

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; 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>DEE HOLDING 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2002</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DEE HOLDING</u> <u>7021 STATE ROUTE 703</u> <u>CELINA, OH 45822-2777</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-0572514</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>866-677-7383</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>484200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-0572514</u>	2c Sponsor's telephone number <u>866-677-7383</u>	2d Business code (see instructions) <u>484200</u>	
2b Employer Identification Number (EIN) <u>20-0572514</u>					
2c Sponsor's telephone number <u>866-677-7383</u>					
2d Business code (see instructions) <u>484200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/09/2014</u>	<u>ELLEN WELKER</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. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	640
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	649
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	34
d Subtotal. Add lines 6a , 6b , and 6c		6d	683
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	683
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	283
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	24
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 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan DEE HOLDING 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 DEE HOLDING	D Employer Identification Number (EIN) 20-0572514	

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 COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP62239	302	01/01/2013	12/31/2013

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
12082	25

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

LINCOLN FINANCIAL ADVISORS
 1300 S. CLINTON ST
 STE #150
 FORT WAYNE, IN 46802-9999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12082	25	NON MONETARY COMP TO SALES REP	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	386203
5 Current value of plan's interest under this contract in separate accounts at year end	5	2571813

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 ▶ **GROUP VARIABLE ANNUITY**

b Balance at the end of the previous year	7b	430341
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c Additions: (1) Contributions deposited during the year	7c(1)	57220	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	15432	
(4) Transferred from separate account	7c(4)	713	
(5) Other (specify below)	7c(5)	10243	

▶ **LOAN REPAYMENTS, FORF/ADJUSTMENTS**

(6) Total additions	7c(6)	83608
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d Total of balance and additions (add lines 7b and 7c(6))	7d	513949
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	117252	
(2) Administration charge made by carrier	7e(2)	3307	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	7187	

▶ **LOAN ISSUES/FEEES/CORRECTIONS/FORF/ADJ**

(5) Total deductions	7e(5)	127746
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	386203
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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)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>DEE HOLDING 401(K) PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEE HOLDING</u>	D Employer Identification Number (EIN) <u>20-0572514</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

LINCOLN NATIONAL CORPORATION

1300 S. CLINTON ST
P.O. BOX 248
FORT WAYNE, IN 46801

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	23049	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WENDER & COMPANY

