

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>PERSONNEL MANAGEMENT OF WEST VIRGINIA 401(K) RETIREMENT PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td><u>333</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan	<u>01/01/2003</u>
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan	<u>01/01/2003</u>				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PROFESSIONAL PAYROLL CONCEPTS, INC.</u> <u>PERSONNEL MANAGEMENT OF WEST VIRGINIA</u> <u>300 JACOBSON DR STE 200</u> <u>POCA, WV 25159-9690</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>45-3027482</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>304-345-1384</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>45-3027482</u>	2c Plan Sponsor's telephone number <u>304-345-1384</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>45-3027482</u>					
2c Plan Sponsor's telephone number <u>304-345-1384</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	<u>Filed with authorized/valid electronic signature.</u>	<u>03/18/2019</u>	<u>TERESA SAMPLES</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

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	5 148
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) 91
a(2) Total number of active participants at the end of the plan year	6a(2) 92
b Retired or separated participants receiving benefits.....	6b 1
c Other retired or separated participants entitled to future benefits.....	6c 50
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 143
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 143
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 104
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 50
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 PERSONNEL MANAGEMENT OF WEST VIRGINIA 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 PROFESSIONAL PAYROLL CONCEPTS, INC.	D Employer Identification Number (EIN) 45-3027482	

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	104	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	(b) Total amount of fees paid
5275	9108

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

NORTHWESTERN MUTUAL RETIREMENT
ATTN IPS COMPENSATION
720 E WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	198	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

LINCOLN FINANCIAL ADVISORS
1300 S CLINTON ST STE 150
FORTH WAYNE, IN 46802

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

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

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	
	1881	TPA AWARDS	5

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

PINNACLE FINANCIAL SERVICES

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	
	6831	TPA SUBSIDY	5

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

LINCOLN FINANCIAL ADVISORS

1300 S CLINTON ST STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1485			4

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

NORTHWESTERN MUTUAL INVESTMENT

ATTN IPS COMPENSATION
720 E WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1895			4

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

NORTHWESTERN MUTUAL INVESTMENT

ATTN IPS COMPENSATION
720 E WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1895			4

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	1015151
5 Current value of plan's interest under this contract in separate accounts at year end	5	2096126

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 FIXED**

b Balance at the end of the previous year	7b	978313
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c Additions: (1) Contributions deposited during the year	7c(1)	90905	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	15247	
(4) Transferred from separate account	7c(4)	2121	
(5) Other (specify below)	7c(5)	1501	
▶ LOAN PAYMENTS			

(6) Total additions	7c(6)	109774
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1088087
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	60401
(2) Administration charge made by carrier	7e(2)	12536
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions	7e(5)	72937
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1015150
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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 PERSONNEL MANAGEMENT OF WEST VIRGINIA 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 PROFESSIONAL PAYROLL CONCEPTS, INC.	D Employer Identification Number (EIN) 45-3027482	

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)

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	TPA	3173	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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	37655	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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>PERSONNEL MANAGEMENT OF WEST VIRGINIA 401(K) RETIREMENT 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>PROFESSIONAL PAYROLL CONCEPTS, INC.</u>	D Employer Identification Number (EIN) <u>45-3027482</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>LVIP SSGA S&P 500 IND</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO</u>			
c EIN-PN <u>35-0472300-127</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>88573</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP DEL SPEC OP</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO</u>			
c EIN-PN <u>35-0472300-710</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>54</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP MANAGED RISK PROFILE 2040</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO</u>			
c EIN-PN <u>35-0472300-704</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>11417</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP DEL FNDTN AGG ALL</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INAURANCE CO</u>			
c EIN-PN <u>35-0472300-197</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>109</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DELAWARE VIP DIVERSIFIED INCOME</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO</u>			
c EIN-PN <u>35-0472300-193</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>7992</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP BKRK INFL PROTECT</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO</u>			
c EIN-PN <u>35-0472300-192</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>9153</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACK ROCK GLOBAL ALL</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>165</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND SECURITIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42434
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70162
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK FLEXIBLE EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-183	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84842
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS LC GR IDX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-712	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9179
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK ENERGY & RESOURCES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73274
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMCAP GWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-176	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3875
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VIT UTILITIES SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29085
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VIT GROWTH		
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) 10268
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ASPEN ENTERPRISES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15725
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUND NEW PERS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49751

