		182090
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2752440

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		705609
l Transfers of assets:			
(1) To this plan.....	2l(1)		1736266
(2) From this plan.....	2l(2)		1958353

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: JASON F. CLAUSEN, P.C.

(2) EIN: 27-4097479

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>ONEPOINT HRO LLC MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ONEPOINT HRO LLC</u>	D Employer Identification Number (EIN) <u>20-8129844</u>

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	<u>0</u>
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): <u>31-1592130</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

OnePoint HRO LLC Multiple Employer 401(k) Plan

**Financial Statements as of December 31, 2014 and 2013
Supplemental Schedule as of December 31, 2014 and 2013
and Independent Auditor's Report**

OnePoint HRO LLC Multiple Employer 401(k) Plan

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION FOR THE YEAR ENDED DECEMBER 31, 2014 AND 2013

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Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
OnePoint HRO LLC Multiple Employer 401(k) Plan

Report on Financial Statements

We were engaged to audit the accompanying financial statements of OnePoint HRO LLC Multiple Employer 401(k) Plan, which comprise of the statements of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013. We were not engaged to audit the financial statements of OnePoint HRO LLC Multiple Employer 401(k) Plan for the year ended December 31, 2013. These statements are shown for presentational purposes only.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Financial Services, Inc., the insurer of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the insurer holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Insurer as of December 31, 2014, and for the year ended December 31, 2014 that the information provided to the Plan Administrator by the Insurer is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

A handwritten signature in blue ink, appearing to read 'J. Clausen', with a long horizontal flourish extending to the right.

Jason F. Clausen, P.C.
St. Clair Shores, MI
September 4, 2015

OnePoint HRO LLC Multiple Employer 401(k) Plan
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
<u>ASSETS</u>		
Investments (At Fair Value)		
Registered investment companies	\$ 16,135,742	\$ 15,914,675
Guaranteed investment contract	58,422	42,742
Self-directed funds	1,399,735	1,293,506
Receivables:		
Employer contributions	76,384	47,930
Participant contributions	141,644	75,146
Other	437	206
Notes receivable	<u>336,696</u>	<u>291,333</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	<u><u>18,149,060</u></u>	<u><u>17,665,538</u></u>
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>-</u>	<u>-</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u><u>\$ 18,149,060</u></u>	<u><u>\$ 17,665,538</u></u>

See Independent Auditor's Report and Notes to the Financial Statements

OnePoint HRO LLC Multiple Employer 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
<u>ADDITIONS</u>		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 570,696	\$ 2,353,311
Interest on notes receivable from participants	<u>15,020</u>	<u>13,742</u>
Total investment income	585,716	2,367,053
Contributions:		
Employers	756,580	751,549
Participants	1,880,316	1,814,854
Rollover contributions	<u>235,437</u>	<u>73,481</u>
Total contributions	2,872,333	2,639,884
Transfers, net	<u>(222,087)</u>	<u>1,625,827</u>
Total Additions	<u>3,235,962</u>	<u>6,632,764</u>
<u>DEDUCTIONS</u>		
<u>Deductions from net assets attributed to:</u>		
Administrative expenses	182,090	182,284
Benefits paid to participants	<u>2,570,350</u>	<u>3,428,971</u>
Total Deductions	<u>2,752,440</u>	<u>3,611,255</u>
Net increase	483,522	3,021,509
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>17,665,538</u>	<u>14,644,029</u>
End of year	<u><u>\$ 18,149,060</u></u>	<u><u>\$ 17,665,538</u></u>

See Independent Auditor's Report and Notes to the Financial Statements

OnePoint HRO LLC Multiple Employer 401(k) Plan
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of OnePoint HRO LLC Multiple Employer 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

GENERAL AND ELIGIBILITY

The Plan is a defined contribution plan covering all eligible employees of participating employers (collectively the "Company"). The participating employers elect the eligibility and date of entry on the Participation Agreement. Participating employers may elect a service period requirement for eligibility of immediate, three months, six months or one year. Participating employers may elect a monthly or quarterly plan entry date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS AND INVESTMENT OPTIONS

Each year, participants may contribute up to 100% of pretax annual compensation as defined by the Plan, subject to qualified limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan allows for both catch up and Roth contributions.

For each Plan year, the participating employers elect the formula for employer matching contributions as offered in the participation agreement. The participation agreement allows the participating employers to elect to make no employer matching contribution, discretionary matching contributions, or a basic 401(k) safe harbor match. In addition, the participating employers may elect to make non-elective discretionary contributions.

