

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) ____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>PROPEL HR 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>333</u> 1c Effective date of plan <u>10/01/1996</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PROPEL PEO, INC.</u> <u>669 NORTH ACADEMY STREET</u> <u>GREENVILLE, SC 29601</u>	2b Employer Identification Number (EIN) <u>20-5888849</u> 2c Plan Sponsor's telephone number <u>800-446-6567</u> 2d Business code (see instructions) <u>561300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2016	LEE YARBOROUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2016	LEE YARBOROUGH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 620
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 379
a(2) Total number of active participants at the end of the plan year	6a(2) 1181
b Retired or separated participants receiving benefits.....	6b 3
c Other retired or separated participants entitled to future benefits.....	6c 175
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1359
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 1359
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 894
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 169
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan PROPEL HR 401(K) PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 PROPEL PEO, INC.	D Employer Identification Number (EIN) 20-5888849	

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	VARIOUS	972	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid 38155	(b) Total amount of fees paid 62092
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

TRIAD ADVISORS, INC.
 SUITE 280
 5185 PEACHTREE PKWY
 NORCROSS, GA 30092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38155			4

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

PINNACLE FINANCIAL SERVICES, INC
 1177 HYPOLUXO RD
 LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	38420	TPA AWARDS	5

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

PINNACLE FINANCIAL SERVICES, INC

1177 HYPOLUXO RD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	15260	PLAN EXPENSES	5

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

PINNACLE FINANCIAL SERVICES, INC

1177 HYPOLUXO RD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	7500	SUBSIDY FEES	5

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

TRIAD ADVISORS, INC.

SUITE 280
5185 PEACHTREE PKWY
NORCROSS, GA 30092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	912	NON-MONETARY COMP TO SALES REP	4

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	3269561
5 Current value of plan's interest under this contract in separate accounts at year end	5	14307737

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED ACCTS**

b Balance at the end of the previous year	7b	833559
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c Additions: (1) Contributions deposited during the year	7c(1)	1118128	
	7c(2)		
	7c(3)	22267	
	7c(4)	221073	
	7c(5)	2473074	

▶ **TAKEOVER LOANS**

(6) Total additions	7c(6)	3834542
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d Total of balance and additions (add lines 7b and 7c(6))	7d	4668101
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1378665	
(2) Administration charge made by carrier	7e(2)	19779	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	96	

▶ **FORF**

(5) Total deductions	7e(5)	1398540
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3269561
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan PROPEL HR 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 PROPEL PEO, INC.	D Employer Identification Number (EIN) 20-5888849	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LINCOLN NATIONAL CORPORATION
35-1140070

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	94869	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STADION MONEY MANAGEMENT

58-2099805

(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	SERVICE PROVIDER	28623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PINNACLE FINANCIAL SERVICES, INC.

59-2438373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SERVICE PROVIDER	23754	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>PROPEL HR 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PROPEL PEO, INC.</u>	D Employer Identification Number (EIN) <u>20-5888849</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERFUNDS BOND AMERICA SA1E</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-717</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58161</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERFUNDS EUROPAC GROWTH SA1I</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-401</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>69356</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK GLBALALLOCATION SALE</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-401</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>116784</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FED GOV ULTRASHORT DUR SA14</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-114</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>969718</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN HIGH INCOME SA20</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16740</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GROWTH & INCOME SA28</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-128</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>112049</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP CLARION GBL REAL EST SA55</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-155</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24849</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MANAGED RISK PR 2030 SAL3		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8780
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MANAGED RISK PR 2040 SAL4		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-704	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132610
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MANAGED RISK PR 2050 SALL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-719	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3544
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA BOND INDEX SAL6		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45995
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA INTERNAT'L INDX SAL5		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-708	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66056
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA S&P 500 INDEX SA27		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141110
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIPBKRK INFLTN PROTECTED SA92		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21037
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VIT GROWTH SA65		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86761
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DVLPIG MRKTS SA94		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47047
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC GR IX NON-LN SALC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46689