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERIFUNDS GROWTH AMERICA**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-148	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73955
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERIFUNDS BND AMERICA**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-717	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110
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a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP VANGUARD INTERNATIONAL EQUITY**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35901
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a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DIMENSIONAL US EQUITY**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-157	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44039
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a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VIP SMALL CAP VALUE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31362
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a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP CLARION GLBL REAL EST**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17453
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUND EUROPAC GROWTH**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUND INVEST CO AMERICA**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193762
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERIFUNDS GROWTH AMERICA**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-148	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73955
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERIFUNDS SMALL CAP WORLD**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-146	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22262
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a Name of MTIA, CCT, PSA, or 103-12 IE: AB SMALL MID CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2012

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGAS SMALL-CAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32927

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41342

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUND NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49751

a Name of MTIA, CCT, PSA, or 103-12 IE: VG LIFESTRATEGY GROWTH		
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) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUND AMER HIGH INC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-716	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9697

a Name of MTIA, CCT, PSA, or 103-12 IE: VG LIFESTRATEGY CONS GROWTH		
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) 9010

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN HIGH INC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38718

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GROWTH & INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSL SM MD CAP IDX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14886

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSL ALL CAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160321
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MON INT'L VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36515
a Name of MTIA, CCT, PSA, or 103-12 IE: VG LIFESTRATEGY MOD GRW		
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) 26639
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-720	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP VANGUARD DOMESTIC EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-119	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140990
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA ACORN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33074
a Name of MTIA, CCT, PSA, or 103-12 IE: FED GOV ULTRASHORT DUR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 543763
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAARE BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53719
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE GROWTH & INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10595
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**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 01/01/2015 and ending 12/31/2015		
A Name of plan PERSONNEL MANAGEMENT OF WEST VIRGINIA 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 PROFESSIONAL PAYROLL CONCEPTS, INC.		D Employer Identification Number (EIN) 45-3027482

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)	9956	2136
(2) Participant contributions	1b(2)	27872	4906
(3) Other.....	1b(3)	41762	41744
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)	30500	22719
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	2053422	2096126
(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)	978313	1015151
(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	3141825	3182782

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	234	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	234	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3141591	3182782
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	79457	
(B) Participants	2a(1)(B)	201799	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		281256
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)	1049	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1049
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-62005
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		220300

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	138361	
(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)		138361
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	40748	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		40748
j Total expenses. Add all expense amounts in column (b) and enter total	2j		179109

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		41191
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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: GRAY, GRIFFITH & MAYS, A.C.

(2) EIN: 55-0621482

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

	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		
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)

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>PERSONNEL MANAGEMENT OF WEST VIRGINIA 401(K) RETIREMENT 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>PROFESSIONAL PAYROLL CONCEPTS, INC.</u>	D Employer Identification Number (EIN) <u>45-3027482</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)
----------------	--

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

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

Schedule R (Form 5500) 2015
v. 150123

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

**PERSONNEL MANAGEMENT OF
WEST VIRGINIA 401(K)
RETIREMENT PLAN**

AUDITED FINANCIAL STATEMENTS

December 31, 2015 and 2014

Personnel Management of West Virginia 401(k) Retirement Plan

AUDITED FINANCIAL STATEMENTS

December 31, 2015 and 2014

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INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor – Professional Payroll Concepts, Inc. &
Personnel Management of West Virginia 401(k) Retirement Plan
Poca, West Virginia

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of Personnel Management of West Virginia 401(k) Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 Sponsor instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 3 to the financial statements, 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 and supplemental schedule.