Participants direct the investment of their account balances into participant-directed and self-directed accounts. For participant-directed accounts, participants may choose between various mutual fund investments offered by Nationwide Trust Company, FSB as part of their group separate account annuity contract, and a guaranteed investment fund offered by Nationwide Life Insurance Company as part of their group annuity contract. Participants can change their investment allocations at their discretion by communicating directly with the Plan custodian via the telephone or internet. Participants direct the investment of their accounts by electing the percentages they wish to allocate between investment alternatives. The Plan provides a qualified default investment alternative for those participants who do not make an investment election. For self-directed accounts, participants may invest in individual stocks, bonds, or other securities selected by the employee which are publicly traded on major U.S. exchanges.

PARTICIPANT ACCOUNTS

Separate accounts are maintained for each participant and are credited with the participant's contributions, employer matching and extra contributions, and rollover contributions, if any, including the allocations of earnings and losses to these accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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OnePoint HRO LLC Multiple Employer 401(k) Plan
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow up to 50% of his or her vested balance subject to a minimum of \$1,000 and a maximum of \$50,000, with any note secured by such 50% portion, under rules adopted by the Plan administrator. Such rules are subject to certain conditions, including: the term of the note may not exceed five years (or a reasonable period of time if participant is acquiring a principal residence); the interest rate shall be the prime rate plus 1% which management considers to be commensurate with then prevailing rates in the local community for similar notes; for employees, notes shall be repaid by payroll deductions in approximately equal payments; notes for terminated employees are repaid at least quarterly in advance, and; notes shall be repaid at the time a distribution becomes payable to the borrower by deducting unpaid principal and interest from the benefits otherwise payable. Based on contribution allocations, the aggregate note balance is estimated to be repaid to the funds in a proportionate manner. The notes bear interest at rates that range from 4.25% to 7.15%.

VESTING

Participants are immediately vested in their voluntary contributions and in their employer safe harbor contributions plus actual earnings thereon. For employer contributions not subject to the safe harbor provisions, a participating employer may elect immediate vesting or a vesting schedule equal to 20% after the first two years, then 20% for each year of service until participants are fully vested after six years or more. Participants are credited for a year of service for each calendar year in which the participant completes 1,000 hours of service. Participants also become fully vested in all of their accounts in the event of retirement after age 65, upon death or disability, or if the Plan is terminated.

Non-vested balances of employees who terminate are forfeited and may be used to reduce future employer matching contributions or Plan expenses at the end of the Plan year.

PAYMENT OF BENEFITS

At the time of a participant's retirement or termination of employment because of disability, or termination of employment for reasons other than retirement, death or disability, a participant is entitled to receive a lump sum payment of the full amount of his or her before-tax, after-tax, rollover, and safe harbor contribution accounts plus the vested portion of his or her prior years' matching and extra contribution accounts.

A participant may choose either a cash distribution with the mandatory 20% withholding for tax or a rollover distribution for the full amount to another qualified plan or an individual retirement account.

DEATH BENEFITS

If an active employee dies, the participant becomes fully vested. The participant's account balances are paid in a lump sum to the beneficiary.

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OnePoint HRO LLC Multiple Employer 401(k) Plan
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

FORFEITED ACCOUNTS

Forfeitures from nonvested accounts may be used to reduce matching or non-elective employer contributions or plan expenses. For the year ended December 31, 2014, \$157 of forfeited amounts was used to reduce employer contributions. At December 31, 2014 and 2013, forfeited non-vested accounts totaled \$2,797 and \$0, respectively.

INVESTMENT MANAGEMENT FEES AND OPERATING EXPENSES

Certain investment management fees and operating expenses are charged to the Plan for investments in mutual funds and are deducted from income earned on a daily basis and reflected as a component of administrative fees.

ADMINISTRATIVE EXPENSES

Fees for the investment managers, third party administrators, and the audit are paid out of assets of the Plan. OnePoint HRO LLC, the Plan sponsor, pays all other fees incurred by the Plan and provides personnel who perform various administrative services. The expenses incurred by the Plan sponsor are not included in the accompanying financial statements.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

VALUATION OF INVESTMENTS AND INCOME RECOGNITION

Investments are stated at fair value. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments sold as well as held during the year.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of investment contracts as well as the adjustment for fully benefit-responsive investment contracts held in the Nationwide Guaranteed Investment Contract Fund from fair value to contract value. The Statement of Changes in net Assets Available for Benefits is prepared on a contract basis.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are treated as distributions based upon the terms of the plan document.

