

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ONPOINT GROUP, LLC 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>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2003</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ONPOINT GROUP, LLC</u> <u>3235 LEVIS COMMONS BLVD</u> <u>PERRYSBURG, OH 43551</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-3601140</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-868-8853</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423800</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-3601140</u>	2c Plan Sponsor's telephone number <u>419-868-8853</u>	2d Business code (see instructions) <u>423800</u>	
2b Employer Identification Number (EIN) <u>20-3601140</u>					
2c Plan Sponsor's telephone number <u>419-868-8853</u>					
2d Business code (see instructions) <u>423800</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	CHRIS DAVANZO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	CHRIS DAVANZO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name MATERIAL HANDLING SERVICES, LLC c Plan Name MATERIAL HANDLING SERVICES, LLC 401(K) PLAN	4b EIN 20-3601140 4d PN 001
5 Total number of participants at the beginning of the plan year	5 1890
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1747 6a(2) 1899 6b 10 6c 169 6d 2078 6e 0 6f 2078 6g 1276 6h 158
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **0** **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ONPOINT GROUP, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ONPOINT GROUP, LLC	D Employer Identification Number (EIN) 20-3601140	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIIOC
04-2647786
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

FIIOC

04-2647786

(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?
37 64 65	RECORDKEEPER	138864	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL LLC

04-3046611

(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	ADVISOR	72117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARCLAY PLANNING GROUP LLC

345 DIVERSION ST
SUITE 400
ROCHESTER, MI 48307

38-3466149

(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?
14	ADMINISTRATOR	16410	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)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ONPOINT GROUP, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ONPOINT GROUP, LLC	D Employer Identification Number (EIN) 20-3601140	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)	269088	309019
(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)	999843	1089925
(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)	25424177	36794722
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	26693108 38193666
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	26693108 38193666

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1442356
	(B) Participants	2a(1)(B)	5772305
	(C) Others (including rollovers)	2a(1)(C)	2079135
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	9293796
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8098
	(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)	58145
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	66243
(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)	4164264
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4164264
(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)		2337706
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15862009

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4805629	
(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)		4805629
f Corrective distributions (see instructions)	2f		97212
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	227391	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		227391
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5130232

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10731777
l Transfers of assets:			
(1) To this plan	2l(1)		768781
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: **FLAGEL HUBER FLAGEL**

(2) EIN: **31-0796034**

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		51195
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.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)



FLAGEL HUBER FLAGEL

Certified Public Accountants | Business Advisors

Independent Auditor's Report

To the Board of Trustees of
OnPoint Group, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of OnPoint Group, LLC 401(k) Plan (formerly known as Material Handling Services, LLC 401(k) Plan) (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. 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 7, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matters

The supplementary Schedule of Assets Held for Investment Purposes at End of Year and Schedule of Delinquent Participant Contributions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedules referred to above.

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

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America 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 cursive script that reads "Flager Huber Flager".

Certified Public Accountants

Cincinnati, Ohio

October 1, 2020

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan OnPoint Group, LLC 401(k) Plan	<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;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2003</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2003	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/2003					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OnPoint Group, LLC 3235 Levis Commons Blvd Perrysburg OH 43551	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 20-3601140</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 419-868-8853</td> </tr> <tr> <td>2d Business code (see instructions) 423800</td> </tr> </table>	2b Employer Identification Number (EIN) 20-3601140	2c Plan Sponsor's telephone number 419-868-8853	2d Business code (see instructions) 423800	
2b Employer Identification Number (EIN) 20-3601140					
2c Plan Sponsor's telephone number 419-868-8853					
2d Business code (see instructions) 423800					

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

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

SIGN HERE	 Signature of plan administrator	10/15/2020 Date	Chris Davanzo Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/15/2020 Date	Chris Davanzo Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name Material Handling Services, LLC c Plan Name Material Handling Services, LLC 401(k) Plan	4b EIN 20-3601140 4d PN 001
5 Total number of participants at the beginning of the plan year	5 1,890
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) 1,747
a(2) Total number of active participants at the end of the plan year	6a(2) 1,899
b Retired or separated participants receiving benefits.....	6b 10
c Other retired or separated participants entitled to future benefits	6c 169
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2,078
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 2,078
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1,276
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 158
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 _____

OnPoint Group, LLC 401(k) Plan

Financial Statements

December 31, 2019 and 2018



FLAGEL HUBER FLAGEL

Certified Public Accountants | Business Advisors

OnPoint Group, LLC 401(k) Plan

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December 31, 2019 and 2018

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Certified Public Accountants | Business Advisors

Independent Auditor's Report

To the Board of Trustees of
OnPoint Group, LLC 401(k) Plan

Report on the Financial Statements

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Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. 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 7, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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A handwritten signature in cursive script that reads "Flager Huber Flager".