BASIS FOR DISCLAIMER OF OPINION (CONTINUED)

We have been informed by the Plan Sponsor that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Sponsor has obtained certifications from the Custodian as of and for the years ended December 31, 2015 and 2014 that the information provided to the Plan Sponsor 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 schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

The statement of net assets available for benefits for the year ending 2014, was obtained directly from certified trust statements provided by the custodian. We did not audit or review this information and accordingly do not express an opinion or provide any assurance about whether the statement is in accordance with U.S. Generally Accepted Accounting Principles.

REPORT ON THE FORM AND CONTENT IN COMPLIANCE WITH DOL RULES AND REGULATIONS

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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.

Gray, Griffith & Mays, a.c.

October 18, 2018
Charleston, West Virginia

Personnel Management of West Virginia 401(k) Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

	<u>2015</u>	<u>Unaudited 2014</u>
Assets:		
Investments at fair value	\$ 3,111,277	\$ 3,031,734
Receivables:		
Participant contributions	34,152	27,872
Employer contributions receivable	11,091	9,956
Other employer contributions	41,743	41,762
Notes receivable from participants	<u>22,719</u>	<u>30,500</u>
Total receivables	<u>109,705</u>	<u>110,090</u>
 Total assets	 <u>3,220,982</u>	 <u>3,141,824</u>
Liabilities:		
Other liabilities	<u>-</u>	<u>234</u>
 Net assets available for benefits	 <u><u>\$ 3,220,982</u></u>	 <u><u>\$ 3,141,590</u></u>

The accompanying notes are an integral part of these financial statements.

Personnel Management of West Virginia 401(k) Retirement Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2015

Additions:

Additions to net assets attributed to:

Investment income:

Net depreciation in fair value of investments	\$ (62,005)
Interest on participant loans	<u>1,049</u>
Total investment income (loss)	<u>(60,956)</u>

Contributions:

Participant	231,045
Employer	<u>88,412</u>
Total contributions	<u>319,457</u>

Total additions	<u>258,501</u>
-----------------	----------------

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	138,361
Administrative expenses	<u>40,748</u>
Total deductions	<u>179,109</u>

Net increase	79,392
--------------	--------

Net assets available for benefits:

Beginning of year	<u>3,141,590</u>
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End of year	<u><u>\$ 3,220,982</u></u>
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The accompanying notes are an integral part of these financial statements.

Personnel Management of West Virginia 401(k) Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

1 – DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES

Plan Description

The following description of the Personnel Management of West Virginia 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document of the adopting employer for more complete information.

General

The Plan established January 1, 2003, since amended and restated, is a participant directed defined contribution 401(k) plan covering all eligible employees of the adopting employers. The Plan is administered by a professional employment organization, Professional Payroll Concepts, Inc. (the Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

An adopting employer may elect in the Plan agreement to waive the age and/or service eligibility for individuals who are performing services for the employer as of the date the Plan is adopted.

Significant accounting policies

The financial statements of the Plan are prepared on the accrual basis of accounting. In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-12, Plan Accounting, which eliminated the requirement of disclosing individual Plan investments that represent 5 percent or more of net assets available for benefits as well as the requirement for reporting the net appreciation or depreciation for investments by general type. The amendments in this ASU are effective for the Plan for its fiscal years beginning after December 15, 2015, with earlier application permitted. The Plan has elected to early adopt this ASU and adoption of this ASU has been retroactively reflected in these financial statements and notes to the financial statements. In May 2015, the FASB issued Accounting Standards Update (ASU) No. 2015-07 Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent), which eliminates the requirement to categorize investments in the fair value hierarchy if their fair value is measure using NAV per share (or its equivalent) using the practical expedient under FASB ASC Topic 820, Fair Value Measurement. The amendments in this ASU are effective for the Plan for its fiscal years beginning after December 15, 2016, with early application permitted. The Plan has elected to early adopt this ASU and the adoption of this ASU has been retroactively reflected in these financial statements and notes to the financial statements.