136 N. SUMMIT STREET
SUITE 213
TOLEDO, OK 43604

34-1793900

(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	THIRD PARTY ADMINISTRATO	7915	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>DEE HOLDING 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DEE HOLDING</u>	D Employer Identification Number (EIN) <u>20-0572514</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>LNL SA11 LVIP DELAWARE GROWTH & INC</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-111</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>55910</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA12 LVIP DELAWARE BOND</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-112</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>91049</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA14 FEDERATED GOVERNMENT ULTRA</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-114</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>499403</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA17 COLUMBIA ACORN</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-117</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>46847</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA19 LVIP VANGUARD DOMESTIC EQU</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-119</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>92696</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA20 FRANKLIN HIGH INCOME</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53512</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA21 VANGUARD LIFE STRATEGY MOD</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-121</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>21010</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22 LVIP MONDRIAN INT'L VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5660
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23 SSGA RUSSELL ALL CAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39464
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24 SSGA RUSSELL SMALL/MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80290
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA27 LVIP SSGA S&P 500 INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26379
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA28 INVESCO GROWTH AND INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21500
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA29 LVIP T. ROWE PRICE GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-129	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: LNL SA30 VANGUARD LIFESTRATEGY CONS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16995
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA31 ALLIANCEBERNSTEIN VPS GLOB		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-131	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: LNL SA32 VANGUARD LIFESTRATEGY GROW		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5689
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA33 LVIP DELAWARE SOCIAL AWARE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA34 AMERICAN FUNDS NEW PERSPEC**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75870
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 FIDELITY VIP CONTRAFUND**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110451
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA36 LVIP SSGA SMALLCAP INDEX**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19805
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA38 LVIP MIDCAP VALUE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-138	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: LNL SA39 ALLIANCEBERNSTEIN VPS SMAL**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44125
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA46 AMERICAN FUNDS SMALLCAP WO**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-146	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26120
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA48 AMERICAN FUNDS GROWTH FUND**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-148	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122638
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA49 AMERICAN FUNDS INVESTMENT**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106641
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA54 AMERICAN FUNDS EUROPACIFIC**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27914
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA55 LVIP CLARION GLOBAL REAL E**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5970
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA56 DELAWARE VIP SMALL CAP VAL](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154472
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA57 LVIP DIMENSIONAL US EQUITY](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-157	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77870
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA58 FRANKLIN GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47888
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA59 LVIP VANGUARD INTERNATIONAL](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18564
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA61 DELAWARE VIP VALUE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-161	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29866
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA62 LVIP TEMPLETON GROWTH RPM](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-162	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20437
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA63 WELLS FARGO ADVANTAGE DISC](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1320
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA64 JANUS ASPEN ENTERPRISE POR](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30549
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA65 MFS VIT GROWTH SERIES](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1020
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA67 MFS VIT UTILITIES SERIES](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7877
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA70 JANUS ASPEN JANUS PORTFOLI**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-170	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: LNL SA76 INVESCO SMALL CAP DISCOVER**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-176	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13703
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA77 BLACKROCK ENERGY AND RESOU**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99351
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA80 BLACKROCK LARGE CAP VALUE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-180	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: LNL SA81 BLACKROCK CAPITAL APPRECI**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-181	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7582
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA83 BLACKROCK FLEXIBLE EQUITY**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-183	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40381
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84 FIDELITY VIP MID CAP**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56332
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86 FTVIPT TEMPLETON GLOBAL BO**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34164
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA87 DELAWARE VIP LIMITEDTERM D**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-187	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28193
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA92 LVIP BLACKROCK INF PRO BON**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6139
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA93 DELAWARE VIP DIVERSIFIED I		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3294
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94 OPPENHEIMER DEVELOPING MAR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42669
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA95 LVIP DELAWARE FOUNDATION C		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-195	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30533
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA96 LVIP DELAWARE FOUNDATION M		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-196	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29921
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA97 LVIP DELAWARE FOUNDATION A		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38180
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL1 LVIP MANAGED RISK PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-701	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5521
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL2 LVIP MANAGED RISK PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-702	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9984
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL3 LVIP MANAGED RISK PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53528
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL4 LVIP MANAGED RISK PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-704	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21452
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATG STADION MANAGED GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-707	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12255

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL6 LVIP SSGA BOND INDEX**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3377
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL7 LVIP DELAWARE SPECIAL OPPO**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-710	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1111
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL8 SSGA RUSSELL LARGE CAP VAL**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-711	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1781
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL9 SSGA RUSSELL LARGE CAP GRO**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-712	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3009
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALA SSGA S&P MIDCAP INDEX NON-**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1040
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALB SSGA RUSSELL SMALL CAP VAL**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-714	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1271
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALC SSGA RUSSELL SMALL CAP GRO**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4188
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1C AMERICAN FUNDS HIGH-INCOME**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-716	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6440
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1E AMERICAN FUNDS BOND FUND O**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-717	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3764
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1X LVIP BARON GROWTH OPPORTUN**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-718	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2916
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALL LVIP MANAGED RISK PROFILE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-719	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22680
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALM PIMCO TOTAL RETURN**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-720	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1144
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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
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
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

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 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>DEE HOLDING 401(K) PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEE HOLDING</u>		D Employer Identification Number (EIN) <u>20-0572514</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	3214	3702
(2) Participant contributions.....	1b(2)	14471	14337
(3) Other.....	1b(3)	231	115
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)	123734	151225
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2198258	2571813
(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)	483682	385036
(15) Other.....	1c(15)	0	1166

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	2823590	3127394

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	5365	2657
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5365	2657

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2818225	3124737
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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)	83850	
(B) Participants	2a(1)(B)	413475	
(C) Others (including rollovers)	2a(1)(C)	16868	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		514193
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)	5683	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5683
(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)		339394
(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		15432
d Total income. Add all income amounts in column (b) and enter total.....	2d		874702

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	531543	
(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)		531543
f Corrective distributions (see instructions).....	2f		5533
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	7915	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	23199	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		31114
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		568190

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		306512
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: **FRY & COMPANY, CPA'S**

(2) EIN: **31-1128083**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a	X		68441
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan DEE HOLDING 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 DEE HOLDING		D Employer Identification Number (EIN) 20-0572514
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 34-0472300		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2013 v. 130118		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

DEE HOLDING
401(k) PLAN
FINANCIAL REPORT
DECEMBER 31, 2013 and 2012



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certified public accountants
building a better business. creating a better life.

