

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2002
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) ONEPOINT HRO, LLC 10303 E DRY CREEK ROAD SUITE 400 ENGLEWOOD, CO 80112
2b Employer Identification Number (EIN) 20-8129844
2c Plan Sponsor's telephone number 303-771-4445
2d Business code (see instructions) 541211

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2113
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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)	1820
	6a(2)	2151
	6b	37
	6c	280
	6d	2468
	6e	1
	6f	2469
	6g(1)	944
6g(2)	1060	
6h	15	
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 2J 2K 2F 2G 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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LT TRUST

61-1607607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 31 51 72	N/A	150392	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AT RETIREMENT SERVICES, LLC

83-3455979

(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?
12 15 18 37 50 64	N/A	117313	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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 or DFE 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	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RELIANCE METLIFE SERIES 25053 CL 0</u>		
b Name of sponsor of entity listed in (a): <u>ONEPOINT HRO, LLC</u>		
c EIN-PN <u>20-8129844-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>434789</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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	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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(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)	
(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)	704143
(9) Value of interest in common/collective trusts	1c(9)	1002731
(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)	32884278
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	43493527
(15) Other.....	1c(15)	2498746
		0

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	37089898	44855662
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	37089898	44855662

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2125705	
(B) Participants.....	2a(1)(B)	4827601	
(C) Others (including rollovers).....	2a(1)(C)	596504	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7549810
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	19	
(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)	69942	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		69961
(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)	1303699	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1303699
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		16893
(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)		4240310
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		13180673

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4066126	
(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)		4066126
f Corrective distributions (see instructions)	2f		850
g Certain deemed distributions of participant loans (see instructions)	2g		79614
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	564	
(3) Recordkeeping fees	2i(3)	72353	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	150042	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	44747	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		267706
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4414296

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8766377
l Transfers of assets:			
(1) To this plan	2l(1)		910086
(2) From this plan	2l(2)		1910699

Part III Accountant's Opinion

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

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

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

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

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

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

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

(2) EIN: **27-4097479**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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		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	
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.			

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)
ELLE DESIGN 401(K) PLAN	46-0702798	002
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
VENSURE RETIREMENT PLAN	65-0608221	001
CENTRAL OREGON SURGICAL INSTITUTE 401(K) PLAN	83-0651822	001

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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	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** **0**

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): **27-3769253**

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	
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	
6 c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

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

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

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

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702488A.

<p style="text-align: center;">SCHEDULE MEP (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="text-align: right; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2024</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>001</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ONEPOINT HRO, LLC</p>	<p>D Administrator's EIN 20-8129844</p>	

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

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

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

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

**Schedule MEP (2024)
v. 240311**

Part III	Pooled Employer Plan Information
-----------------	-----------------------------------------

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

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

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

OnePoint HRO, LLC
Multiple Employer
401(k) Plan

Audited Financial Statements

For the year ended
December 31, 2024

CONTENTS

Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
Supplementary Schedule	
Schedule of Assets Held for Investment Purposes at Year End	11

All other schedules required by Section 2520.103-10 of the Department of 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 AUDITOR'S REPORT

To the Administrative Committee of
OnePoint HRO, LLC Multiple Employer 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of OnePoint HRO, LLC Multiple Employer 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of OnePoint HRO, LLC Multiple Employer 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of OnePoint HRO, LLC Multiple Employer 401(k) Plan and to meet our

other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that

the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from

material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about OnePoint HRO, LLC Multiple Employer 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of OnePoint HRO, LLC Multiple Employer 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about OnePoint HRO, LLC Multiple Employer 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held for Investment Purposes at Year End as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Jason F. Clausen, P.C.