Personnel Management of West Virginia 401(k) Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

Estimates

The preparation of financial statements in conformity with the accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Participant accounts

Each participant account is credited with the participant's elective contributions and contributions by their employer. In addition, each participant's account is credited with the specific earnings (losses) of the investments owned in self-directed participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participant investment options

Each participant has the right to direct all contributions and earnings thereon among alternative investment options made available by the Plan Sponsor under the Plan. Participants should refer to the most recent annual report and prospectus of pooled separate accounts or information on risk factors, asset concentrations, investment objectives and other financial data. Participants may transfer funds between investment options at any time.

Vesting and Forfeitures

Participants are immediately vested in their voluntary contributions plus actual earnings thereon, as well as any safe harbor employer contributions. Vesting in the remainder of their accounts is based on the adopting employer's elections.

Forfeitures shall be used to pay the Plan's ordinary and necessary administrative expenses and then to reduce the matching contribution of the employer.

Notes receivable from participant

An adopting employer may elect in the Plan agreement to allow participants to obtain a loan from the Plan. Loans will be permitted only from the borrower's combined vested accounts. The maximum number of loans that a borrower may have outstanding under this Plan at one time is 1 (one). Participants may borrow from their account a maximum of 50% of their combined vested accounts. Participant's account balances attributable to designated Roth Contributions shall be disregarded for purposes of determining the available loan amount and for purposes of securing a loan. The loans are secured by the balance in the participant's account and bear interest at the local prevailing rates. Principal and interest will be made not less frequently than quarterly through payroll deductions.

Personnel Management of West Virginia 401(k) Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

Contributions

Participants may elect to defer an amount of their compensation, plus any eligible catch-up contributions, as defined in the Plan document, limited to the maximum allowed under the Internal Revenue Code for such plan year. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Adopting employers make matching contributions of an amount equal to a percentage adopted by the Plan document.

Investment valuation and income recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Upon retirement, death, disability or other termination of employment, as defined in the adopting employer's Plan document, participants or their spouses and/or beneficiaries will receive their account as a lump sum cash payment. Further, upon termination of employment, the participant may elect to transfer his or her vested account balance to another qualified plan or individual retirement account.

Benefits are recorded when paid.

Operating expenses

All expenses of maintaining the Plan were paid by the Plan Sponsor.

2 – RELATED PARTY TRANSACTIONS AND INVESTMENT ADMINISTRATION

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Plan Sponsor, and certain others. During the year ending December 31, 2015, transactions with parties-in-interest primarily included certain administrative functions performed by employees of the Plan Sponsor at no cost to the Plan. The Plan Sponsor pays substantially all administrative fees for the Plan and certain investments of the Plan include accounts invested with the Custodian.

Personnel Management of West Virginia 401(k) Retirement Plan

NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

3 – CERTIFIED INVESTMENTS

All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2015 and 2014 (2014 unaudited) and investment income (loss), which includes net appreciation (depreciation), were obtained and derived from information supplied to the Plan Sponsor and certified as complete and accurate by the Custodian. Investments as of December 31, 2015 and 2014 (2014 unaudited) consisted of the following:

	2015	Unaudited 2014
Pooled separate accounts		
Mutual funds	\$2,096,126	\$ 2,053,421
Fixed income account	1,015,151	978,313
Notes receivable from participants	<u>22,719</u>	<u>30,500</u>
Total invested	<u><u>\$3,133,996</u></u>	<u><u>\$ 3,062,234</u></u>

During 2015, the Plan's investments in the pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$62,005. Interest income on the notes receivable from participants for the year ended December 31, 2015 was \$1,049.

4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active market for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Personnel Management of West Virginia 401(k) Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

If the asset or liability has a specified (contractual) term; the level 2 must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used between December 31, 2015 and 2014. The following is a description of the valuation methodologies used for assets measured at fair value:

Pooled separate accounts: The value of a unit in a pooled separate account is the fair market value of investments in the account as of the valuation date, plus cash balances and accruals less accounts payable, expenses and taxes that are allocable to the account, divided by the number of outstanding participation units in the account. Securities held in the pooled separate accounts are valued based on quoted market prices. If there is no readily available market value for a particular security, the investment manager will determine the fair market value of such investment in accordance with accepted practices and applicable laws and regulations. As of any date, the value of the Plan's share of a pooled separate account will equal the number of participation units held by the Plan multiplied by the participation unit value, which represents Net Asset Value (NAV), under the practical expedient. The pooled separate accounts have no redemption waiting period and no redemption period notice.