I N D E X

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INDEPENDENT AUDITOR'S REPORT

To the Administrator
Dee Holding 401(k) Plan

Report on the Financial Statement

We were engaged to audit the accompanying financial statements of Dee Holding 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year then ended, 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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by Lincoln National Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

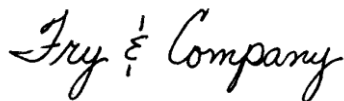
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (held at end of year) and Schedule of Delinquent Participant Contributions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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



Greenville, Ohio
October 7, 2014

DEE HOLDING 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	2013	2012
ASSETS		
Investments at fair value	\$ 2 958 015	\$ 2 681 939
Receivables		
Employer contribution	3 702	3 214
Participant contributions	14 337	14 472
Notes receivable from participants	<u>151 340</u>	<u>123 965</u>
Total receivables	\$ <u>169 379</u>	\$ <u>141 651</u>
Total assets	\$ 3 127 394	\$ 2 823 590
LIABILITIES		
Excess contributions payable	2 139	-
Excess loan repayments	518	-
Forfeitures	<u>-</u>	<u>5 365</u>
Net assets reflecting investments at fair value	\$ 3 124 737	\$ 2 818 225
Adjustment from fair value to contract value for fully benefit-responsive investments contracts	<u>-</u>	<u>(54 151)</u>
Net assets available for benefits	\$ <u><u>3 124 737</u></u>	\$ <u><u>2 764 074</u></u>

See accompanying notes to financial statements

DEE HOLDING 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2013

Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 388 834
Interest	<u>15 432</u>
	\$ <u>404 266</u>
Contributions:	
Participant	\$ 413 475
Employer	92 155
Rollovers	<u>16 869</u>
	\$ <u>522 499</u>
Interest income on notes receivable from participants	\$ <u>5 567</u>
Total additions	\$ <u>932 332</u>
Deductions to net assets attributed to:	
Benefits paid to participants	\$ 539 558
Administrative expenses	<u>32 111</u>
Total deductions	\$ <u>571 669</u>
Net increase	\$ 360 663
Net assets available for benefits:	
Beginning of year	<u>2 764 074</u>
End of year	<u><u>\$3 124 737</u></u>

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

Note 1 **DESCRIPTION OF PLAN**

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

General. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all employees of the company, and all employees of the company's affiliates, Midwest Logistics Systems LTD, Dee Equities, Midwest Logistics of Indiana, and Midwest Truck and Trailer Maintenance LLC, who have three months of service and are age 21 or older.

Contributions. Each year, participants may contribute up to a certain amount of pretax annual compensation. The Plan defines compensation, and also defines the limitation on the contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various investment options for participants. The Company contributes 25% of the first 6% of their base compensation that a participant contributes to the Plan.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Participant Loans. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus one percent. Principal and interest is due ratably with payments to be made based on the Company's payroll frequency.

Payment of Benefits. On retirement, death, or termination of service, a participant (or participant's beneficiary in the event of death) will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. In addition, hardship distributions are permitted if certain criteria are met.

Forfeited Accounts. At December 31, 2013 and 2012, the account for forfeitures totaled \$2,930 and \$5,365, respectively. This account is used to reduce employer contributions. In 2013, employer contributions were reduced by \$8,059 from forfeited nonvested accounts.

NOTES TO FINANCIAL STATEMENTS

Note 2 **Summary of Significant Accounting Policies***Basis of accounting and use of estimates*

The accounts are maintained and these financial statements are presented on the accrual basis of accounting.

As described in FSP AAG INV-1 and SOP 94-4-1, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 or 2012. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of benefits

Benefits are recorded when paid.

NOTES TO FINANCIAL STATEMENTS

Note 2 **Summary of Significant Accounting Policies** (continued)**Expenses**

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Note 3 **Investments**

The following presents investments at December 31, 2013 and 2012 that represent 5% or more of the Plan's net assets:

	2013	2012
Fed Gov Ultrashort Dur	\$ 499 403	\$ 547 554
Guaranteed Fixed	385 036	429 531
Delaware VIP Small Cap Value	154 472	-

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$388,834.