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC VL IX NON-LN SALB		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-714	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27744
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCP IDX NON-LN SALA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 333503
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MANAGED BALANCED SATB		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-722	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1911901
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MANAGED GROWTH SATG		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-707	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3961441
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MANAGED MODERATE SATM		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-706	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4776274
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MGD CAP PRES SATP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-723	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131284
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MGD CONSERVATIVE SATC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-705	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153609
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MGD MAX GROWTH SATT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-724	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 685982
a Name of MTIA, CCT, PSA, or 103-12 IE: VG LIFESTRATEGY CONS GRW SA30		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173453
a Name of MTIA, CCT, PSA, or 103-12 IE: VG LIFESTRATEGY GROWTH SA32		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68595

a Name of MTIA, CCT, PSA, or 103-12 IE: [VG LIFESTRATEGY MOD GRW SA21](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)**c** EIN-PN [35-0472300-121](#)**d** Entity code [P](#)**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)[116665](#)**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)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>PROPEL HR 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROPEL PEO, INC.</u>	D Employer Identification Number (EIN) <u>20-5888849</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	30828	33626
(2) Participant contributions	1b(2)	26731	56575
(3) Other.....	1b(3)	5095	1936
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)	154315	248601
(9) Value of interest in common/collective trusts.....	1c(9)		998382
(10) Value of interest in pooled separate accounts.....	1c(10)	5422693	14307737
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	833559	2271179
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6473221	17918036

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities.....	1j	12357	3349
k Total liabilities (add all amounts in lines 1g through 1j)	1k	12357	3349

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6460864	17914687
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	664602	
(B) Participants	2a(1)(B)	1285236	
(C) Others (including rollovers)	2a(1)(C)	4075942	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6025780

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6186	
(F) Other	2b(1)(F)	19048	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25234

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3219
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-306653
(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)		
c Other income	2c		9189
d Total income. Add all income amounts in column (b) and enter total	2d		5756769

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1062847	
(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)		1062847
f Corrective distributions (see instructions)	2f		3349
g Certain deemed distributions of participant loans (see instructions)	2g		26
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	118623	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	28623	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		147246
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1213468

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4543301
l Transfers of assets:			
(1) To this plan	2l(1)		7186192
(2) From this plan	2l(2)		275670

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: TOMKIEWICZ WRIGHT, LLC

(2) EIN: 20-1702555

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	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.)	☒	☐	☐	165641
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	☐	

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			550000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X			
o Did the plan trust incur unrelated business taxable income?		X		
p Were in-service distributions made during the plan year?		X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GAINSVILLE TRUCK CENTER INC. 401(K) PLAN	58-0871279	002

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>PROPEL HR 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROPEL PEO, INC.</u>	D Employer Identification Number (EIN) <u>20-5888849</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0472300</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?.....	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?.....	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?.....	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

PROPEL HR 401(k) PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**
(with report of independent auditors)

YEARS ENDED DECEMBER 31, 2015 AND 2014

PROPEL HR 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
(with report of independent auditors)

YEARS ENDED DECEMBER 31, 2015 AND 2014

INDEX

INDEPENDENT AUDITORS' REPORT	1
AUDITED FINANCIAL STATEMENTS:	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5
SUPPLEMENTAL INFORMATION:	
Schedule of assets (held at end of year) – Form 5500, Schedule H, Part IV, Line 4i	13
Schedule of delinquent participant contributions – Form 5500, Schedule H, Part IV, Line 4a	14
Note: All other schedules required by 29 CFR 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 AUDITORS' REPORT

Retirement Plan Committee
Propel HR 401(k) Plan
Greenville, South Carolina

Report on the Financial Statements

We were engaged to audit the financial statements of Propel HR 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by The Lincoln National Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that The Lincoln National Life Insurance Company holds the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2015 and 2014, and for the years then ended, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) and delinquent participant contributions as of December 31, 2015 and for the year then ended are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

A handwritten signature in blue ink that reads "Tom Kewig Wright, LLC". The signature is written in a cursive, flowing style.

Atlanta, Georgia
October 4, 2016

PROPEL HR 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
<u>ASSETS</u>		
INVESTMENTS, at fair value:		
Pooled separate accounts	\$ 14,307,737	\$ 5,422,693
Interest in common collective trust	<u>998,382</u>	<u>-0-</u>
	15,306,119	5,422,693
INVESTMENT, at contract value:		
General account – investment contracts	<u>2,271,179</u>	<u>833,559</u>
Total investments	17,577,298	6,256,252
RECEIVABLES:		
Participant contributions	56,575	26,731
Employer contributions	33,626	30,828
Notes receivable from participants	248,601	154,315
Other receivables	<u>1,936</u>	<u>5,095</u>
	<u>340,738</u>	<u>216,969</u>
Total assets	17,918,036	6,473,221
<u>LIABILITIES</u>		
OTHER LIABILITIES	<u>3,349</u>	<u>12,357</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 17,914,687</u>	<u>\$ 6,460,864</u>

See notes to financial statements and auditors' report.