Fixed income account: The fair value of the fixed income account are the amounts plan sponsors would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity.

The Plan's assets at fair value as of December 31, 2015 and 2014 are as follows:

	2015			
	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Investments measured at FV				
Mutual funds	\$2,096,126	\$ -	\$ -	\$ 2,096,126
Fixed income	1,015,151	-	-	1,015,151
Total assets in the FV hierarchy	<u>\$3,111,277</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,111,277</u>

Personnel Management of West Virginia 401(k) Retirement Plan

NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

	Unaudited 2014			
	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Investments measured at FV				
Mutual funds	\$2,053,421	\$ -	\$ -	\$ 2,053,421
Fixed income	978,313	-	-	978,313
Total assets in the FV hierarchy	<u>\$3,031,734</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,031,734</u>

5 – RISKS AND UNCERTAINTIES

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

6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all amounts credited to participant accounts will become 100 percent vested and distribution of participant accounts will be made as permitted under federal law.

7 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by letter dated January 26, 2009, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC) and is therefore exempt from federal income taxes. The Plan's Department of the Treasury information returns are subject to examination, generally for three years after the filing date.

8 – INVESTMENT CONTRACT WITH INSURANCE COMPANIES

The Plan has entered into several fully benefit-responsive investment contracts with the Lincoln National Life Insurance Company (Lincoln Financial). Lincoln Financial maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Contract value, as reported to the Plan by Lincoln Financial, represents contributions made

Personnel Management of West Virginia 401(k) Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of all investment contracts at December 31, 2015 and 2014 (2014 unaudited), was \$2,096,126 and \$2,053,421, respectively. The declared interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0.00% percent. The declared interest rate as of December 31, 2015 was 2.64% for the year ended December 31, 2015. Such interest rates are reviewed on an annual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the schedule of the Form 5500 at December 31, 2015:

	<u>2015</u>
Net assets available for benefits per the financial statements	\$ 3,220,982
Less - contributions receivable	<u>38,200</u>
Net assets available for benefits per the Form 5500	<u>\$ 3,182,782</u>

10 – SUBSEQUENT EVENTS

The Plan's management has evaluated events and transactions occurring after December 31, 2015 through the date of the Auditor's report, which is the date the financial statements were available to be issued.

Personnel Management of West Virginia 401(k) Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

Subsequent to year end, the Plan Sponsor terminated its relationship with the Custodian, Lincoln Financial Group on November 30, 2016 and entered into a custodial agreement with Mutual of America effective December 8, 2016. Plan management does not believe that this has impacted on the Plan.

No other significant events were noted requiring adjustment to or disclosure in the Financial Statements.