Note 4 **Tax Status**

The plan has adopted a prototype non-standardized plan which has received an opinion letter from the Internal Revenue Service dated August 7, 2001. This opinion states that the plan is acceptable under Section 401 of the Internal Revenue Code (IRC). Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTES TO FINANCIAL STATEMENTS

Note 5 Information Certified by the Plan's Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	December 31	
	2013	2012
Mutual funds, at fair value	\$ 2 572 979	\$ 2 198 257
Guaranteed fixed fund, at contract value	<u>385 036</u>	<u>483 682</u>
	<u>\$ 2 958 015</u>	<u>\$ 2 681 939</u>
	Year Ended December 31	
	2013	2012
Net increase in available benefits:		
Interest on securities	\$ 15 432	\$ 13 257
Administrative expense	(32 111)	(26 832)
Net appreciation in fair value of investments	<u>388 834</u>	<u>182 960</u>
	<u>\$ 372 155</u>	<u>\$ 169 385</u>

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 6 Plan Termination

Although it has not expressed any intent to do so, the Company 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, participants will become 100% vested in their accounts.

Note 7 Related Party and Party In Interest Transactions

Certain Plan investments are shares of mutual funds managed by Lincoln National Life Insurance Company (Lincoln). Lincoln serves as the custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services performed by Lincoln amounted to \$32,111 for the year ended December 31, 2013.

Note 8 Risks and Uncertainties

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

NOTES TO FINANCIAL STATEMENTS

Note 9 **Fair Value Measurement**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 markets for identical assets or liabilities (level 1 measurements) 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.

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

- Level 3 - 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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012:

Mutual funds - Valued at the net asset value (NAV) of shares held by the plan at year end.

Guaranteed investment contract - Valued at fair value using the assumption that contract value is an approximation of fair value.

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

NOTES TO FINANCIAL STATEMENTS

Note 9 Fair Value Measurement (continued)

	2013			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Income	\$ 623 473	\$ 100 565	\$ -	\$ 724 038
Growth	718 652	462 039	-	1 180 691
Index	-	172 945	-	172 945
Other	<u>416 116</u>	<u>79 189</u>	<u>-</u>	<u>495 305</u>
Total mutual funds	\$1 758 241	\$ 814 738	\$ -	\$2 572 979
Guaranteed investment contract	<u>-</u>	<u>-</u>	<u>385 036</u>	<u>385 036</u>
Total assets at fair value	<u>\$1 758 241</u>	<u>\$ 814 738</u>	<u>\$ 385 036</u>	<u>\$2 958 015</u>

	2012			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Income	\$ 654 779	\$ 124 537	\$ -	\$ 779 316
Growth	510 711	358 650	-	869 361
Index	-	113 180	-	113 180
Other	<u>355 925</u>	<u>80 475</u>	<u>-</u>	<u>436 400</u>
Total mutual funds	\$1 521 415	\$ 676 842	\$ -	\$2 198 257
Guaranteed investment contract	<u>-</u>	<u>-</u>	<u>483 682</u>	<u>483 682</u>
Total assets at fair value	<u>\$1 521 415</u>	<u>\$ 676 842</u>	<u>\$ 483 682</u>	<u>\$2 681 939</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2013:

	Guaranteed Investment Contract
Balance, beginning of year	\$ 483 682
Unrealized losses relating to contracts still held at reporting date	(54 151)
Earnings	15 418
Purchases and sales (net)	<u>(59 913)</u>
Balance, end of year	<u>\$ 385 036</u>

Unrealized gains/(losses) from the guaranteed investment contract are not included in the statement of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS

Note 10 **Investment Contract with Insurance Company**

In 2002, the Plan entered into a benefit-responsive investment contract with Lincoln Life Insurance Company (Lincoln). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

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

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events, such as plan amendments, changes in prohibitions on competing investment options, plan sponsor bankruptcy, or plan failure to qualify for exemption from federal income taxes may limit the ability of the Plan to transact at contract value with the issuer. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The issuer may terminate the contract if there are any breaches committed by the Plan, the Plan ceases to meet the requirements of the appropriate IRS Code Sections, or the account's value is below a minimum requirement.

The fair values of the investment contracts at December 31, 2013 and 2012 were \$385,036 and \$483,682, respectively.