Fraser, MI
October 7, 2025

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
Investments (at fair value)		
Registered investment companies	\$ 43,493,527	\$ 32,884,278
Stable value fund	423,918	1,002,731
Self-directed funds	-	2,498,746
Total investments (at fair value)	43,917,445	36,385,755
Receivables:		
Notes receivable from participants	938,217	704,143
Total receivables	938,217	704,143
Total assets	44,855,662	37,089,898
<u>LIABILITIES</u>		
Other liabilities	775	-
<u>Net assets available for benefits</u>	\$ 44,854,887	\$ 37,089,898

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, 2024

	<u>2024</u>
<u>Additions</u>	
Additions to net assets attributed to:	
Investment income (loss):	
Net appreciation in fair value of investments	\$ 4,257,203
Interest and dividends	1,303,699
Interest on notes receivable from participants	<u>69,961</u>
Total investment income (loss)	5,630,863
Contributions:	
Employers	2,125,705
Participants	4,827,601
Rollover contributions	<u>596,504</u>
Total contributions	<u>7,549,810</u>
Total additions	13,180,673
<u>Deductions</u>	
Deductions from net assets attributed to:	
Administrative expenses	267,706
Benefits paid to participants	4,066,126
Deemed distributions	79,614
Corrective distributions	<u>1,625</u>
Total deductions	<u>4,415,071</u>
Decrease in net assets	8,765,602
Transfers in from other plans	910,086
Transfers out to other plans	(1,910,699)
<u>Net assets available for benefits</u>	
Beginning of year	<u>37,089,898</u>
End of year	<u>\$ 44,854,887</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, 2024 AND 2023

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 Mid-Atlantic Trust Company. 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.

Participant Loans

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

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

2% 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 9.50% to 10.00%.

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.

Hardship Withdrawals

Participants may withdraw from the Plan part or all of the participant's contributions in the event of undue financial hardship. The maximum hardship withdrawal is the total of a participant's 100% vested balance. The Trustees shall determine what portion of all of such account balance is necessary to alleviate the hardship. A financial hardship must be one of the reasons specified below:

1. Medical expense incurred by the participant, the participant's spouse, or any dependents of the participant;
2. The purchase (excluding mortgage payments) of a principal residence of a participant;
3. Certain educational expenses for the participant, his or her spouse, or dependents of the participant;
4. The need to prevent the eviction of the participant from his or her principal residence or foreclosure on the mortgage of his or her principal residence; or
5. Other events as may be prescribed by the Internal Revenue Service Commissioner in revenue rulings, notices, and other documents of general applicability.

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

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

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.

Forfeited Accounts

Forfeitures from non-vested accounts may be used to reduce matching or non-elective employer contributions or plan expenses. For the years ended December 31, 2024 and 2023, \$1,445 and \$10,377 of forfeited amounts were used to reduce employer contributions. At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$21,617 and \$16,917, 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.

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. As of December 31, 2024, and 2023, no allowance for credit losses has been recorded.

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits payments to participants are recorded when paid.

Use of Estimates

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.

NOTE 3 – RISKS AND UNCERTAINTIES

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

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liability;
- Inputs that are derived principally 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.

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

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. The Plan's policy is to recognize transfers between levels at the end of each reporting period, if applicable.

Stable Value Fund:

Valued at the contract value held by the Plan at year end. The contract value is based on similar assets in active markets and is therefore classified within Level 2 of the valuation hierarchy.

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.

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, 2024 and 2023:

December 31, 2024				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Stable value fund	\$ -0-	\$ 423,918	\$ -0-	\$ 423,918
Mutual funds	43,493,527	-0-	-0-	43,493,527
Brokerage accounts	-0-	-0-	-0-	-0-
Total assets at fair value	<u>\$ 43,493,527</u>	<u>\$ 423,918</u>	<u>\$ -0-</u>	<u>\$ 43,917,445</u>

December 31, 2023				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Stable value fund	\$ -0-	\$ 1,002,731	\$ -0-	\$ 1,002,731
Mutual funds	32,884,278	-0-	-0-	32,884,278
Brokerage accounts	2,498,749	-0-	-0-	2,498,749
Total assets at fair value	<u>\$ 35,383,024</u>	<u>\$ 1,002,73</u>	<u>\$ -0-</u>	<u>\$ 36,385,755</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, 2024 AND 2023

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 for 2024 and 2023. Accordingly, LT Trust Company and Matrix Trust Company, the trustees of the Plan, have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the period from January 1, 2024 to December 31, 2024.