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OnePoint HRO LLC Multiple Employer 401(k) Plan
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

PAYMENT OF BENEFITS

Benefits payments to participants are recorded when paid.

ACCOUNTING ESTIMATES AND ASSUMPTIONS

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NET APPRECIATION (DEPRECIATION) OF FAIR VALUE OF INVESTMENTS

The earnings, realized gains or losses, and unrealized appreciation (depreciation) in registered investment companies are recorded in the accompanying financial statements as net appreciation (depreciation) in fair value of investments.

NOTE 3 - INVESTMENTS

Investments that represent 5% or more of the Plan's net assets separately identified:

	<u>2014</u>	<u>2013</u>
Group Separate Account Annuity Contract No. GA-P HK 20, with Nationwide Trust Company, FSB	\$16,135,742	\$15,914,675

Investments within the Group Separate Account Annuity Contract that represent 5% or more the Plan's net assets separately identified, as of December 31:

	<u>2014</u>	<u>2013</u>
AdvisorOne Amerigo N	\$ 897,966	\$ *
AdvisorOne Clermont N	777,173	*
Nationwide Money Market	2,001,066	1,313,930
Nationwide S&P 500 Index	1,590,697	*

* Investment did not meet the 5% disclosure for the year

During the year ended December 31, 2014, the Plan's investments (including investments bought and sold, as well as held during the year) appreciated in value as follows:

Registered investment companies	\$ 521,144
Self-directed funds	<u>49,552</u>
Total	<u>\$ 570,696</u>

See independent auditor's report and financial statements

OnePoint HRO LLC Multiple Employer 401(k) Plan
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 3 – INVESTMENTS (CONTINUED)

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

NOTE 4 – FAIR VALUE MEASUREMENTS

Accounting guidance on fair value measurements and disclosures defines fair value, establishes a framework for measuring the fair value of assets and liabilities using a hierarchy system, and defines required disclosures. It clarifies that fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the market in which the reporting entity transacts business.

The Plan's statements of net assets available for benefits contain Plan investments that are recorded at fair value on a recurring basis. The three level valuation hierarchy for disclosure of fair value is as follows:

Level 1

Uses quoted market prices in active markets for identical assets or liabilities.

Level 2

Uses observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3

Uses unobservable inputs that are not corroborated by market data.

When available, quoted market prices are used to determine the fair value of investments held in the Plan, and such items are classified within Level 1 of the fair value hierarchy. An example is registered investment companies with available market prices. A description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below. The level to which an asset or liability is classified is based upon the lowest level of input that is significant to the fair value measurements. There have been no changes in valuation methodologies at December 31, 2014, compared to December 31, 2013. The Plan's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2, or 3 assets or liabilities during the year ended December 31, 2014.

Registered Investment Companies:

Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV is based on the quoted market price of each fund, and are classified within Level 1 of the valuation hierarchy.

See independent auditor's report and financial statements

OnePoint HRO LLC Multiple Employer 401(k) Plan
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

Guaranteed investment contract:

Fair value determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. Guaranteed investment contracts are classified within Level 3 of the valuation hierarchy.

Common stock:

Common stock is recorded at fair value, which is the closing price per the major stock exchange where the stock is traded. Common stock is classified within Level 1 of the valuation hierarchy.

The following tables present the balances of assets and liabilities measured at fair value on a recurring basis by level as of December 31, 2014 and 2013:

	<u>December 31, 2014</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Balanced funds	\$ 2,188,261	\$ -	\$ -	\$ 2,188,261
Long term bonds	1,438,325	-	-	1,438,325
Money Market	2,052,612	-	-	2,052,612
Int'l stocks	2,109,150	-	-	2,109,150
Large cap stocks	5,141,890	-	-	5,141,890
Mid cap stocks	1,908,271	-	-	1,908,271
Short term bonds	755,069	-	-	755,069
Small cap stocks	781,319	-	-	781,319
Specialty	138,390	-	-	138,390
Common stocks	1,022,190	-	-	1,022,190
Guaranteed investment contract	-	-	58,422	58,422
Total assets at fair value	<u>\$17,535,477</u>	<u>\$ -</u>	<u>\$ 58,422</u>	<u>\$17,593,899</u>