Average yields:	2013	2012
Based on actual earnings	3.79%	3.61%
Based on interest rate credited to participants	2.60%	3.11%

Note 11 **Reconciliation to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2013 and 2012, to Form 5500:

	2013	2012
Net assets available for benefits per the financial statements	\$ 3 124 737	\$ 2 764 074
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>-</u>	<u>54 151</u>
Net assets per the Form 5500	<u>\$ 3 124 737</u>	<u>\$ 2 818 225</u>

NOTES TO FINANCIAL STATEMENTS

Note 11 **Reconciliation to Form 5500** (continued)

The following is a reconciliation of net income per the financial statements to the Form 5500:

	December 31, 2013
Total net increase per the financial statements	\$ 360 663
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(<u>54 151</u>)
Total net income per the Form 5500	\$ <u>306 512</u>

Note 12 **Delinquent Participant Contributions**

As required by ERISA Section 2510.3-102, the Employer is required to segregate employee contributions to the Plan from its general assets as soon as practicable. In November, 2012, the remittance for deferrals and loan payments for a one-week payroll period in the amount of \$8,852 was inadvertently missed. This error was discovered in October, 2013, and was immediately remitted to the Plan. The employer restored lost earnings to the affected participants in the total amount of \$233.57 in October, 2013.

In 2013, a new employer entered the plan. The employees of this company who were eligible and actively deferring were erroneously excluded from the Plan's Contribution Submission reports. This error was discovered in March, 2014. Deferrals in the amount of \$6,364, and lost earnings of \$191 were remitted to the Plan in August, 2014. There were no participant loan repayments.

Also in 2013, there were six one-week payroll periods in which a clerical error caused each of these weekly contributions to be submitted to the Plan six days later than the normal payment schedule. The total contributions and loan payments for these six weeks was \$53,225. Lost earnings in the amount of \$34 were remitted to the Plan in October, 2014.

Note 13 **Subsequent Events**

The Plan has evaluated subsequent events through October 7, 2014, the date the financial statements were available to be issued.

As discussed in Note 12, contributions to the Plan for certain employees of a new employer joining the Plan were not timely submitted. When this error was discovered in March, 2014, it was immediately corrected so that the affected employee's contributions could be timely submitted from that time forward. The employer submitted the deferrals of \$2,998 withheld in 2014 before the correction of the error, the employer match of \$750, and the lost interest of \$58 in August, 2014. There were no participant loan repayments.

SUPPLEMENTARY INFORMATION

Dee Holding 401(k) Plan
20-0572514
Plan number 002

Schedule H, Line 4i-Schedule of Assets (held at end of year)