	<u>2024</u>	<u>2023</u>
Statements of Net Assets Available for Benefits:		
Investments, at fair value	\$43,917,445	\$36,385,755
Statement of Changes in Net Assets Available:		
Net appreciation (depreciation) in fair value investments	4,257,203	4,186,160

NOTE 6 – RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

Certain plan investments are invested in accounts held and managed by LT Trust Company and Matrix Trust Company, custodians of the Plan. LT Trust is the third-party administrator and received \$150,392 of direct compensation for contract administration services. AT Retirement Services, LLC received \$117,313 of direct compensation for Investment Advisory Services. These transactions qualify as party-in-interest transactions.

Certain officers and employees of the Company (who may also be participants in the Plan) perform administrative services related to the operation, record-keeping and financial reporting of the Plan. The Company pays the salaries of these individuals and also pays other administrative expenses on behalf of the Plan. Certain fees, to the extent not paid by the Company, are paid by the Plan.

Jason F. Clausen is the auditing firm for the plan. Fees paid for the audit were paid by the plan sponsor.

NOTE 7 – FIDELITY BOND

As of December 31, 2024, the plan was covered by a fidelity bond in the amount of \$500,000.

NOTE 8 – 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.

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 9 – 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 Internal Revenue Service 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 is subject to income tax examinations for the prior three Plan years.

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.

NOTE 10 – CONCENTRATIONS OF CREDIT RISK

The Plan has three American Fund investments that exceed 10% of net assets available for Plan benefits. They are 2030 Target Date Retirement Fund, 11%, 2035 Target Date Retirement Fund, 12%, and 2040 Target Date Retirement Fund, 12%.

NOTE 11 – RECONCILIATION OF FORM 5500 TO AUDITED FINANCIAL STATEMENTS

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), whereas Form 5500 is prepared on a modified cash basis of accounting as required by the Department of Labor. As a result, certain differences may arise between the financial information reported in the Form 5500, the American Trust fund statements, and the Plan's audited financial statements.

As of December 31, 2024, the total corrective distributions reported on the Form 5500 was \$850, while the discrimination testing reported an additional \$775. This difference is attributable to timing differences in the recording of transactions and minor adjustments related to accruals that are reflected in the financial statements and Form 5500 but not yet fully accounted for in the Fidelity fund statements.

These timing differences typically result from pending transactions, such as contributions, benefit payments, or investment trades, that are recorded in the financial statements on an accrual basis but may not yet be reflected in the American Trust fund statements as of the plan year-end.

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 11 – RECONCILIATION OF FORM 5500 TO AUDITED FINANCIAL STATEMENTS
(CONTINUED)**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 to Form 5500:

	<u>2024</u>
Net assets available for benefits per financial statements	\$44,854,887
Corrective distribution	<u>775</u>
Net assets available for benefits per the Form 5500	<u>\$44,855,662</u>

The following is a reconciliation of corrective distributions per the financial statement at December 31, 2024 to Form 5500:

	<u>2024</u>
Corrective distributions per financial statements	\$ 1,625
Less: Excess corrective distributions payable at December 31, 2024	<u>(775)</u>
Employer Contributions per Form 5500	<u>\$ 850</u>

NOTE 12 – SUBSEQUENT EVENTS

The Plan Administrator has evaluated the financial statements for subsequent events occurring through the date of this report, which is the date the financial statements were available to be issued.

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
PLAN YEAR ENDED DECEMBER 31, 2024
EIN: 20-8129844 PN: 001