	<u>December 31, 2013</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Balanced funds	\$ 2,239,703	\$ -	\$ -	\$ 2,239,703
Long term bonds	2,528,436	-	-	2,528,436
Money Market	1,412,195	-	-	1,412,195
Int'l stocks	2,041,240	-	-	2,041,240
Large cap stocks	4,433,719	-	-	4,433,719
Mid cap stocks	1,721,302	-	-	1,721,302
Short term bonds	714,556	-	-	714,556
Small cap stocks	980,291	-	-	980,291
Specialty	155,389	-	-	155,389
Common stocks	981,350	-	-	981,350
Guaranteed investment contract	-	-	42,742	42,742
Total assets at fair value	<u>\$17,208,181</u>	<u>\$ -</u>	<u>\$ 42,742</u>	<u>\$17,250,923</u>

See independent auditor's report and financial statements

OnePoint HRO LLC Multiple Employer 401(k) Plan
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

The table below sets forth a summary of (guaranteed investment contract) for the year ended December 31, 2014:

Balance, beginning of year	\$ 42,742
Gains, losses, and expenses	-
Contributions	93,024
Payments, deductions, and other	-57,854
Transfers	<u>-19,490</u>
Balance, end of year	<u>\$ 58,422</u>

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

<u>Investment</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Guaranteed investment contract	\$58,422	The fair market value for the Short Term Index Fund is the book value, less any contingent deferred sales charge	Contract book value. The contract does not have a maturity date. The contract does not provide for a distribution at book value at some specified future date.	At December 31, 2014 and 2013, the contingent deferred sales charge was zero.	For the year ended December 31, 2013, the contract crediting rate was 0.00%

NOTE 5 – INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Nationwide Trust Company, the custodian of the Plan, as complete and accurate, except for comparing such information to information included in statements and supplemental schedule.

See independent auditor's report and financial statements

OnePoint HRO LLC Multiple Employer 401(k) Plan
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 6 – RELATED PARTY TRANSACTIONS

All Plan investments are part of the Group Separate Account Annuity Contract managed by Nationwide Trust Company, FSB and the Group Annuity Contract managed by Nationwide Life Insurance Co. Nationwide Life Insurance Company is one of the Plan's third party administrators and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 7 – GROUP SEPARATE ACCOUNT ANNUITY CONTRACT

In February 2002, the Plan entered into an investment contract with Nationwide Trust Company, FSB; the Group Separate Account Annuity Contract. Under this contract, Nationwide maintains the contributions in mutual fund investment vehicles. The mutual fund investment vehicles are made available by Nationwide consisting of various mutual funds which have their own investment objectives and policies. The contract is included in the financial statements at contract value, (which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses). The contract value approximates fair value.

NOTE 8 – GROUP ANNUITY CONTRACT

In October 2003, the Plan entered into a benefit-responsive investment contract with Nationwide Life Insurance Company (Nationwide). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The fair value of the contract consists of the contract value minus a contingent deferred sales charge (CDSC). At December 31, 2014 and 2013, the CDSC was zero. Therefore, contract value is deemed to approximate fair value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer.

The net rate, crediting rate, and average yield are the same. Such interest rates are reviewed on a quarterly basis for resetting. The Fixed Rate for 2014 and 2013 was 0.00%.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following:

- 1) Amendments to the plan documents (including complete or partial plan termination or merger with another plan)
- 2) Changes to plan's prohibition on competing investment options or deletion of equity wash provisions

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OnePoint HRO LLC Multiple Employer 401(k) Plan
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 8 – GROUP ANNUITY CONTRACT (CONTINUED)

- 3) Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan
- 4) The failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974.

The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

NOTE 9 – PLAN TERMINATION

Although the Company intends to continue the Plan and to make regular contributions, the Company reserves the right to terminate the Plan at any time, and its continuance is not guaranteed. The Company also has reserved the right to amend or otherwise modify the Plan, or to discontinue any further contributions or payments under the Plan, by a resolution of its Board. In the event of a termination of the Plan or discontinuance of contributions, the account of each affected participant shall become non-forfeitable.

NOTE 10 – INCOME TAX STATUS

The Plan was amended and restated effective January 1, 2009, by adopting a volume submitter proto- type plan. The prototype plan has obtained an opinion letter dated March 31, 2008 from the IRS that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code. The Plan has been amended since this determination letter was issued, however, Plan management believes that the Plan continues to be operated in compliance with the applicable provisions of the Code and the Plan is exempt from federal income taxes. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

The Plan applies the standards on accounting for uncertainty in income taxes. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustments to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

There are no reconciling items between the financial statements and Form 5500 net assets available for benefits or net increase in assets available for benefits.