(a) lessor, or similar party	(b)Identity of issue, borrower, or similar party	(c)Description of investment including maturity date, rate of interest, collateral, par, or maturity value	** (d) Cost	(e)Current value
*	Lincoln National Life Insurance Co.	AB Small Mid Cap Value		44 125
*	Lincoln National Life Insurance Co.	AmerFunds Bond America		3 764
*	Lincoln National Life Insurance Co.	AmerFunds EuroPac Growth		27 914
*	Lincoln National Life Insurance Co.	AmerFunds Growth America		122 638
*	Lincoln National Life Insurance Co.	AmerFunds High Income		6 440
*	Lincoln National Life Insurance Co.	AmerFunds Invest Co Amer		106 641
*	Lincoln National Life Insurance Co.	AmerFunds New Perspective		75 870
*	Lincoln National Life Insurance Co.	AmerFunds SmallCap World		26 120
*	Lincoln National Life Insurance Co.	BlackRock Capital App		7 582
*	Lincoln National Life Insurance Co.	BlackRock Enrgy&Resources		99 351
*	Lincoln National Life Insurance Co.	BlackRock Flexible Equity		40 381
*	Lincoln National Life Insurance Co.	BlackRock Inflation Protected Bond		6 139
*	Lincoln National Life Insurance Co.	Columbia Acorn		46 847
*	Lincoln National Life Insurance Co.	Del VIP Diversified Income		3 294
*	Lincoln National Life Insurance Co.	Del Ltd-Term Div Income		28 193
*	Lincoln National Life Insurance Co.	Delaware VIP SmCap Value		154 472
*	Lincoln National Life Insurance Co.	Delaware VIP Value		29 865
*	Lincoln National Life Insurance Co.	Fed Gov Ultrashort Dur		499 403
*	Lincoln National Life Insurance Co.	Fidelity VIP ContraFund		110 451
*	Lincoln National Life Insurance Co.	Fidelity VIP Mid Cap		56 332
*	Lincoln National Life Insurance Co.	Frankln Growth		47 888
*	Lincoln National Life Insurance Co.	Franklin High Income		53 512
*	Lincoln National Life Insurance Co.	FTVIPT Templeton Global Bond Sec		34 163
*	Lincoln National Life Insurance Co.	Invesco Growth & Income		21 500
*	Lincoln National Life Insurance Co.	Invesco Sml Cap Discovery		13 703
*	Lincoln National Life Insurance Co.	Janus Aspen Enterprise		30 549
*	Lincoln National Life Insurance Co.	LVIP Baron Growth Opportunities		2 916
*	Lincoln National Life Insurance Co.	LVIP Clarion Gbl Real Est		5 969
*	Lincoln National Life Insurance Co.	LVIP Delaware Bond		91 049
*	Lincoln National Life Insurance Co.	LVIP Del Fndtn AggressAll		38 180
*	Lincoln National Life Insurance Co.	LVIP Del Fndtn ConservAll		30 533
*	Lincoln National Life Insurance Co.	LVIP Del Fndtn ModeratAll		29 921
*	Lincoln National Life Insurance Co.	LVIP Del Growth & Income		55 910
*	Lincoln National Life Insurance Co.	LVIP Delaware Social Awareness		114
*	Lincoln National Life Insurance Co.	LVIP Del Special Opp		1 111
*	Lincoln National Life Insurance Co.	LVIP Dimensional US Equity		77 869
*	Lincoln National Life Insurance Co.	LVIP Managed Risk PR 2010		5 521
*	Lincoln National Life Insurance Co.	LVIP Managed Risk PR 2020		9 984
*	Lincoln National Life Insurance Co.	LVIP Managed Risk PR 2030		53 528
*	Lincoln National Life Insurance Co.	LVIP Managed Risk PR 2040		21 452
*	Lincoln National Life Insurance Co.	LVIP Managed Risk PR 2050		22 680
*	Lincoln National Life Insurance Co.	LVIP Mondrian Int'l Value		5 660
*	Lincoln National Life Insurance Co.	LVIP SSgA Bond Index		3 377
*	Lincoln National Life Insurance Co.	LVIP SSgA S&P 500 Index		26 379
*	Lincoln National Life Insurance Co.	LVIP SSgA Small-Cap Index		19 805
*	Lincoln National Life Insurance Co.	LVIP Templeton Growth RPM		20 437
*	Lincoln National Life Insurance Co.	LVIP Vanguard Domestic Eq		92 696
*	Lincoln National Life Insurance Co.	LVIP Vanguard Intl Equity		18 564
*	Lincoln National Life Insurance Co.	MFS VIT Growth Series		1 020

Dee Holding 401(k) Plan
20-0572514
Plan number 002

Schedule H, Line 4i-Schedule of Assets (held at end of year)

(a) lessor, or similar party	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	** (d) Cost	(e) Current value
*	Lincoln National Life Insurance Co.	MFS VIT Utilities Series		7 877
*	Lincoln National Life Insurance Co.	Oppenheimer Developing Mkts		42 669
*	Lincoln National Life Insurance Co.	Pimco Total Return		1 144
*	Lincoln National Life Insurance Co.	Stadion Managed Growth		12 255
*	Lincoln National Life Insurance Co.	SSgA Russell All Cap Index		39 463
*	Lincoln National Life Insurance Co.	SSgA Russ LC Growth Ix Non-Ln		3 009
*	Lincoln National Life Insurance Co.	SSgA Russ LC Value Ix Non-Ln		1 780
*	Lincoln National Life Insurance Co.	SSgA Russell SmCap Growth Index		4 188
*	Lincoln National Life Insurance Co.	SSgA Russell SmCap Value Index		1 271
*	Lincoln National Life Insurance Co.	SSgA Russell Sm/Mid Cap Index		80 290
*	Lincoln National Life Insurance Co.	SSgA S&P Mid Cap Ix Non-Ln		1 040
*	Lincoln National Life Insurance Co.	VG LifeStrategy Mod Growth		21 010
*	Lincoln National Life Insurance Co.	VG LifeStrategy Cons Growth		16 995
*	Lincoln National Life Insurance Co.	VG LifeStrategy Growth		5 689
*	Lincoln National Life Insurance Co.	WF Advantage Discovery		1 320
*	Lincoln National Life Insurance Co.	Guaranteed Account		385 036
*	Lincoln National Life Insurance Co.	Mdg Prin Protect Portfolio		1 167
	Participant loans	4.25%-8.75%	-0-	151 340