a.	b.	c.	d.	e.
Issuer	Description		Cost	Current Value
Reliance Trust	Stable Value Fd - MetLife Series 25053 Class 0		\$	423,918
iShares	Morningstar Large-Cap ETF			1,285,026
iShares	TIPS Bond ETF			347,084
SPDR	S&P 500 Pure Growth ETF			3,360,801
SPDR	Portfolio S&P 600 Sm Cap ETF			546,772
Vanguard	FTSE Developed Markets Index Fund ETF Shares			327,829
Vanguard	Mid-Cap Value Index Fund ETF Shares			331,697
Vanguard	Small-Cap Growth Index Fund ETF Shares			875,757
Vanguard	Small-Cap Value Index Fund ETF Shares			136,514
Vanguard	Mid-Cap Index Fund ETF Shares			918,550
Vanguard	Value Index Fund ETF Shares			930,209
Vanguard	High Yield Corporate ADM			275,933
Schwab	Personal Choice Retirement Account			2,977,968
Invesco	S&P MidCap Momentum			999,821
American Funds	2015 Target Date Retirement Fund			330,070
American Funds	2020 Target Date Retirement Fund			553,962
American Funds	2025 Target Date Retirement Fund			2,980,209
American Funds	2030 Target Date Retirement Fund			4,803,112
American Funds	2035 Target Date Retirement Fund			5,205,683
American Funds	2040 Target Date Retirement Fund			5,095,846
American Funds	2045 Target Date Retirement Fund			4,242,472
American Funds	2050 Target Date Retirement Fund			2,626,108
American Funds	2055 Target Date Retirement Fund			2,481,146
American Funds	2060 Target Date Retirement Fund			1,379,837
Fidelity	US Bond Index Fund			64,670
Blackrock	Emerging Mkts K			416,451
Total Registered Investment Companies			\$	<u>43,917,445</u>
Participant Loans 9.50% - 10.50%			\$	<u>938,217</u>

Note: Information on cost of the investments is excluded as all investments are participant directed.

Attachment to 2024 Form 5500
Form 5500 Multiple Employer Plan Participating Employer Information

PLAN NAME:
PLAN SPONSOR NAME: One point MEP
EIN: 20-8129844
PN: 001

NAME OF PARTICIPATING EMPLOYER	EIN	PERCENT OF TOTAL CONTRIBUTIONS	Aggregate Account Balances as End of Year
OP-AIORGANIC	84-0658756	3.48%	\$2,702,759.41
OP-ADAS	88-1478346	0.29%	\$20,054.12
OP-ALTURA	46-4464408	0.94%	\$916,895.87
OP-ARMEDFORC	52-1034119	0.37%	\$243,019.17
OP-ASPEN	84-1315267	0.00%	\$159.01
OP-BRINK	92-0848528	0.26%	\$25,202.39
OP-BUCKHORN	84-0764702	0.08%	\$12,729.43
OP-CASPEN	84-1315910	1.49%	\$746,799.27
OP-CDMETAL	27-1540341	0.12%	\$12,348.20
OP-CFPM	27-1575128	0.07%	\$11,501.21
OP-COLORADO	81-2991903	0.06%	\$30,906.04
OP-CSADVOCAR	84-1129499	0.22%	\$129,425.28
OP-DAYLIGHT	83-1328837	1.06%	\$911,751.27
OP-DENTWORKS	84-1276253	0.00%	\$10,078.59
OP-DENVER	68-0524668	0.58%	\$218,535.50
OP-DESCHUTES	01-0922194	0.00%	\$106,912.60
OP-DUETGROUP	45-2734433	0.69%	\$761,297.11
OP-E2OPTICS	26-3315186	50.49%	\$17,543,612.88
OP-ELLE	46-0702798	0.02%	\$0.00
OP-WASTENOT	84-1282480	0.45%	\$308,378.58
OP-EDGE	82-1975035	0.46%	\$34,496.93
OP-MA003994	33-4128320	1.88%	\$756,847.53
OP-FIRSTRANG	84-1048248	0.03%	\$3,581.03
OP-FLRENTALS	45-4118402	0.43%	\$232,088.28
OP-FOXTON	45-5188262	0.00%	\$290.33
OP-GGCONSULT	47-0955034	2.65%	\$986,671.06