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OnePoint HRO LLC Multiple Employer 401(k) Plan
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 11 – TRANSFER IN AND OUT OF THE PLAN

From time-to-time certain employers become eligible to participate in the Plan and transfer assets from another qualified Plan into the Plan. Other employers transfer plan assets out of the Plan into other qualified plans. Transfers into the Plan are presented on the Statement of Changes in Net Assets Available for Benefits as a "Transfer in" and transfers from the Plan are presented as a "Transfer out".

Transfers from other plans for the year ended December 31, 2014:

Community Benefits Group	\$ 117,680
FA Services	<u>1,618,586</u>
Total	<u>\$ 1,736,266</u>

Transfers to other plans for the year ended December 31, 2014:

Coachman Energy	\$ 199,053
Intertech Plastics	<u>1,759,300</u>
Total	<u>\$ 1,958,353</u>

NOTE 12 – SUBSEQUENT EVENTS

Subsequent events were evaluated through the date of the auditor's report, the date the financial statements were issued.

In 2015, the Plan Trustee changed the Plan to a new platform, with a new custodian, administrator, and record keeper.

See independent auditor's report and financial statements

OnePoint HRO LLC Multiple Employer 401(k) Plan
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
PLAN YEAR ENDING DECEMBER 31, 2014
EIN: 20-8129844 PN: 001

a.	b.	c.	d.	e.
	Issuer	Description	Cost	Current Value
*	Nationwide Trust Company, FSB			
	Abrden Emrg Mkt A	Mutual Fund	\$	15
	Abrden Intl Eq A	Mutual Fund		578
	AdvOne Amerigo N	Mutual Fund		897,966
	AdvOne Clermont N	Mutual Fund		777,173
	AdvOne Descartes N	Mutual Fund		17,982
	AdvOne Enhcd Inc N	Mutual Fund		200,980
	AdvOne Flex Inc N	Mutual Fund		371,279
	AdvOne Liahona N	Mutual Fund		20,574
	AdvOne Sel Alloc N	Mutual Fund		486,106
	AdvOne Sel App N	Mutual Fund		116,759
	AdvOne Shltr N	Mutual Fund		1,005
	AllnzGI Tech A	Mutual Fund		25,097
	AmBcn BrdgwayLgCapVal Inst	Mutual Fund		111,469
	AmCent Hertg A	Mutual Fund		88,579
	AmCent RealEst A	Mutual Fund		12,465
	AmCent SmCap Val A	Mutual Fund		355,280
	AmFds Am Bal R3	Mutual Fund		185,044
	AmFds AMCAP R6	Mutual Fund		110,253
	AmFds Cap Inc Bldr R3	Mutual Fund		29,283
	AmFds Cap Wld Gr Inc R1	Mutual Fund		14,890
	AmFds EuroPacfc Gr R3	Mutual Fund		526,813
	AmFds Fdmntl Inv R1	Mutual Fund		23,271
	AmFds Fdmntl Inv R3	Mutual Fund		86,924
	AmFds Gr Fd Am R3	Mutual Fund		14,127
	AveMaria Ris Divd	Mutual Fund		576,159
	Baron Asst	Mutual Fund		12,192
	BlkRk Cor Bd Port Inv A	Mutual Fund		21
	BlkRk Flex Eq A	Mutual Fund		974
	BlkRk Glbl Alloc Inv A	Mutual Fund		29,208
	BlkRk Hlth Scnc Oppr Inv A	Mutual Fund		13,070
	BlkRk Intl Oppr Inv A	Mutual Fund		11,384
	BlkRk MdCap Gr Eq Inv A	Mutual Fund		23
	BlkRk Natrl Rsrc Tr Inv A	Mutual Fund		552
	BlkRk SmCap Gr Eq Inv A	Mutual Fund		322,038
	Col MdCap Val Oppr A	Mutual Fund		64,656
	DodgeCox Intl Stk	Mutual Fund		134,002
	Drey Oppr MdCap Val A	Mutual Fund		3,376
	Drey Tech Gr A	Mutual Fund		6,827
	DWS RREEF RealEst Sec A	Mutual Fund		6,151
	Eagle Series Tr MdCapStk A	Mutual Fund		10,314
	EV LgCap Val A	Mutual Fund		71,282
	Fed Prudnt Bear A	Mutual Fund		579
	FidAdv Levtr Co Stk A	Mutual Fund		62,112
	FidAdv Shrt Fxd Inc A	Mutual Fund		7,963
	FidAdv Stk Sel All Cap A	Mutual Fund		24,065
	FidAdv Strat Inc A	Mutual Fund		15,474
	Fnkln Gold Prec Metals	Mutual Fund		2,164
	FnklnMSF Mut Glbl Disc A	Mutual Fund		15,176
	GdmnScs Shrt Dur Govt A	Mutual Fund		107,893