Certified Public Accountants

Cincinnati, Ohio

October 1, 2020

OnPoint Group, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
Investments, at fair value:		
Registered investment companies	\$ 36,794,722	\$ 25,424,177
Money market fund	309,019	269,088
Total investments, at fair value	<u>37,103,741</u>	<u>25,693,265</u>
Notes receivable from participants	<u>1,089,925</u>	<u>999,843</u>
Total Assets	<u>38,193,666</u>	<u>26,693,108</u>
Liabilities		
Excess contributions payable	<u>140,966</u>	<u>0</u>
Net Assets Available for Benefits	<u><u>\$ 38,052,700</u></u>	<u><u>\$ 26,693,108</u></u>

OnPoint Group, LLC 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2019 and 2018

	2019	2018
Additions to Net Assets Attributed to:		
Contributions:		
Participant	\$ 5,655,194	\$ 4,700,411
Employer	1,442,356	1,249,598
Rollover	2,079,135	1,166,632
	<u>9,176,685</u>	<u>7,116,641</u>
Investment income (loss):		
Net investment gain (loss) from registered investment companies	2,313,851	(2,344,815)
Dividends from registered investment companies	4,164,264	660,917
Interest on money market fund	8,098	4,110
	<u>6,486,213</u>	<u>(1,679,788)</u>
Interest on notes receivable from participants	<u>58,145</u>	<u>56,438</u>
Total Additions	<u>15,721,043</u>	<u>5,493,291</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	4,902,841	4,730,317
Administrative expenses	227,391	174,136
	<u>5,130,232</u>	<u>4,904,453</u>
Change in Net Assets Available for Benefits	10,590,811	588,838
Net Assets Available for Benefits:		
Beginning of year	26,693,108	26,104,270
Transfers of Plan assets into the Plan	<u>768,781</u>	<u>0</u>
End of year	<u><u>\$ 38,052,700</u></u>	<u><u>\$ 26,693,108</u></u>

OnPoint Group, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

1. Description of the Plan

The following description of the OnPoint Group, LLC 401(k) Plan (formerly known as Material Handling Services, LLC 401(k) Plan) (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a cash or deferred arrangement covering substantially all employees (except for employees who are members of a collective bargaining unit) of OnPoint Group, LLC (formerly known as Material Handling services, LLC) (the Employer), who are age twenty-one (21) or older. The Plan's original effective date is January 1, 2003, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective May 13, 2019, the Plan was amended to include OnPoint Group Services, LLC (f/k/a MHS Payco LLC) as a participating employer in the Plan.

Effective July 22, 2019, the Plan was amended to change its name to OnPoint Group, LLC 401(k) Plan. Additionally, the Employer changed its name to OnPoint Group, LLC.

Effective August 1, 2019, the Plan was amended to include Metro Door, LLC as a participating employer in the Plan. Also, the Plan was amended to count the years of service employees incurred with Nolan Battery Company, LLC, Southland Battery, LLC, MHC Systems, LLC, CJK Services, Inc., Courtney Industrial Battery, Inc., Integrated Power Sources of Virginia, Inc., Reynolds Battery Service, Inc., and National Maintenance Services, LLC for purposes of determining eligibility for employee and employer contributions and vesting in employer contributions.

Effective September 10, 2019, the Plan was amended to permit the merger of Courtney Industrial Battery, Inc. Profit Sharing and Savings Plan into the Plan. Accordingly, accounts and assets of the Courtney Industrial Battery, Inc. Profit Sharing and Savings Plan of \$768,781 were transferred into the Plan during 2019.

Also, effective September 10, 2019, the Plan was amended to allow participants who become disabled, as defined by the Plan, to be eligible for disability retirement.

Contributions

The Plan provides for contributions by participating employees of an amount not to exceed the maximum amount allowable under the applicable provisions of the Internal Revenue Code of 1986, as amended.

The Employer is required to make matching contributions equal to fifty percent (50%) of the first four percent (4%) of a participant's Plan compensation deferred to the Plan. The Employer may also make discretionary non-elective contributions to the Plan. The Employer elected not to make any discretionary non-elective contributions during 2019 and 2018.

Rollovers

The Plan permits participants to transfer distributions from other qualified plans into the Plan.

Investment Options

Participants may direct their contributions in thirty-six (36) investment options. Except for the Gabelli U.S. Treasury Money Market Fund, there is no guarantee of principal or earnings when participating in these investments.