OP-GIGASPAN	27-0324993	2.26%	\$259,706.15
OP-GUNBARRE	35-2601893	0.39%	\$176,210.89
OP-HABITAT	84-1092616	1.55%	\$159,139.77
OP-HIGHCOUN	84-0977936	1.67%	\$1,144,897.98
OP-HOMETOWN	27-1791230	0.00%	\$121,280.06
OP-HPMA	81-2578222	0.22%	\$150,991.22
OP-HYLAND	23-7300690	0.25%	\$68,011.62
OP-INTEGRATE	84-1357523	1.33%	\$903,311.63
OP-JACKSBEAN	84-1611439	1.14%	\$768,926.68
OP-JDSGROUP	20-8019714	8.89%	\$7,324,592.28
OP-KENTRO	47-2890413	0.95%	\$217,254.37
OP-KMBR	84-1204353	0.03%	\$1,841.12
OP-K2	99-1820774	1.18%	\$85,667.27
OP-KOKO	84-4551854	0.00%	\$0.00
OP-LONETREE	85-1321160	2.66%	\$657,473.50
OP-MADD	84-1439556	0.09%	\$14,203.49
OP-MYVENUE	85-2965746	0.02%	\$59,885.28
OP-NMI	75-2816119	1.98%	\$361,720.41
OP-PERMA	45-4361942	0.12%	\$160,462.88
PLUSTWO	85-4082517	0.00%	\$0.00
OP-POINTOFRE	84-1511825	1.69%	\$636,723.77
OP-PONDEROSA	41-1698374	0.02%	\$0.00
OP-RESOLUTE	32-0782494	0.79%	\$784,505.70
OP-RESTORE	85-2878363	0.88%	\$112,329.56
OP-RMEDICAL	88-2007511	0.02%	\$1,071.40
OP-REVESCO	45-5221083	0.00%	\$0.00
OP-SKYLINE	80-0130854	0.00%	\$702,390.17
OP-SPARKYS	82-4533993	0.01%	\$2,480.81
OP-SPEEDSTAC	84-1484085	2.24%	\$1,986,311.80
OP-THESHORES	20-3648871	0.38%	\$29,274.74
OP-TOMPKINS	46-3593370	0.10%	\$14,847.52
OP-TWEED	36-4670509	0.45%	\$96,518.38
OP-VERTICAL	90-0169920	2.18%	\$1,115,625.18
OP-OUTSOURCE	20-5054841	0.16%	\$11,664.85
570297	83-0651832	0.22%	\$0.00

OnePoint HRO, LLC
Multiple Employer
401(k) Plan

Audited Financial Statements

For the year ended
December 31, 2024

CONTENTS

Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
Supplementary Schedule	
Schedule of Assets Held for Investment Purposes at Year End	11

All other schedules required by Section 2520.103-10 of the Department of 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 AUDITOR'S REPORT

To the Administrative Committee of
OnePoint HRO, LLC Multiple Employer 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of OnePoint HRO, LLC Multiple Employer 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of OnePoint HRO, LLC Multiple Employer 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of OnePoint HRO, LLC Multiple Employer 401(k) Plan and to meet our

other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that

the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from

material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about OnePoint HRO, LLC Multiple Employer 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of OnePoint HRO, LLC Multiple Employer 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about OnePoint HRO, LLC Multiple Employer 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held for Investment Purposes at Year End as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Jason F. Clausen, P.C.

Fraser, MI
October 7, 2025

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
Investments (at fair value)		
Registered investment companies	\$ 43,493,527	\$ 32,884,278
Stable value fund	423,918	1,002,731
Self-directed funds	-	2,498,746
	43,917,445	36,385,755
Total investments (at fair value)		
Receivables:		
Notes receivable from participants	938,217	704,143
	938,217	704,143
Total receivables		
Total assets	44,855,662	37,089,898
<u>LIABILITIES</u>		
Other liabilities	775	-
<u>Net assets available for benefits</u>	\$ 44,854,887	\$ 37,089,898

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, 2024

	<u>2024</u>
<u>Additions</u>	
Additions to net assets attributed to:	
Investment income (loss):	
Net appreciation in fair value of investments	\$ 4,257,203
Interest and dividends	1,303,699
Interest on notes receivable from participants	<u>69,961</u>
Total investment income (loss)	5,630,863
Contributions:	
Employers	2,125,705
Participants	4,827,601
Rollover contributions	<u>596,504</u>
Total contributions	<u>7,549,810</u>
Total additions	13,180,673
<u>Deductions</u>	
Deductions from net assets attributed to:	
Administrative expenses	267,706
Benefits paid to participants	4,066,126
Deemed distributions	79,614
Corrective distributions	<u>1,625</u>
Total deductions	<u>4,415,071</u>
Decrease in net assets	8,765,602
Transfers in from other plans	910,086
Transfers out to other plans	(1,910,699)
<u>Net assets available for benefits</u>	
Beginning of year	<u>37,089,898</u>
End of year	<u>\$ 44,854,887</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, 2024 AND 2023

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 Mid-Atlantic Trust Company. 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.