See Independent Auditor's Report and Notes to the Financial Statements

Heartland Val Pls Inv	Mutual Fund	50,904
Invsco Divd Inc A	Mutual Fund	24,473
Invsco Eq Inc A	Mutual Fund	12,608
Invsco RealEst A	Mutual Fund	2,473
Invsco SmCap Gr A	Mutual Fund	41,779
Jns Bal S	Mutual Fund	1,125
Jns Entrp S	Mutual Fund	21
Jns Frty S	Mutual Fund	58,470
JPM MdCap Gr A	Mutual Fund	10,796
JPM Shrt Dur Bd Sel	Mutual Fund	49,128
JPM US Eq A	Mutual Fund	34,294
LeggM ClrBrdg App A	Mutual Fund	22
LeggMBtrymrchIntEqTrFnIntm	Mutual Fund	68,738
LrdAbt Shrt Dur Inc A	Mutual Fund	317,339
LrdAbt Shrt Dur Inc I	Mutual Fund	68,421
MetroWest Ultra Shrt Bd I	Mutual Fund	96,678
MFS Val A	Mutual Fund	620,081
MSIF Oppr A	Mutual Fund	378,728
NW HM ST Bd A	Mutual Fund	954
NW Intl Indx Inst	Mutual Fund	208,802
NW MdCap Mkt Indx Inst	Mutual Fund	408,277
NW Mny Mkt Inst	Mutual Fund	2,001,066
NW S P 500 Indx Inst	Mutual Fund	1,590,697
Opp Glbl A	Mutual Fund	732,436
Opp Mn St SmMdCap A	Mutual Fund	357,035
PIMCO Real Rtn A	Mutual Fund	9,011
PIMCO Ttl Rtn A	Mutual Fund	521,452
PIMCO Ttl Rtn Inst	Mutual Fund	94,761
Pionr Emrg Mkt A	Mutual Fund	25,573
Prncpl Hi Yld A	Mutual Fund	528,662
Prncpl MdCap A	Mutual Fund	561,718
Prudntl Fin Svc A	Mutual Fund	21
Prudntl Jnism Natrl Rsrc A	Mutual Fund	10
Prudntl St Cor Bd A	Mutual Fund	83,515
Ptnm Cap Spctrm Y	Mutual Fund	26,087
Ptnm Eq Spctrm Y	Mutual Fund	454,717
RS Glbl Natrl Rsrc Y	Mutual Fund	23,730
RydexSGI Tech Adv	Mutual Fund	22
Thrnbrg Intl Val I	Mutual Fund	13,109
TRowePr Blue Chip Gr R	Mutual Fund	25,131
TRowePr Hlth Scnc	Mutual Fund	14,456
Vic Sm Co Oppr A	Mutual Fund	20
Vngrd Extend Mkt Index	Mutual Fund	55,929
Vngrd REIT Indx	Mutual Fund	20,363
Weitz Ptnrs III Oppr	Mutual Fund	325,621
WFA SmCap Val A	Mutual Fund	9,369
WR Ivy Asst Strat Y	Mutual Fund	62,670
WR Ivy MdCap Gr Y	Mutual Fund	172,883
Aggregate Self Directed Brokerage Accounts	Other (multiple assets)	1,399,735
* BOA-SHORT TERM IND. FIXED	Guaranteed Investment Interest at 4.25%, maturity dates through November 2019	58,422
* Participant Loans		336,696
Total Investments		\$ 17,930,595

See Independent Auditor's Report and Notes to the Financial Statements

ONEPOINT HRO LLC
ONEPOINT HRO LLC MULTIPLE EMPLOYER 401(K) PLAN
Plan Number 001
EIN #20-8129844
Multiple-Employer Plan Participating Employer Information
Plan Year Ending 12/31/2014