* Denotes a party-in-interest

** Cost information not required as per Special Rule for certain participant-directed transactions

Dee Holding 401(k) Plan
 20-0572514
 Plan number 002

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Participant contributions transferred late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
Loss date was November 21, 2012; recovery date was October 4, 2013	-	\$ 8,852	-	-
Loss date was March through December, 2013; recovery date was August 6, 2014	-	6,364	-	-
Loss date was July 3 through August 7, 2013; recovery date was October 6, 2014	-	53,225	-	-
☒ Check here if Late Participant Loan Repayments are included:				

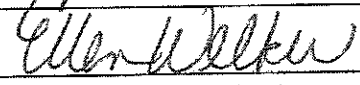
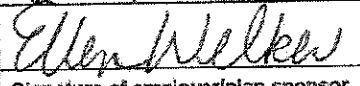
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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. 1510-0110 1510-0089 2013 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; 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 DEE HOLDING 401(K) PLAN	1b Three-digit plan number (PN) ▶ 002 1c Effective date of plan 01/01/2002
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) DEE HOLDING 7021 STATE ROUTE 703 CELINA OH 45822-2777	2b Employer Identification Number (EIN) 20-0572514 2c Sponsor's telephone number 866-677-7383 2d Business code (see instructions) 484200

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		10-8-14	ELLEN WELKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-8-14	ELLEN WELKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2013)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address		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	640
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).			
a Active participants.....		6a	649
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	34
d Subtotal. Add lines 6a, 6b, and 6c.....		6d	683
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	0
f Total. Add lines 6d and 6e.....		6f	683
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	283
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	24
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 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Dee Holding 401(k) Plan
20-0572514
Plan number 002