OnPoint Group, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

1. Description of the Plan (Continued)

Participant Accounts

Each participant's account is credited with (a) participant contributions (b) an allocation of Employer contributions (c) an allocation of Plan earnings or losses and (d) administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan agreement, and the participant's selection of investments. The participants direct the investment of their account balances among certain investment options offered by the Plan. The Employer's contributions are invested in accordance with the participant's investment selection.

Vesting

All participant contributions are immediately vested in their salary deferral, "prior safe-harbor" match contributions, and rollover accounts at the time such contributions are made. Participants become vested in Employer matching and non-elective accounts as follows:

<u>Years of Service</u>	<u>Percentage Vested</u>
1	25%
2	50%
3	75%
4	100%

Forfeitures

Forfeitures are created when participants terminate employment before becoming fully vested in the Employer contributions. Forfeited nonvested accounts may be used to pay administrative expenses or reduce future Employer contributions. At December 31, 2019 and 2018, forfeited nonvested accounts totaled \$30,871 and \$38,008, respectively. During 2019 and 2018, \$112,510 and \$195,529, respectively, of forfeited nonvested amounts were used to reduce Employer contributions.

Payment of Benefits

The benefit to which a Plan participant is entitled is the benefit that can be provided by the contributions made and income earned on investments, net of expenses. Upon service or disability retirement, death, or termination, a participant or beneficiary will receive an amount equal to the value of his account, including earnings. The benefit will be paid in a lump-sum.

Loans and Hardship Withdrawals

Under the Plan, participants with account balances may borrow the lesser of \$50,000 or fifty percent (50%) of the amount in the participant's vested account balance. Loans are to be repaid through payroll deductions on the basis of substantially level amortization, within five (5) years from the date the loan is made, or longer if for the purchase of a principal residence. The minimum loan request amount is \$1,000. The Plan also provides for withdrawals from the participant's account balance in the event of immediate and heavy financial need.

Payment of Expenses

All expenses of administration may be paid out of the Plan unless paid by the Employer. Such expenses shall include any expenses incident to the functioning of the administrator, including, but not limited to, fees of accountants, counsel, and other specialists and their agents, and other costs of administering the Plan. Until paid, the expenses shall constitute a liability of the Plan. However, the Employer may reimburse the Plan for any administration expenses incurred. Any administration expenses paid to the Plan as a reimbursement shall not be considered an Employer contribution. The Employer elected to pay some administration expenses incurred in 2019 and 2018.

OnPoint Group, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded when earned. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan agreement.

Excess Contributions Payable

Amounts payable at December 31, 2019 and 2018 to participants totaled \$140,966 and \$0, respectively, and are for contributions in excess of amounts allowed by the IRS plus related earnings. At December 31, 2019 and 2018, excess participant contributions of \$117,111 and \$0, respectively, were recorded as a liability with a corresponding reduction to participant contributions. At December 31, 2019 and 2018, earnings related to the excess participant contributions of \$23,855 and \$0, respectively, were recorded as a liability with a corresponding reduction to net investment gain (loss) from registered investment companies.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 8).

The Plan presents in the Statements of Changes in Net Assets Available for Benefits, the net investment gain (loss) from registered investment companies, which consists of realized gains or losses and unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are reflected on a trade-date basis. Interest and dividends are recorded when earned.

3. Risks and Uncertainties

The Plan invests in various investment options. These investment options are exposed to various risks, such as interest rate, credit and market risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the financial statements.

4. Plan Termination

While the Employer has not expressed any intent to terminate the Plan, it is free to do so at any time. Upon termination of the Plan by the Employer, the accounts of the affected participants shall become fully vested, and assets remaining in the fund, after payment of appropriate expenses, shall be distributed to participants in proportion to their respective account balances.

OnPoint Group, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

5. Delinquent Participant Contributions

During 2015, 2016 and 2017, participant deferrals were not remitted to the Plan by the Employers within the appropriate time period prescribed by law. These transactions constitute prohibited transactions as defined by ERISA. The Employer is aware of these occurrences and is taking appropriate steps to correct the situation. Uncorrected delinquent participant contributions totaled \$51,195 at December 31, 2019 and 2018.

6. Party-In-Interest

The Plan invests in registered investment companies managed by affiliates of Fidelity Management Trust Company (Fidelity). Fidelity acts as Trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rule.

7. Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and supplementary schedules, including all investments and notes receivable from participants at December 31, 2019 and 2018, and the net investment gain (loss) from registered investment companies, dividends from registered investment companies, interest on money market fund, and interest on notes receivable from participants for the years then ended, was obtained or derived from unaudited information supplied to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company, the Trustee of the Plan.

8. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan utilizes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and lowest priority to unobservable inputs. The three levels of inputs used to measure fair value under this accounting standard are described as follows:

- Level 1 - Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities.
- Level 2 - Observable inputs other than quoted prices included within Level 1. Inputs that are principally derived from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value measurement of the assets or liabilities. These include certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

OnPoint Group, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

8. Fair Value Measurements (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies the Plan used for assets measured at fair value.

Registered investment companies (mutual funds) and money market fund: Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-end funds that are registered with the U.S. Securities and Exchange Commission. The funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value.

December 31, 2019				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 36,794,722	\$ 0	\$ 0	\$ 36,794,722
Money market fund	309,019	0	0	309,019
Total assets at fair value	<u>\$ 37,103,741</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 37,103,741</u>

December 31, 2018				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 25,424,177	\$ 0	\$ 0	\$ 25,424,177
Money market fund	269,088	0	0	269,088
Total assets at fair value	<u>\$ 25,693,265</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 25,693,265</u>

9. Tax Status

Effective December 1, 2017, the Plan adopted the Fidelity Basic Plan Document No. 17, a volume submitter defined contribution plan, and need not apply for a separate determination letter, but instead may rely on the advisory letter issued by the Internal Revenue Service (dated March 31, 2014) stating that employers who adopt the plan will be considered to have a plan qualified under Code section 401(a). The Plan Sponsor believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the Plan Sponsor believes the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or other taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The 2016 through 2018 tax years remain subject to potential examination by taxing authorities.

OnPoint Group, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

9. Tax Status (Continued)

During 2017 and 2016, Plan management determined that certain Plan compensation was improperly excluded from the calculation of contributions for Plan years 2015 through 2017. Management intends to correct the error to preserve the tax favored status of the Plan. Therefore, a provision for income taxes is not required to be included in the Plan's financial statements. Management is self-correcting as allowed under Revenue Procedure 2013-12 and anticipates the correction will require a qualified non-elective contribution to be made on behalf of the affected employees for the 2016 and 2017 Plan years. The Employer corrected the 2015 Plan year during 2017 with a qualified non-elective contribution to the Plan.

10. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits according to the financial statements to Schedule H of Form 5500:

	December 31,	
	2019	2018
Net assets available for benefits according to the financial statements	\$ 38,052,700	\$ 26,693,108
Excess contributions payable, including related earnings	140,966	0
Net assets available for benefits according to Schedule H of Form 5500	<u>\$ 38,193,666</u>	<u>\$ 26,693,108</u>

The following is a reconciliation of participant contributions according to the financial statements to participant contributions reported on Schedule H of Form 5500:

	For the Years Ended December 31,	
	2019	2018
Participant contributions according to the financial statements	\$ 5,655,194	\$ 4,700,411
Adjustment for excess contributions payable at end of year	117,111	0
Participant contributions according to Schedule H of Form 5500	<u>\$ 5,772,305</u>	<u>\$ 4,700,411</u>

The following is a reconciliation of the net investment gain (loss) from registered investment companies according to the financial statements to the net investment gain (loss) from registered investment companies reported on Schedule H of Form 5500:

	For the Years Ended December 31,	
	2019	2018
Net investment gain (loss) from registered investment companies according to the financial statements	\$ 2,313,851	\$ (2,344,815)
Adjustment for earnings on excess contributions payable at end of year	23,855	0
Net investment gain (loss) from registered investment companies according to Schedule H of Form 5500	<u>\$ 2,337,706</u>	<u>\$ (2,344,815)</u>

OnPoint Group, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

11. Subsequent Events

The Plan's management evaluated the activity of the Plan through October 1, 2020 (the date the financial statements were available to be issued) and concluded that, except as disclosed below, no subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

Effective January 1, 2020, the Plan was amended to count the years of service employees incurred with Bjorkman Industrial Power Corp., Solaris Power Systems, and Star power Equipment, Inc. for purposes of determining eligibility for employee and employer contributions and vesting in employer contributions.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. As such, it is uncertain as to the full magnitude that the pandemic will have on the Plan Sponsor's financial condition, liquidity, workforce and future results of operations as well as the effects on the Plan.

Effective April 17, 2020, the Plan was amended to eliminate the Employer's non-discretionary match contribution requirement of fifty percent (50%) of up to the first four percent (4%) of a participant's Plan compensation deferred into the Plan. The non-discretionary employer match was replaced with a discretionary employer match contribution on behalf of eligible participants.