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
A1 Organics	84-0658756	4.38%
Berry Estates	45-0451967	0.00%
The Center for Spine Pain	84-1484163	0.43%
Coachman Energy	46-2590235	5.53%
Colorado Brokerage Group	20-5346689	2.10%
CU Service Network, LLC	80-0211636	4.29%
DHCE, LLC	26-1381619	0.00%
DN2K, Inc.	45-0712216	3.06%
Earth Enterprises, Inc. dba Waste-Not Recycling	84-1282480	0.44%
Ensival Moret America, Inc.	61-1680000	3.28%
FA Services, Inc.	84-1185854	3.67%
G & G Consulting Group, LLC	47-0955034	2.07%
GCP, Inc.	73-1644962	0.13%
High Velocity Hospitality	61-1702386	4.10%
Interface Communications Co.	84-1319762	8.54%
Intertech Plastics, Inc.	84-0816763	1.43%
Integrated Systems Installers	84-1357523	1.63%
OnePoint HRO LLC	20-8129844	18.14%
J & S Excavating	84-1102095	0.00%
Jack's Bean Co.	84-1611439	1.45%
Mike Naughton Ford	84-0524268	2.71%
Morton Publishing Company	84-0762903	10.80%
MV Equipment, LLC	20-5548049	0.00%
Eric S. Adler DMD PC	84-1544798	2.69%
Point of Reference	84-1511825	0.46%
PRL Co., Inc.	84-1115756	3.39%
Rosell Wealth Management	87-0709963	1.71%
Sensory Learning Institute	74-3033184	0.00%
Skyline Sky Lites	80-0130854	1.96%
Speed Stacks	84-1484085	5.09%
Tatonka Capital	84-1223585	2.16%
Tri-State Equipment Co., LLC	84-1261495	1.70%
Webolutions, Inc.	84-1365591	2.66%

ONEPOINT HRO LLC
ONEPOINT HRO LLC MULTIPLE EMPLOYER 401(K) PLAN
Plan Number 001
EIN #20-8129844

Line 4i of Schedule H - Schedule of Assets Held for Investment Purposes
Plan Year Ending 12/31/2014

(a)	(b) Identity	(c) Description of Investment	(d) Cost	(e) Current Value
*	Nationwide Trust Company, FSB			
	Abrden Emrg Mkt A	Mutual Fund		\$15
	Abrden Intl Eq A	Mutual Fund		\$578
	AdvOne Amerigo N	Mutual Fund		\$897,966
	AdvOne Clermont N	Mutual Fund		\$777,173
	AdvOne Descartes N	Mutual Fund		\$17,982
	AdvOne Enhcd Inc N	Mutual Fund		\$200,980
	AdvOne Flex Inc N	Mutual Fund		\$371,279
	AdvOne Liahona N	Mutual Fund		\$20,574
	AdvOne Sel Alloc N	Mutual Fund		\$486,106
	AdvOne Sel App N	Mutual Fund		\$116,759
	AdvOne Shltr N	Mutual Fund		\$1,005
	AllnzGI Tech A	Mutual Fund		\$25,097
	AmBcn BrdgwayLgCapVal Inst	Mutual Fund		\$111,469
	AmCent Hertg A	Mutual Fund		\$88,579
	AmCent RealEst A	Mutual Fund		\$12,465
	AmCent SmCap Val A	Mutual Fund		\$355,280
	AmFds Am Bal R3	Mutual Fund		\$185,044
	AmFds AMCAP R6	Mutual Fund		\$110,253
	AmFds Cap Inc Bldr R3	Mutual Fund		\$29,283
	AmFds Cap Wld Gr Inc R1	Mutual Fund		\$14,890
	AmFds EuroPacfc Gr R3	Mutual Fund		\$526,813
	AmFds Fdmntl Inv R1	Mutual Fund		\$23,271
	AmFds Fdmntl Inv R3	Mutual Fund		\$86,924
	AmFds Gr Fd Am R3	Mutual Fund		\$14,127
	AveMaria Ris Divd	Mutual Fund		\$576,159
	Baron Asst	Mutual Fund		\$12,192
	BlkRk Cor Bd Port Inv A	Mutual Fund		\$21
	BlkRk Flex Eq A	Mutual Fund		\$974
	BlkRk Gbl Alloc Inv A	Mutual Fund		\$29,208
	BlkRk Hlth Scnc Oppr Inv A	Mutual Fund		\$13,070
	BlkRk Intl Oppr Inv A	Mutual Fund		\$11,384
	BlkRk MdCap Gr Eq Inv A	Mutual Fund		\$23
	BlkRk Natrl Rsrc Tr Inv A	Mutual Fund		\$552
	BlkRk SmCap Gr Eq Inv A	Mutual Fund		\$322,038
	Col MdCap Val Oppr A	Mutual Fund		\$64,656
	DodgeCox Intl Stk	Mutual Fund		\$134,002
	Drey Oppr MdCap Val A	Mutual Fund		\$3,376
	Drey Tech Gr A	Mutual Fund		\$6,827
	DWS RREEF RealEst Sec A	Mutual Fund		\$6,151
	Eagle Series Tr MdCapStk A	Mutual Fund		\$10,314
	EV LgCap Val A	Mutual Fund		\$71,282
	Fed Prudnt Bear A	Mutual Fund		\$579
	FidAdv Levr Co Stk A	Mutual Fund		\$62,112
	FidAdv Shrt Fxd Inc A	Mutual Fund		\$7,963
	FidAdv Stk Sel All Cap A	Mutual Fund		\$24,065
	FidAdv Strat Inc A	Mutual Fund		\$15,474
	Fnkln Gold Prec Metals	Mutual Fund		\$2,164