SUPPLEMENTARY INFORMATION

Personnel Management of West Virginia 401(k) Retirement Plan

EIN: 55-0746456

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment include maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Investment in pooled separate accounts:				
	AB Global	AB VPS Small Mid Value SA39	**	\$ 2,012
	American Funds	AmerFunds Amer High-Inc SA1C	**	9,697
	American Funds	AmerFunds Bond America SA1E	**	110
	American Funds	AmerFunds Growth America SA48	**	73,955
	American Funds	AmerFunds Invest Co Amer SA49	**	193,762
	American Funds	AmerFunds New Perspective SA34	**	49,751
	American Funds	AmerFunds SMALLCAP World SA46	**	22,262
	BlackRock	BlackRock Enrgy&Resources SA77	**	73,274
	BlackRock	BlackRock Flexible Equity SA83	**	84,842
	BlackRock	BlackRock GblalAllocation SALE	**	165
	Columbia	Columbia Acorn SA17	**	33,074
	Delaware Funds	Del VIP DiversifiedIncome SA93	**	7,992
	Delaware Funds	Delaware VIP SmCap Value SA56	**	31,362
*	Lincoln Financial Group	Dimensional Core Equity 1 SA11	**	10,595
*	Lincoln Financial Group	Fed Gov Ultrashort Dur SA14	**	543,763
	Fidelity	Fidelity VIP ContraFund SA35	**	41,342
	Fidelity	Fidelity VIP Mid Cap SA84	**	70,162
	Franklin	Franklin High Income SA20	**	38,718
	Invesco	Invesco Growth & Income SA28	**	105
	Invesco	Invesco Sml Cap Discovery SA76	**	3,875
	Janus	Janus Aspen Enterprise SA64	**	15,725
*	Lincoln Variable Insurance Products	LVIP Clarion Gbl Real Est SA55	**	17,453
*	Lincoln Variable Insurance Products	LVIP Del Fndtn AggressAll SA97	**	109
*	Lincoln Variable Insurance Products	LVIP Delaware Bond SA12	**	53,719
*	Lincoln Variable Insurance Products	LVIP Delaware Special Opp SAL7	**	54
*	Lincoln Variable Insurance Products	LVIP Dim Cr Eq 2 Mgd Vol SA57	**	44,039
*	Lincoln Variable Insurance Products	LVIP Managed Risk Pr 2040 SAL4	**	11,417
*	Lincoln Variable Insurance Products	LVIP Mon Int'l Value SA22	**	36,515
*	Lincoln Variable Insurance Products	LVIP SSgA S&P 500 Index SA27	**	88,573
*	Lincoln Variable Insurance Products	LVIP SSgA Small-Cap Index SA36	**	32,927
*	Lincoln Variable Insurance Products	LVIP Vanguard Domestic Eq SA19	**	140,990
*	Lincoln Variable Insurance Products	LVIP Vanguard Intl Equity SA59	**	35,901
*	Lincoln Variable Insurance Products	LVIPBkRk Infltn Protected SA92	**	9,153

Personnel Management of West Virginia 401(k) Retirement Plan

EIN: 55-0746456

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment include maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Massachusetts Financial Services	MFS VIT Growth SA65	**	10,268
	Massachusetts Financial Services	MFS VIT Utilities Series SA67	**	29,085
	State Street Global Advisors	SSgA Rusl All Cap Idx SA23	**	160,321
	State Street Global Advisors	SSgA Rusl Sml Md Cp Idx SA24	**	14,886
	State Street Global Advisors	SSgA Russ LC Gr lx Non-Ln SAL9	**	9,179
	State Street Global Advisors	SSgA S&P MidCp Idx Non-Ln SALA	**	16,911
	Templeton	Templeton Global Bond VIP SA86	**	42,434
	Vanguard	VG LifeStrategy Cons Grw SA30	**	9,010
	Vanguard	VG LifeStrategy Mod Grw SA21	**	26,639
*	Lincoln Financial Group	Guaranteed Account	**	<u>1,015,151</u>
		Total pooled separate accounts		<u>\$ 3,111,277</u>

Notes receivable from participants

Interest rates of 4.25% and maturing at various intervals through December 2019	N/A	<u>\$ 22,719</u>
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* Denotes issuer or sponsor is considered to be a party-in-interest to the Plan

** Historical cost information is not required to be presented for participant directed investments

See independent auditor's report.

SCHEDULE OF ASSETS/5% RPTBL REPORT FOR LINKED PLANS: MASTER PLAN CODE: PMCP CONTRACT NUMBER: 64868

PLANS INCLUDED:	PLAN NAME	PLAN CODE	CONTRACT NUMBER
	PMC/MONARCH SERVICE CORP	F8K7	34946
	PMC/HOME BREATHING CARE 401K	F8L8	36808
	PMC/HERITAGE TECH ASSC INC	F8LP	35922
	PMC/MELTON MORTUARY 401K RET	F8Q5	38066
	PMC/NATURAL ENERGY UTILITY	F8UX	39417
	PMC/MARI SULLIVAN WALKER INC	F8X0	67133
	PMC/PYRAMID COUNSELING 401K	F8X1	67135
	PMC/MORRIS COKER INC 401K RET	F8XZ	67132
	PMC/SOUTHERN ENGINEERING &	F8Y9	67870
	PMC/QUINN TECH 401K RET PL	F8YK	67481
	PMC/B SCOTT EDER 401K RET PL	F8YM	67522
	PMC/COMPLIANCE MONITORING	F8ZA	67874
	PMC/MEDICAL REHABILITATION 401	FG32	69380
	PMC/PERSONNEL MGT OF WV	PMCP	64868