Participant Loans

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

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

2% 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 9.50% to 10.00%.

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.

Hardship Withdrawals

Participants may withdraw from the Plan part or all of the participant's contributions in the event of undue financial hardship. The maximum hardship withdrawal is the total of a participant's 100% vested balance. The Trustees shall determine what portion of all of such account balance is necessary to alleviate the hardship. A financial hardship must be one of the reasons specified below:

1. Medical expense incurred by the participant, the participant's spouse, or any dependents of the participant;
2. The purchase (excluding mortgage payments) of a principal residence of a participant;
3. Certain educational expenses for the participant, his or her spouse, or dependents of the participant;
4. The need to prevent the eviction of the participant from his or her principal residence or foreclosure on the mortgage of his or her principal residence; or
5. Other events as may be prescribed by the Internal Revenue Service Commissioner in revenue rulings, notices, and other documents of general applicability.

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

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

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.

Forfeited Accounts

Forfeitures from non-vested accounts may be used to reduce matching or non-elective employer contributions or plan expenses. For the years ended December 31, 2024 and 2023, \$1,445 and \$10,377 of forfeited amounts were used to reduce employer contributions. At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$21,617 and \$16,917, 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.

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. As of December 31, 2024, and 2023, no allowance for credit losses has been recorded.

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits payments to participants are recorded when paid.

Use of Estimates

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.

NOTE 3 – RISKS AND UNCERTAINTIES

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

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liability;
- Inputs that are derived principally 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.

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

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. The Plan's policy is to recognize transfers between levels at the end of each reporting period, if applicable.

Stable Value Fund:

Valued at the contract value held by the Plan at year end. The contract value is based on similar assets in active markets and is therefore classified within Level 2 of the valuation hierarchy.

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.

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, 2024 and 2023:

December 31, 2024				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Stable value fund	\$ -0-	\$ 423,918	\$ -0-	\$ 423,918
Mutual funds	43,493,527	-0-	-0-	43,493,527
Brokerage accounts	-0-	-0-	-0-	-0-
Total assets at fair value	<u>\$ 43,493,527</u>	<u>\$ 423,918</u>	<u>\$ -0-</u>	<u>\$ 43,917,445</u>

December 31, 2023				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Stable value fund	\$ -0-	\$ 1,002,731	\$ -0-	\$ 1,002,731
Mutual funds	32,884,278	-0-	-0-	32,884,278
Brokerage accounts	2,498,749	-0-	-0-	2,498,749
Total assets at fair value	<u>\$ 35,383,024</u>	<u>\$ 1,002,73</u>	<u>\$ -0-</u>	<u>\$ 36,385,755</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, 2024 AND 2023

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 for 2024 and 2023. Accordingly, LT Trust Company and Matrix Trust Company, the trustees of the Plan, have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the period from January 1, 2024 to December 31, 2024.

	<u>2024</u>	<u>2023</u>
Statements of Net Assets Available for Benefits:		
Investments, at fair value	\$43,917,445	\$36,385,755
Statement of Changes in Net Assets Available:		
Net appreciation (depreciation) in fair value investments	4,257,203	4,186,160

NOTE 6 – RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

Certain plan investments are invested in accounts held and managed by LT Trust Company and Matrix Trust Company, custodians of the Plan. LT Trust is the third-party administrator and received \$150,392 of direct compensation for contract administration services. AT Retirement Services, LLC received \$117,313 of direct compensation for Investment Advisory Services. These transactions qualify as party-in-interest transactions.

Certain officers and employees of the Company (who may also be participants in the Plan) perform administrative services related to the operation, record-keeping and financial reporting of the Plan. The Company pays the salaries of these individuals and also pays other administrative expenses on behalf of the Plan. Certain fees, to the extent not paid by the Company, are paid by the Plan.

Jason F. Clausen is the auditing firm for the plan. Fees paid for the audit were paid by the plan sponsor.

NOTE 7 – FIDELITY BOND

As of December 31, 2024, the plan was covered by a fidelity bond in the amount of \$500,000.

NOTE 8 – 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.

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 9 – 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 Internal Revenue Service 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 is subject to income tax examinations for the prior three Plan years.

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.