PROPEL HR 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of pooled separate accounts	\$ (306,653)	\$ 50,708
Net gain from interest in common collective trust	3,219	-0-
Interest on general account investment contracts	19,048	11,868
Interest on participant notes	6,186	5,650
Other income	9,189	287
Contributions:		
Employer	664,602	350,656
Participants	1,285,236	706,207
Rollovers	<u>4,075,942</u>	<u>235,203</u>
	5,756,769	1,360,579
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments	1,062,847	739,680
Corrective distributions	3,349	12,357
Deemed distributions	26	7,090
Investment advisory fees	28,623	19,683
Other administrative expenses	<u>118,623</u>	<u>67,546</u>
	<u>1,213,468</u>	<u>846,356</u>
CHANGE IN NET ASSETS	4,543,301	514,223
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	6,460,864	4,339,654
TRANSFERS TO PLAN	7,186,192	1,606,987
TRANSFERS FROM PLAN	<u>(275,670)</u>	<u>-0-</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ <u>17,914,687</u>	\$ <u>6,460,864</u>

See notes to financial statements and auditors' report.

PROPEL HR 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2015 AND 2014

1. Description of Plan:

The following description of Propel HR 401(k) Plan (the "Plan") provides general information only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a multiple-employer defined contribution pension plan consisting of thirty participating employers at December 31, 2015 and nineteen participating employers at December 31, 2014 (collectively referred to as the "Sponsor"). Propel PEO, Inc., one of the participating employers, functions as the lead sponsor ("Lead Sponsor") and is designated as the plan administrator on behalf of all participating employers. The Plan covers all employees who have completed a length of service prescribed by the individual Adoption Agreements between the Lead Sponsor and each participating employer, and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may elect to defer a portion of their salary otherwise payable during that plan year and contribute that portion to the Plan. The deferred amount may not exceed the statutory limit set by the Internal Revenue Code. Participating employers may elect to make elective matching contributions based upon a percentage of the participant's deferred salary contributions. Participating employers may also elect to make additional contributions, the amount and timing of which are at their discretion.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of employer contributions and investment earnings. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and Sponsor safe harbor contributions. Unless otherwise specified in an Adoption Agreement, the Plan's default vesting schedule for qualified matching, qualified non-elective contributions, and employer matching and profit sharing contributions is based on years of continuous service based on the following schedule:

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 2 years	0%
2 years, but less than 3 years	20%
3 years, but less than 4 years	40%
4 years, but less than 5 years	60%
5 years, but less than 6 years	80%
6 or more years	100%

An employer may elect a vesting schedule other than the default schedule above to determine participants' vested interests in their matching and non-elective contribution accounts, provided that such vesting schedule elected in the Adoption Agreement is at least as liberal as the default schedule, or a 3-year cliff vesting schedule that provides for 0% vesting until the participant has been credited with three years of service, at which time the participant is 100% vested.

Forfeitures

Non-vested funds forfeited by terminating participants are used to reduce future matching contributions of the Sponsor. At December 31, 2015 and 2014, forfeited non-vested amounts totaled \$38,781 and \$19,578. Forfeitures used to reduce Sponsor contributions during the years ended December 31, 2015 and 2014 were \$-0- and \$11.