SUMMARY FOR LINKED PLANS:**Schedule of Assets Held for Investment Purposes Schedule H Item 4i**

EIN 550746456 IRS Plan # 333

As of Plan Year End 12/31/2015

Contract #: 64868

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
*	LNL-DIRECTOR	NeubergerBerman MidCap Gr SA37	0.00	0.00
*	LNL-DIRECTOR	LVIP Vanguard Domestic Eq SA19	89,545.75	140,990.30
*	LNL-DIRECTOR	LVIP T.Rowe Growth Stock SA29	0.00	0.00
*	LNL-DIRECTOR	AB Global Thematic SA31	0.00	0.00
*	LNL-DIRECTOR	Dimensional Core Equity 1 SA11	9,184.22	10,595.21
*	LNL-DIRECTOR	LVIP Delaware Bond SA12	44,299.67	53,719.11
*	LNL-DIRECTOR	Fed Gov Ultrashort Dur SA14	539,725.09	543,763.37
*	LNL-DIRECTOR	Columbia Acorn SA17	26,463.84	33,073.77
*	LNL-DIRECTOR	Franklin High Income SA20	33,873.08	38,717.85
*	LNL-DIRECTOR	VG LifeStrategy Mod Grw SA21	21,569.28	26,638.97
*	LNL-DIRECTOR	LVIP Mon Int'l Value SA22	32,632.66	36,514.80
*	LNL-DIRECTOR	SSgA Rusl All Cap Idx SA23	152,440.32	160,321.31
*	LNL-DIRECTOR	SSgA Rusl Sml Md Cp Idx SA24	8,466.95	14,885.82
*	LNL-DIRECTOR	Invesco Growth & Income SA28	73.33	105.00
*	LNL-DIRECTOR	VG LifeStrategy Cons Grw SA30	7,837.80	9,009.81
*	LNL-DIRECTOR	VG LifeStrategy Growth SA32	0.00	0.00
*	LNL-DIRECTOR	Guaranteed Account	1,013,608.42	1,015,150.65
*	LNL-DIRECTOR	AmerFunds New Perspective SA34	33,704.71	49,750.67
*	LNL-DIRECTOR	Fidelity VIP ContraFund SA35	26,872.20	41,341.57
*	LNL-DIRECTOR	AB VPS Small Mid Value SA39	1,339.92	2,011.55
*	LNL-DIRECTOR	AmerFunds SMALLCAP World SA46	13,239.47	22,262.30
*	LNL-DIRECTOR	AmerFunds Growth America SA48	42,003.24	73,955.07
*	LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	132,589.09	193,762.10
*	LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	0.00	0.00
*	LNL-DIRECTOR	Delaware VIP SmCap Value SA56	21,499.21	31,362.18
*	LNL-DIRECTOR	LVIP Dim Cr Eq 2 Mgd Vol SA57	36,251.34	44,038.56
*	LNL-DIRECTOR	LVIP Vanguard Intl Equity SA59	33,821.03	35,901.13
*	LNL-DIRECTOR	Templeton Growth Mgd Vol SA62	0.00	0.00
*	LNL-DIRECTOR	WF Advantage Discovery SA63	0.00	0.00
*	LNL-DIRECTOR	Janus Aspen Enterprise SA64	10,995.23	15,725.45
*	LNL-DIRECTOR	MFS VIT Growth SA65	8,555.57	10,268.03
*	LNL-DIRECTOR	MFS VIT Utilities Series SA67	22,886.13	29,084.79
*	LNL-DIRECTOR	BlackRock Aurora SA75	0.00	0.00
*	LNL-DIRECTOR	Invesco Sml Cap Discovery SA76	2,480.49	3,875.42