Schedule H, Line 4i-Schedule of Assets (held at end of year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	** (d) Cost	(e) Current value
*	Lincoln National Life Insurance Co.	AB Small Mid Cap Value		44 125
*	Lincoln National Life Insurance Co.	AmerFunds Bond America		3 764
*	Lincoln National Life Insurance Co.	AmerFunds EuroPac Growth		27 914
*	Lincoln National Life Insurance Co.	AmerFunds Growth America		122 638
*	Lincoln National Life Insurance Co.	AmerFunds High Income		6 440
*	Lincoln National Life Insurance Co.	AmerFunds Invest Co Amer		106 641
*	Lincoln National Life Insurance Co.	AmerFunds New Perspective		75 870
*	Lincoln National Life Insurance Co.	AmerFunds SmallCap World		26 120
*	Lincoln National Life Insurance Co.	BlackRock Capital App		7 582
*	Lincoln National Life Insurance Co.	BlackRock Enrgy&Resources		99 351
*	Lincoln National Life Insurance Co.	BlackRock Flexible Equity		40 381
*	Lincoln National Life Insurance Co.	BlackRock Inflation Protected Bond		6 139
*	Lincoln National Life Insurance Co.	Columbia Acorn		46 847
*	Lincoln National Life Insurance Co.	Del VIP Diversified Income		3 294
*	Lincoln National Life Insurance Co.	Del Ltd-Term Div Income		28 193
*	Lincoln National Life Insurance Co.	Delaware VIP SmCap Value		154 472
*	Lincoln National Life Insurance Co.	Delaware VIP Value		29 865
*	Lincoln National Life Insurance Co.	Fed Gov Ultrashort Dur		499 403
*	Lincoln National Life Insurance Co.	Fidelity VIP ContraFund		110 451
*	Lincoln National Life Insurance Co.	Fidelity VIP Mid Cap		56 332
*	Lincoln National Life Insurance Co.	Frankln Growth		47 888
*	Lincoln National Life Insurance Co.	Franklin High Income		53 512
*	Lincoln National Life Insurance Co.	FTVIPT Templeton Global Bond Sec		34 163
*	Lincoln National Life Insurance Co.	Invesco Growth & Income		21 500
*	Lincoln National Life Insurance Co.	Invesco Sml Cap Discovery		13 703
*	Lincoln National Life Insurance Co.	Janus Aspen Enterprise		30 549
*	Lincoln National Life Insurance Co.	LVIP Baron Growth Opportunities		2 916
*	Lincoln National Life Insurance Co.	LVIP Clarion Gbl Real Est		5 969
*	Lincoln National Life Insurance Co.	LVIP Delaware Bond		91 049
*	Lincoln National Life Insurance Co.	LVIP Del Fndtn AggressAll		38 180
*	Lincoln National Life Insurance Co.	LVIP Del Fndtn ConservAll		30 533
*	Lincoln National Life Insurance Co.	LVIP Del Fndtn ModeratAll		29 921
*	Lincoln National Life Insurance Co.	LVIP Del Growth & Income		55 910
*	Lincoln National Life Insurance Co.	LVIP Delaware Social Awareness		114
*	Lincoln National Life Insurance Co.	LVIP Del Special Opp		1 111
*	Lincoln National Life Insurance Co.	LVIP Dimensional US Equity		77 869
*	Lincoln National Life Insurance Co.	LVIP Managed Risk PR 2010		5 521
*	Lincoln National Life Insurance Co.	LVIP Managed Risk PR 2020		9 984
*	Lincoln National Life Insurance Co.	LVIP Managed Risk PR 2030		53 528
*	Lincoln National Life Insurance Co.	LVIP Managed Risk PR 2040		21 452
*	Lincoln National Life Insurance Co.	LVIP Managed Risk PR 2050		22 680
*	Lincoln National Life Insurance Co.	LVIP Mondrian Int'l Value		5 660
*	Lincoln National Life Insurance Co.	LVIP SSgA Bond Index		3 377
*	Lincoln National Life Insurance Co.	LVIP SSgA S&P 500 Index		26 379
*	Lincoln National Life Insurance Co.	LVIP SSgA Small-Cap Index		19 805
*	Lincoln National Life Insurance Co.	LVIP Templeton Growth RPM		20 437
*	Lincoln National Life Insurance Co.	LVIP Vanguard Domestic Eq		92 696
*	Lincoln National Life Insurance Co.	LVIP Vanguard Intl Equity		18 564
*	Lincoln National Life Insurance Co.	MFS VIT Growth Series		1 020

Dee Holding 401(k) Plan
20-0572514
Plan number 002

Schedule H, Line 4i-Schedule of Assets (held at end of year)

(a) lessor, or similar party	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	** (d) Cost	(e) Current value
*	Lincoln National Life Insurance Co.	MFS VIT Utilities Series		7 877
*	Lincoln National Life Insurance Co.	Oppenheimer Developing Mkts		42 669
*	Lincoln National Life Insurance Co.	Pimco Total Return		1 144
*	Lincoln National Life Insurance Co.	Stadion Managed Growth		12 255
*	Lincoln National Life Insurance Co.	SSgA Russell All Cap Index		39 463
*	Lincoln National Life Insurance Co.	SSgA Russ LC Growth Ix Non-Ln		3 009
*	Lincoln National Life Insurance Co.	SSgA Russ LC Value Ix Non-Ln		1 780
*	Lincoln National Life Insurance Co.	SSgA Russell SmCap Growth Index		4 188
*	Lincoln National Life Insurance Co.	SSgA Russell SmCap Value Index		1 271
*	Lincoln National Life Insurance Co.	SSgA Russell Sm Mid Cap Index		80 290
*	Lincoln National Life Insurance Co.	SSgA S&P Mid Cap Ix Non-Ln		1 040
*	Lincoln National Life Insurance Co.	VG LifeStrategy Mod Growth		21 010
*	Lincoln National Life Insurance Co.	VG LifeStrategy Cons Growth		16 995
*	Lincoln National Life Insurance Co.	VG LifeStrategy Growth		5 689
*	Lincoln National Life Insurance Co.	WF Advantage Discovery		1 320
*	Lincoln National Life Insurance Co.	Guaranteed Account		385 036
*	Lincoln National Life Insurance Co.	Mdg Prin Protect Portfolio		1 167
	Participant loans	4.25 -8.75	-0-	151 340

* Denotes a party-in-interest

** Cost information not required as per Special Rule for certain participant-directed transactions