Investments and Investment Options

Upon enrollment in the Plan, a participant may direct contributions to any of 24 pooled separate accounts under a group annuity contract with The Lincoln National Life Insurance Company ("Lincoln"), which in turn invests in shares of the following registered mutual funds:

LVIP Managed Risk Profile 2010 Std
LVIP Managed Risk Profile 2020 Std
LVIP Managed Risk Profile 2030 Std
LVIP Managed Risk Profile 2040 Std
LVIP Managed Risk Profile 2050 Std
Vanguard LifeStrategy Cnsvr Gr Inv
BlackRock Global Allocation Inv A
Vanguard LifeStrategy Moderate Gr Inv
Vanguard LifeStrategy Growth Inv
MFS VIT Growth Init
LVIP SSgA S&P 500 Index Std
Invesco Growth and Income Y
SSgA S&P MidCap Index Fund – Class C
SSgA Russell Small Cap Gr Idx – Class C
SSgA Russell Small Cap Val Idx – Class C
Oppenheimer Developing Markets A
American Funds EuroPacific Gr R4
LVIP SSgA International Index
LVIP SSgA Bond Index Std
LVIP BlackRock Infl Prot Bd Std
Franklin High Income A
AmerFunds Bond America
Federated Gov Ultrashort Duration InSvc
LVIP Clarion Global Real Estate Std

Additionally, a participant can elect the qualified default investment option which is invested in participation units of six pooled separate accounts under a group annuity contract with Lincoln, which in turn invests in shares of registered mutual funds. Based on the participant's age, the Plan's outside investment advisor, Stadion Money Management ("Stadion"), places the participant into one of the following five pooled separate accounts, which vary by risk objectives, include a wide variety of registered mutual funds not limited to the options listed above, and are actively managed according to market conditions.

Stadion Managed Balanced SATB
Stadion Managed Conservative SATC
Stadion Managed Growth SATG
Stadion Managed Maximum Growth SATT
Stadion Managed Moderate SATM
Stadion Managed Capital Preservation SATP

The Plan also holds interests in two investment contracts which are a part of Lincoln's general account and backed by the general assets of Lincoln. The investment contracts are offered as part of the managed portfolios in order to provide a stability of principal component. Once a participant elects an investment option which is managed by Lincoln or Stadion, Lincoln or Stadion decides if, and how much, of each portfolio's assets should be allocated to the investment contracts. See Note 4 for further information regarding the investment contracts.

At December 31, 2015, the Plan holds an interest in the Bundled Stable Pooled Fund, an investment option of the Diversified Investment Advisors Collective Trust. The Bundled Stable Pooled Fund is not an investment choice offered by the Plan, but was an option which was offered in a preceding plan by an employer who joined the Plan during the year and which was subject to withdrawal restrictions precluding immediate withdrawal of the balance. The Stable Pooled Fund balances were subsequently transferred to current Plan investment choices. See Note 5 for further information regarding the common collective trust.

Notes Receivable from Participants

Each participating employer may elect to allow participants to borrow from their account a minimum of \$1,000 and a maximum of \$50,000 or 50% of their vested account balance, whichever is less. Repayment terms must not exceed five years, or 15 years if the loan is used to acquire the participant's principal residence. Loans are secured by 50% of the vested portion of the account balance and are to bear interest at a reasonable rate.

Benefit Payments

Benefit payments are recorded when paid.

Hardship Withdrawals

Under certain conditions as defined in the plan document, participants may make in-service withdrawals of all or a portion of their contributions. A participant may not resume making contributions for at least six months after receiving a hardship withdrawal.

Administrative Expenses

Expenses incurred in the administration of the Plan, other than expenses charged for individual participant-initiated transactions, are paid by the Plan and the Lead Sponsor.

Other Liabilities

As a result of non-discrimination testing performed subsequent to year end, the Plan may be required to return contributions to certain participants. At December 31, 2015 and 2014, such amounts are recorded as liabilities of \$3,349 and \$12,357, and were remitted to participants in the subsequent year within the statutorily allowed time period.

2. Summary of Significant Accounting Policies:

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Contract value represents contributions made to a contract, plus earnings, less participant withdrawals and administrative expenses. Participants in fully benefit-responsive contracts may ordinarily withdraw all or a portion of their investment at contract value.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Investment income attributable to investments held under pooled separate accounts along with realized and unrealized gains or losses are included in the overall reported net appreciation or depreciation in fair value of pooled separate accounts.

Benefit Payments

Retirement, death, disability and other payments to beneficiaries are recorded when paid. The Plan provides various options for payment of vested benefits, including lump sum, periodic installments, or combinations thereof.

Estimates and Assumptions

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

Date of Management's Review

In accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 855, *Subsequent Events*, management has performed a review of the Plan's subsequent events and transactions through October 4, 2016, which is the date the financial statements were available for issue.