* LNL-DIRECTOR	BlackRock Enrgy&Resources SA77	128,142.56	73,273.90
* LNL-DIRECTOR	BlackRock Flexible Equity SA83	63,313.72	84,841.74
* LNL-DIRECTOR	BlackRock Large Cap Value SA80	0.00	0.00
* LNL-DIRECTOR	BlackRock GblAllocation SALE	173.65	164.51
* LNL-DIRECTOR	AmerFunds Amer High-Inc SA1C	9,713.72	9,697.11
* LNL-DIRECTOR	AmerFunds Bond America SA1E	110.57	110.40
* LNL-DIRECTOR	LVIP SSgA S&P 500 Index SA27	89,623.11	88,573.19
* LNL-DIRECTOR	LVIP SSgA Small-Cap Index SA36	24,950.72	32,927.28
* LNL-DIRECTOR	LVIP Clarion Gbl Real Est SA55	14,900.07	17,452.61
* LNL-DIRECTOR	Fidelity VIP Mid Cap SA84	48,593.29	70,161.95
* LNL-DIRECTOR	Templeton Global Bond VIP SA86	38,432.89	42,433.93
* LNL-DIRECTOR	LVIPBkRk Infltn Protected SA92	8,560.46	9,152.82
* LNL-DIRECTOR	Del VIP DiversifiedIncome SA93	7,557.86	7,991.98
* LNL-DIRECTOR	Oppenheimer Dvlping Mkts SA94	0.00	0.00
* LNL-DIRECTOR	LVIP Del Fndtn AggressAll SA97	114.95	108.85
* LNL-DIRECTOR	LVIP Managed Risk Pr 2040 SAL4	11,483.63	11,417.34
* LNL-DIRECTOR	LVIP Delaware Special Opp SAL7	57.26	54.34
* LNL-DIRECTOR	SSgA Russ LC Gr lx Non-Ln SAL9	5,969.33	9,179.19
* LNL-DIRECTOR	SSgA S&P MidCp Idx Non-Ln SALA	14,527.75	16,910.81
* LNL-DIRECTOR	PIMCO Total Return SALM	0.00	0.00
Total		2,832,183.58	3,111,276.74

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

Multiple-Employer Plan Participating Employer Information

Personnel Management of West Virginia 401(k) Retirement Plan, 45-3027482, 333

(a) Name of Participating Employer:	(b) EIN	Percent of Total Contributions
PMC/A & R EXPRESS, INC.	550781522	0.00%
PMC/B. SCOTT EDER, DDS, PLLC.	000012665	0.00%
PMC/CANTRELL MOTOR LINES, INC.	550605462	0.00%
PMC/CHARLESTON PLASTERING COMPANY, INC.	550756719	0.00%
PMC/COMPLIANCE MONITORING LABS, INC.	621747546	19.18%
PMC/HERITAGE TECHNICAL ASSOCIATES, INC.	550769759	3.07%
PMC/HOME BREATHING CARE, LLC.	522391058	9.97%
PMC/MATRIKS ENERGY JV 2001	611395728	0.00%
PMC/MARI SULLIVAN WALKER, INC.	550694427	0.00%
PMC/MELTON MORTUARY, INC.	550359731	2.68%
PMC/MEDICAL REHABILITATION ASSOCIATES, INC.	550784372	11.24%
PMC/MONARCH SERVICE CORPORATION	550766733	0.00%
PMC/MORRIS COKER, INC.	550522268	30.35%
PMC/NATURAL ENERGY UTILITY CORPORATION	300006093	16.21%
PMC/PROFESSIONAL PAYROLL CONCEPTS DBA PERSONNEL MANAGEMENT	453027482	3.31%
PMC/PYRAMID COUNSELING, LLC.	311567748	3.99%
PMC/QUINN TECHNOLOGY, INC.	550781710	0.00%
PMC/SOUTHERN ENGINEERING & SURVEYING CO., INC.	550539666	0.00%
		100.00%