FnlInMSF Mut Gbl Disc A	Mutual Fund	\$15,176
GdmnScs Shrt Dur Govt A	Mutual Fund	\$107,893
Heartland Val Pls Inv	Mutual Fund	\$50,904
Invsco Divd Inc A	Mutual Fund	\$24,473
Invsco Eq Inc A	Mutual Fund	\$12,608
Invsco RealEst A	Mutual Fund	\$2,473
Invsco SmCap Gr A	Mutual Fund	\$41,779
Jns Bal S	Mutual Fund	\$1,125
Jns Entrp S	Mutual Fund	\$21
Jns Frty S	Mutual Fund	\$58,470
JPM MdCap Gr A	Mutual Fund	\$10,796
JPM Shrt Dur Bd Sel	Mutual Fund	\$49,128
JPM US Eq A	Mutual Fund	\$34,294
LeggM ClrBrdg App A	Mutual Fund	\$22
LeggMBtrymrchIntEqTrFnIntm	Mutual Fund	\$68,738
LrdAbt Shrt Dur Inc A	Mutual Fund	\$317,339
LrdAbt Shrt Dur Inc I	Mutual Fund	\$68,421
MetroWest Ultra Shrt Bd I	Mutual Fund	\$96,678
MFS Val A	Mutual Fund	\$620,081
MSIF Oppr A	Mutual Fund	\$378,728
NW HM ST Bd A	Mutual Fund	\$954
NW Intl Indx Inst	Mutual Fund	\$208,802
NW MdCap Mkt Indx Inst	Mutual Fund	\$408,277
NW Mny Mkt Inst	Mutual Fund	\$2,001,066
NW S P 500 Indx Inst	Mutual Fund	\$1,590,697
Opp Gbl A	Mutual Fund	\$732,436
Opp Intl Bd A	Mutual Fund	\$0
Opp Mn St SmMdCap A	Mutual Fund	\$357,035
PIMCO Low Dur A	Mutual Fund	\$0
PIMCO Real Rtn A	Mutual Fund	\$9,011
PIMCO Ttl Rtn A	Mutual Fund	\$521,452
PIMCO Ttl Rtn Inst	Mutual Fund	\$94,761
Pionr Emrg Mkt A	Mutual Fund	\$25,573
Prncpl Hi Yld A	Mutual Fund	\$528,662
Prncpl MdCap A	Mutual Fund	\$561,718
Prudntl Fin Svc A	Mutual Fund	\$21
Prudntl Jnism Natrl Rsrc A	Mutual Fund	\$10
Prudntl St Cor Bd A	Mutual Fund	\$83,515
Ptnm Cap Spctrm Y	Mutual Fund	\$26,087
Ptnm Eq Spctrm Y	Mutual Fund	\$454,717
RS Gbl Natrl Rsrc Y	Mutual Fund	\$23,730
RydexSGI Tech Adv	Mutual Fund	\$22
Thrnbrg Intl Val I	Mutual Fund	\$13,109
TRowePr Blue Chip Gr R	Mutual Fund	\$25,131
TRowePr Hlth Scnc	Mutual Fund	\$14,456
Vic Sm Co Oppr A	Mutual Fund	\$20
Vngrd Extend Mkt Index	Mutual Fund	\$55,929
Vngrd REIT Indx	Mutual Fund	\$20,363
Weitz Ptnrs III Oppr	Mutual Fund	\$325,621
WFA SmCap Val A	Mutual Fund	\$9,369
WR Ivy Asst Strat Y	Mutual Fund	\$62,670
WR Ivy MdCap Gr Y	Mutual Fund	\$172,883
Aggregate Self Directed Brokerage Accounts	Other (multiple assets)	\$1,399,735
* BOA-SHORT TERM IND. FIXED	Guaranteed Investment	\$58,422
* Participant Loans	Interest at 4.25%, maturity dates through November 2019	\$336,696
Total Investments		\$17,930,595