Recent Accounting Pronouncements

In May 2015, the FASB issued Accounting Standard Update ("ASU") 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)* ("ASU-2015-07"). The amendment eliminates the requirement to categorize within the fair value hierarchy all investments which fair value is measured using the net asset value per share practical expedient. The amendment is effective for fiscal years beginning after December 15, 2015, with retrospective application to all periods presented. Early application is permitted and the Plan elected to early adopt ASU 2015-07. Accordingly, the 2015 fair value hierarchy table in Note 3 excludes the common collective trust, which is measured using the net asset value practical expedient. The excluded balance is added to the investments in the hierarchy table to reconcile to total investments at fair value per the 2015 statement of net assets available for benefits.

In July 2015, the FASB released Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960) Defined Contribution Pension Plans (Topic 962) Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient* ("ASU 2015-12"). This amendment removes the requirement to report fully benefit-responsive investment contracts at fair value with an adjustment to contract value. Under the amendment, fully benefit-responsive investment contracts are measured, presented, and disclosed only at contract value. In addition, this amendment simplifies the investment disclosures required for employee benefit plans, including eliminating the requirements to disclose: (a) individual investments that represent 5% or more of net assets available for benefits, (b) net appreciation (depreciation) by individual investment type, and (c) investment information disaggregated based on the nature, characteristics and risks. The requirement to disaggregate participant-directed investments within a self-directed brokerage account has also been eliminated. Self-directed brokerage accounts should be reported as a single type of investment. The amendment also allows plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with a month-end. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II should be applied retrospectively, while Part III should be applied prospectively. The Plan elected to early adopt the applicable parts of ASU 2015-12.

Reclassifications

Certain amounts in the 2014 financial statements have been reclassified in order to conform to the 2015 financial statement presentation. Expenses reported in 2014 have been disaggregated between investment advisory fees and other administrative expenses.

3. Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits (except for the fully benefit-responsive investment contracts, which are reported at contract value). The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan administrator believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy which prioritizes the inputs used to measure fair value. FASB ASC 820 requires an entity to maximize the use of observable inputs when measuring fair value. The following provides a description of the three levels of inputs that may be used to measure fair value under FASB ASC 820, the plan investments that fall under each category, and the valuation methodologies used to measure these investments at fair value.

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 – Inputs to the valuation methodology are:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets, and
- Inputs other than quoted prices which are observable for the asset or liability.

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.

Pooled Separate Accounts: Registered investment company shares are held in Lincoln's separate accounts on behalf of the Plan. Investments in pooled separate accounts are represented by participation units owned by the Plan under a group annuity contract with Lincoln. While the pooled separate accounts are not publicly traded themselves, their participation unit valuations are directly related to the net asset value ("NAV") of various underlying mutual fund shares, which are traded in active markets with quoted market prices. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability, and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability, including assumptions regarding risk.

Investments as measured at fair value on a recurring basis by input type consist of the following at December 31, 2015:

	Fair Value Measurements Using Input Type			Total
	Level 1	Level 2	Level 3	
Mutual fund investments held under pooled separate accounts	\$ <u>-0-</u>	\$ <u>14,307,737</u>	\$ <u>-0-</u>	\$ 14,307,737
Investment measured with net asset value practical expedient:				
Interest in common collective trust				<u>998,382</u>
Total investments at fair value				<u>\$ 15,306,119</u>

Investments as measured at fair value on a recurring basis by input type consist of the following at December 31, 2014:

	Fair Value Measurements Using Input Type			Total
	Level 1	Level 2	Level 3	
Mutual fund investments held under pooled separate accounts	\$ <u>-0-</u>	\$ <u>5,422,693</u>	\$ <u>-0-</u>	\$ <u>5,422,693</u>

4. Investment Contracts with Insurance Company:

The Plan holds interests in two fully benefit responsive investment contracts with Lincoln, referred to in the accompanying supplemental schedule of assets (held at end of year) as the Managed Principal Protection Portfolio and the Guaranteed Stable Value Account. Lincoln maintains the contributions to each contract in its general account. Each contract account is credited with contributions and earnings, including interest and dividends, and is charged for participant withdrawals and administrative expenses. Withdrawal or transfer of all or a portion of participant investments is ordinarily at contract value. Amounts maintained in these contract accounts are guaranteed by Lincoln against loss of principal. There are no reserves against contract value for credit risk of Lincoln or otherwise. Plan management believes credit risk is minimized due to Lincoln's size and insurance company financial strength rating.