NOTE 10 – CONCENTRATIONS OF CREDIT RISK

The Plan has three American Fund investments that exceed 10% of net assets available for Plan benefits. They are 2030 Target Date Retirement Fund, 11%, 2035 Target Date Retirement Fund, 12%, and 2040 Target Date Retirement Fund, 12%.

NOTE 11 – RECONCILIATION OF FORM 5500 TO AUDITED FINANCIAL STATEMENTS

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), whereas Form 5500 is prepared on a modified cash basis of accounting as required by the Department of Labor. As a result, certain differences may arise between the financial information reported in the Form 5500, the American Trust fund statements, and the Plan's audited financial statements.

As of December 31, 2024, the total corrective distributions reported on the Form 5500 was \$850, while the discrimination testing reported an additional \$775. This difference is attributable to timing differences in the recording of transactions and minor adjustments related to accruals that are reflected in the financial statements and Form 5500 but not yet fully accounted for in the Fidelity fund statements.

These timing differences typically result from pending transactions, such as contributions, benefit payments, or investment trades, that are recorded in the financial statements on an accrual basis but may not yet be reflected in the American Trust fund statements as of the plan year-end.

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 11 – RECONCILIATION OF FORM 5500 TO AUDITED FINANCIAL STATEMENTS
(CONTINUED)**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 to Form 5500:

	<u>2024</u>
Net assets available for benefits per financial statements	\$44,854,887
Corrective distribution	<u>775</u>
Net assets available for benefits per the Form 5500	<u>\$44,855,662</u>

The following is a reconciliation of corrective distributions per the financial statement at December 31, 2024 to Form 5500:

	<u>2024</u>
Corrective distributions per financial statements	\$ 1,625
Less: Excess corrective distributions payable at December 31, 2024	<u>(775)</u>
Employer Contributions per Form 5500	<u>\$ 850</u>

NOTE 12 – SUBSEQUENT EVENTS

The Plan Administrator has evaluated the financial statements for subsequent events occurring through the date of this report, which is the date the financial statements were available to be issued.

ONEPOINT HRO, LLC MULTIPLE EMPLOYER 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
PLAN YEAR ENDED DECEMBER 31, 2024
EIN: 20-8129844 PN: 001

a.	b.	c.	d.	e.
Issuer	Description		Cost	Current Value
Reliance Trust	Stable Value Fd - MetLife Series 25053 Class 0		\$	423,918
iShares	Morningstar Large-Cap ETF			1,285,026
iShares	TIPS Bond ETF			347,084
SPDR	S&P 500 Pure Growth ETF			3,360,801
SPDR	Portfolio S&P 600 Sm Cap ETF			546,772
Vanguard	FTSE Developed Markets Index Fund ETF Shares			327,829
Vanguard	Mid-Cap Value Index Fund ETF Shares			331,697
Vanguard	Small-Cap Growth Index Fund ETF Shares			875,757
Vanguard	Small-Cap Value Index Fund ETF Shares			136,514
Vanguard	Mid-Cap Index Fund ETF Shares			918,550
Vanguard	Value Index Fund ETF Shares			930,209
Vanguard	High Yield Corporate ADM			275,933
Schwab	Personal Choice Retirement Account			2,977,968
Invesco	S&P MidCap Momentum			999,821
American Funds	2015 Target Date Retirement Fund			330,070
American Funds	2020 Target Date Retirement Fund			553,962
American Funds	2025 Target Date Retirement Fund			2,980,209
American Funds	2030 Target Date Retirement Fund			4,803,112
American Funds	2035 Target Date Retirement Fund			5,205,683
American Funds	2040 Target Date Retirement Fund			5,095,846
American Funds	2045 Target Date Retirement Fund			4,242,472
American Funds	2050 Target Date Retirement Fund			2,626,108
American Funds	2055 Target Date Retirement Fund			2,481,146
American Funds	2060 Target Date Retirement Fund			1,379,837
Fidelity	US Bond Index Fund			64,670
Blackrock	Emerging Mkts K			416,451
Total Registered Investment Companies			\$	43,917,445
Participant Loans 9.50% - 10.50%			\$	938,217

Note: Information on cost of the investments is excluded as all investments are participant directed.