OnPoint Group, LLC 401(k) Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year

E.I.N. 20-3601140

Plan # 001

December 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds American Balanced Fund	Registered investment company	(y)	\$ 111,148
	American Funds EuroPacific Growth Fund	Registered investment company	(y)	215,089
	American Funds Fundamental Investors Fund	Registered investment company	(y)	471,705
	Columbia Emerging Markets Fund	Registered investment company	(y)	123,581
*	Fidelity 500 Index Fund	Registered investment company	(y)	1,101,757
*	Fidelity Contrafund	Registered investment company	(y)	412,519
*	Fidelity Extended Market Index Fund	Registered investment company	(y)	244,148
*	Fidelity Freedom Index 2005 Fund	Registered investment company	(y)	13,425
*	Fidelity Freedom Index 2010 Fund	Registered investment company	(y)	48,606
*	Fidelity Freedom Index 2015 Fund	Registered investment company	(y)	632,805
*	Fidelity Freedom Index 2020 Fund	Registered investment company	(y)	1,227,501
*	Fidelity Freedom Index 2025 Fund	Registered investment company	(y)	3,815,794
*	Fidelity Freedom Index 2030 Fund	Registered investment company	(y)	5,431,852
*	Fidelity Freedom Index 2035 Fund	Registered investment company	(y)	5,076,253
*	Fidelity Freedom Index 2040 Fund	Registered investment company	(y)	5,021,398
*	Fidelity Freedom Index 2045 Fund	Registered investment company	(y)	3,079,335
*	Fidelity Freedom Index 2050 Fund	Registered investment company	(y)	3,002,286
*	Fidelity Freedom Index 2055 Fund	Registered investment company	(y)	1,563,918
*	Fidelity Freedom Index 2060 Fund	Registered investment company	(y)	431,045
*	Fidelity Freedom Index Income Fund	Registered investment company	(y)	26,127
*	Fidelity Global ex U.S. Index Fund	Registered investment company	(y)	79,970
*	Fidelity U.S. Bond Index Fund	Registered investment company	(y)	225,513
	Invesco Diversified Dividend Fund	Registered investment company	(y)	55,444
	Janus Henderson Triton Fund	Registered investment company	(y)	598,666
	MFS Growth Fund	Registered investment company	(y)	337,329
	MFS Mid Cap Growth Fund	Registered investment company	(y)	371,872
	MFS Value Fund	Registered investment company	(y)	221,295
	Oppenheimer International Diversified Fund	Registered investment company	(y)	249,603
	Principal Real Estate Securities Fund	Registered investment company	(y)	86,368
	T. Rowe Price Blue Chip Growth Fund	Registered investment company	(y)	1,411,603
	T. Rowe Price Dividend Growth Fund	Registered investment company	(y)	311,667
	The Hartford International Opportunities Fund	Registered investment company	(y)	85,458
	Wells Fargo Special Small Cap Value Fund	Registered investment company	(y)	124,368

OnPoint Group, LLC 401(k) Plan**Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year (Continued)****E.I.N. 20-3601140****Plan # 001****December 31, 2019**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Wells Fargo Special Mid Cap Value Fund	Registered investment company	(y)	69,751
	Western Asset Core Bond Fund	Registered investment company	(y)	515,523
	Gabelli U.S. Treasury Money Market Fund	Money market fund	(y)	309,019
	Participant Loans	Low: 4.25% High: 6.50%	0	1,089,925
				<u>\$ 38,193,666</u>

* Denotes party-in-interest

(y) Plan's custodian does not provide historical cost information

OnPoint Group, LLC 401(k) Plan**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions****E.I.N. 20-3601140****Plan # 001****December 31, 2019**

Participant Contributions Transferred Late to the Plan	Total That Constitute Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ☒	Not Corrected	Corrected Outside VFCP	Pending Correction in VFCP	
January 2015 withholdings	\$ 30,546			
January 2016 withholdings	16,098			
August 2017 withholdings	4,551			
	<u>\$ 51,195</u>			



In this ever-changing business environment, Flagel Huber Flagel goes beyond numbers and deadlines, returning the trust and confidence our clients place in us, with a caring partner relationship. We are committed to a collaborative search for ideas and solutions that help business organizations thrive and families build and preserve wealth. Our commitment is simple; financial and operational *insight*, service *integrity*, and problem solving *innovation*.

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OnPoint Group, LLC 401(k) Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year

E.I.N. 20-3601140

Plan # 001

December 31, 2019

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OnPoint Group, LLC 401(k) Plan**Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year (Continued)****E.I.N. 20-3601140****Plan # 001****December 31, 2019**

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