The Plan or Lincoln can discontinue either contract in accordance with terms specified in the contract agreements. If a contract were to be discontinued by the Plan or Lincoln, interest would not be less than the minimum interest rate established in the agreements. There may be a market value adjustment upon the Plan's election to discontinue either contract with a lump sum distribution, which may result in a distribution that is less than or in excess of contract value.

The investment contracts have a guaranteed minimum interest rate and a portfolio interest crediting rate. The portfolio interest crediting rate is the rate that will actually be applied to assets in the investment contract and will always be at or above the guaranteed portfolio interest rate of 0.00% for Lincoln-managed portfolios and 1.00% for Stadion-managed portfolios. The crediting interest rate for each contract is based on an agreed-upon formula with Lincoln, as defined in the contract agreements, but cannot be less than 1.00% for the Managed Principal Protection Portfolio or 0.00% for the Guaranteed Stable Value Account. Such interest rates are reviewed on a quarterly basis for resetting. The key factors that influence future interest crediting rates could include the level of market interest rates and the amount and timing of contributions, transfers, and withdrawals into/out of each contract.

5. Interest in Common Collective Trust:

At December 31, 2015, the Plan holds an interest in the Bundled Stable Pooled Fund, an investment option of the Diversified Investment Advisors Collective Trust. The Plan's interest in the common collective trust investment is valued at estimated fair value as provided by the Plan recordkeeper, which is based on information reported in the audited financial statements of the collective trust at year end. The common collective trust investment in the Bundled Stable Pooled Fund is directly invested in the Wells Fargo Stable Return Fund W and indirectly invested in the Wells Fargo Stable Fund G, whose principal objective is to protect principal while providing a higher rate of return than shorter maturity investments, such as money market funds or certificates of deposit. The Bundled Stable Pooled Fund is not an investment choice offered by the Plan, but was an option offered in a preceding plan by an employer who joined the Plan during the year and was subject to withdrawal restrictions precluding immediate withdrawal of the balance. The Bundled Stable Pooled Fund balances were transferred to current Plan investment choices in the subsequent period.

6. Plan Termination:

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants become 100% vested in their accounts.

7. Tax Status:

The Plan obtained its latest determination letter dated August 12, 2013, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator believes the Plan was designed and operated in accordance with the applicable requirements of the Internal Revenue Code, and that the Plan was qualified and the related trust was tax-exempt at all times during the years ended December 31, 2015 and 2014.

Accounting principles generally accepted in the United States of America require plan management to evaluate uncertain tax positions taken by the Plan. The Plan records a liability for uncertain tax positions when it is more likely than not that a tax position would not be sustained upon examination by the taxing authority. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Net Assets Available for Benefits:

Net assets available for benefits include amounts allocated to the accounts of participants terminating employment with the Sponsor prior to year-end, but which had not been distributed from the Plan as of year-end. At December 31, 2015 and 2014, the undistributed vested account balances of terminated participants total \$765,852 and \$157,273.

9. Transfers To/From the Plan:

Transfers to the Plan and transfers from the Plan represent participant accounts attributable to sponsoring employers who have entered or left the Plan and have transferred qualified retirement plan balances from or to another plan.

10. Party-In-Interest/Prohibited Transactions:

Some of the Plan's investments are held and managed within pooled separate accounts and the general account of Lincoln, the plan custodian. Therefore, transactions with these accounts qualify as exempt party-in-interest transactions. In addition, the Lincoln charges participant accounts for fees relating to participant-directed investment transactions, as authorized by the Plan and which qualify as exempt party-in-interest transactions.

The Sponsor is a party-in-interest to the Plan, and the Sponsor's employer contributions to the Plan qualify as exempt party-in-interest transactions.

Members of the Lead Sponsor's Retirement Plan Committee, which represents the Plan's governance, are also participants in the Plan. Certain employees of the Lead Sponsor, who may also be participants in the Plan, perform administrative services for the Plan at no cost to the Plan.

The third party administrator receives payments for services performed as outlined in the fee schedule of the contract with the Plan. These payments qualify as exempt party-in-interest transactions.

Participants in the Plan are permitted to borrow funds from their vested account balance as described in Note 1. These transactions qualify as exempt party-in-interest transactions.

During the years ended December 31, 2015 and 2014, participant contributions totaling \$162,978 and \$2,663 were remitted late to the Plan by the Sponsor. Delinquent payment of contributions is a non-exempt, prohibited transaction.

11. Information Provided by the Custodian:

The following information included in the accompanying financial statements and supplemental information as of and for the years ended December 31, 2015 and 2014, was provided by and certified as complete and accurate by the custodian:

- Investments in pooled separate accounts at fair value
- Fully benefit-responsive investment contracts at contract value

- Interest income
- Net appreciation (depreciation) in fair value of pooled separate accounts

12. Risks and Uncertainties:

Market Risk

The Plan's participants invest in various types of instruments which are more fully described above. These instruments are subject to various risks, such as interest rate and credit risks, and overall market volatility. Due to the level of risk associated with certain instruments, it is reasonably possible that changes in the values of these instruments will occur in the near term, and such changes could materially affect participant account balances and the amounts reported in the financial statements.

Credit Risk

The assets underlying the pooled separate account and general account investments in which the Plan holds participation interests as of December 31, 2015 are assets of Lincoln. The plan administrator believes the credit risk which may exist under this investment structure is minimized in that the pooled separate accounts, which comprise a large majority of the plan investments, are not a part of the general account of Lincoln, and thus are not subject to general creditor or policyholder claims of the insurance company. While Lincoln provides certain principal and interest guarantees relating to the investment contracts, it remains possible these general account investments could be adversely affected by general creditor or policyholder claims. The plan administrator believes such credit risk is remote due to Lincoln's size and insurance company financial strength rating.

The plan administrator believes the Plan's exposure to concentrations of the above described risks is further mitigated by the diversification of investments across the participant-directed fund elections, particularly as they relate to the number and range of registered investments which underlie the pooled separate accounts. Investment decisions are made, and the resulting risks are borne, exclusively by the plan participant who made such decisions.

PROPEL HR 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
DECEMBER 31, 2015

EIN: 20-5888849
Plan Number: 333

(a) Party- In-Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
		<u>Pooled Separate Accounts</u>	
*	LNL – Director	LVIP Managed Risk Profile 2030 Std	\$ 8,780
*	LNL – Director	LVIP Managed Risk Profile 2040 Std	132,610
*	LNL – Director	LVIP Managed Risk Profile 2050 Std	3,544
*	LNL – Director	Vanguard LifeStrategy Cnsvr Gr Inv	173,453
*	LNL – Director	BlackRock Global Allocation Inv A	116,784
*	LNL – Director	Vanguard LifeStrategy Moderate Gr Inv	116,665
*	LNL – Director	Vanguard LifeStrategy Growth Inv	68,595
*	LNL – Director	MFS VIT Growth Init	86,761
*	LNL – Director	LVIP SSgA S&P 500 Index Std	141,110
*	LNL – Director	Invesco Growth and Income Y	112,049
*	LNL – Director	SSgA S&P MidCap Index Fund – Class C	333,503
*	LNL – Director	SSgA Russell Small Cap Gr Idx – Class C	46,689
*	LNL – Director	SSgA Russell Small Cap Val Idx – Class C	27,744
*	LNL – Director	Oppenheimer Developing Markets A	47,047
*	LNL – Director	American Funds EuroPacific Gr R4	69,356
*	LNL – Director	LVIP SSgA International Index	66,056
*	LNL – Director	LVIP SSgA Bond Index Std	45,995
*	LNL – Director	LVIP BlackRock Infl Prot Bd Std	21,037
*	LNL – Director	Franklin High Income A	16,740
*	LNL – Director	AmerFunds Bond America	58,161
*	LNL – Director	Federated Gov Ultrashort Duration InSvc	969,718
*	LNL – Director	LVIP Clarion Global Real Estate Std	24,849
*	LNL - Director	Stadion Managed Balanced SATB	1,911,901
*	LNL - Director	Stadion Managed Conservative SATC	153,609
*	LNL - Director	Stadion Managed Maximum Growth SATT	685,982
*	LNL - Director	Stadion Managed Growth SATG	3,961,441
*	LNL - Director	Stadion Managed Moderate SATM	4,776,274
*	LNL - Director	Stadion Managed Capital Preservation SATP	<u>131,284</u>
		Total pooled separate accounts	14,307,737
		<u>General Account</u>	
*	LNL - Director	Managed Principal Protection Portfolio	1,992,282
*	LNL - Director	Guaranteed Stable Value Account	<u>278,897</u>
		Total general account investment contracts	2,271,179
		<u>Common Collective Trust</u>	
	Diversified Investment Advisors	Bundled Stable Pooled Fund	<u>998,382</u>
		Total investments	17,577,298
*	Participant loans	4.25% - 5.25%	<u>248,601</u>
			<u>\$ 17,825,899</u>

See auditors' report.

PROPEL HR 401(k) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4a
YEAR ENDED DECEMBER 31, 2015

EIN: 20-5888849
Plan Number: 333

Participant Contributions Transferred Late to Plan	<u>Total that Constitute Non-Exempt Prohibited Transactions</u>			Total Fully Corrected Under VFCP and PTE 2002-51
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
\$ 162,978	\$ 162,978	\$ 2,662	\$ -0-	\$ -0-

X Check here if late participant loan payments are included

See auditors' report.

MULTIPLE EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION PROPEL HR 401 (K) PLAN EIN: 20-5888849 PN: 333

NAME OF PARTICIPATING EMPLOYER (a)	EIN (b)	PERCENT OF TOTAL CONTRIBUTIONS (c)
PRO/3-D CREATIVE SERVICES, INC.	202076043	0.11%
PRO/AAL, INC. DBA KIDS R KIDS	571095121	0.40%
PRO/ADVICARE CORP.	461419108	10.51%
PRO/AMBU-STAT, LLC.	454325039	2.08%
PRO/NEW AMERICAN PATHWAYS	300130066	2.23%
PRO/ARBOUR VALLEY MANAGEMENT, LLC.	841693540	2.12%
PRO/ATLANTA RUBBER & HYDRAULICS	582248581	3.72%
PRO/B & R PAINTING CONTRACTORS, INC.	581791965	3.06%
PRO/CAROLINA CENTER FOR FOREIGN INVESTMENT, LLC.	263281728	0.14%
PRO/CLARK PRODUCTIONS, INC.	582252785	7.70%
PRO/DABBS COMPUTER CONSULTANTS, LLC.	621851536	0.21%
PRO/DELI 2 U INC.	582473420	1.05%
PRO/GEOMETRIC TOOL & MACHINE, INC.	570730772	0.22%
PRO/GAINESVILLE TRUCK CENTER	000071279	0.76%
PRO/LICHELE MFG	570726936	2.34%
PRO/LOVINGOOD HEATING COMPANY, INC.	570522884	0.09%
PRO/MASTERPIECE LIGHTING, INC.	202111586	1.37%
PRO/MED-OPS, INC.	261108490	0.13%
PRO/PALMETTO HEALTH FOUNDATION	570725699	11.90%
PRO/PROPEL PEO, INC.	205888849	6.97%
PRO/PRESENCE TECHNOLOGY, LLC.	223947075	0.72%
PRO/PALMETTO TECHNOLOGY GROUP, INC.	205366141	4.55%
PRO/REGIONAL HEALTH PLUS, LLC.	571030308	0.25%
PRO/REMA USA, LLC.	980576310	2.29%
PRO/SALYER ORTHODONTICS, PC	582487243	2.59%
PRO/STRATEGIC MANAGEMENT PARTNERS, LLC	271709456	4.08%
PRO/UNION MEDICAL CENTER	576000980	22.37%
PRO/VISTA CAPITAL MANAGEMENT GROUP, INC.	743205828	6.04%
		100.00%

PROPEL HR 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
DECEMBER 31, 2015

EIN: 20-5888849
Plan Number: 333

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See auditors' report.

PROPEL HR 401(k) PLAN

 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 FORM 5500, SCHEDULE H, PART IV, LINE 4a
 YEAR ENDED DECEMBER 31, 2015

EIN: 20-5888849
 Plan Number: 333

Participant Contributions Transferred Late to Plan	<u>Total that Constitute Non-Exempt Prohibited Transactions</u>			Total Fully Corrected Under VFCP and PTE 2002-51
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See auditors' report.