

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>SOLE PROPRIETOR, INC. PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1986</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>04-2686584</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>508-798-3474</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>722511</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1986</u>		2b Employer Identification Number (EIN) <u>04-2686584</u>		2c Sponsor's telephone number <u>508-798-3474</u>		2d Business code (see instructions) <u>722511</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1986</u>											
2b Employer Identification Number (EIN) <u>04-2686584</u>											
2c Sponsor's telephone number <u>508-798-3474</u>											
2d Business code (see instructions) <u>722511</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SOLE PROPRIETOR, INC.</u> <u>118 HIGHLAND ST</u> <u>WORCESTER, MA 01609-2731</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>10/10/2014</u>	<u>ROBBIN B. AHLQUIST</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)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address SOLE PROPRIETOR, INC. 118 HIGHLAND ST WORCESTER, MA 01609-2731		3b Administrator's EIN 04-2686584
		3c Administrator's telephone number 508-798-3474
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	225
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	151
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	74
d Subtotal. Add lines 6a , 6b , and 6c	6d	225
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	225
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	144
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
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: 2A 2E 2H 2J 2K 3D 3H		
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>6</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2013 <hr/> 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 SOLE PROPRIETOR, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLE PROPRIETOR, INC.	D Employer Identification Number (EIN) 04-2686584	

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	GP78591	60	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
6388	1091

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

COMMONWEALTH FINANCIAL NETWORK
 ONE UNIVERSITY OFFICE PARK
 29 SAWYER ROAD
 WALTHAM, MA 02453-3467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3214	536	MARKETING ALLOWANCE	4

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

LINCOLN INVESTMENT PLANNING
 218 GLENSIDE AVE.
 WYNCOTE, PA 19095-1534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3174	529	MARKETING ALLOWANCE	4

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

COMMONWEALTH FINANCIAL NETWORK

ONE UNIVERSITY OFFICE PARK
29 SAWYER ROAD
WALTHAM, MA 02453-3467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	13	NON-MONETARY COMPENSATION TO SALES REP	4

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

LINCOLN INVESTMENT PLANNING

218 GLENSIDE AVE.
WYNCOTE, PA 09095-1534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	13	NON-MONETARY COMPENSATION 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	

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	250307
5 Current value of plan's interest under this contract in separate accounts at year end	5	969330

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 W/GUARANTEED

b Balance at the end of the previous year	7b	131811
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c Additions: (1) Contributions deposited during the year	7c(1)	109706	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	4973	
(4) Transferred from separate account	7c(4)	1671	
(5) Other (specify below)	7c(5)	4582	

▶ PARTICIPANT LOAN REPAYMENTS

(6) Total additions	7c(6)	120932
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d Total of balance and additions (add lines 7b and 7c(6))	7d	252743
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1516	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	209	
(4) Other (specify below)	7e(4)	711	

▶ PARTICIPANT LOAN WITHDRAWALS

(5) Total deductions	7e(5)	2436
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	250307
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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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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

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

A Name of plan SOLE PROPRIETOR, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLE PROPRIETOR, INC.	D Employer Identification Number (EIN) 04-2686584	

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	GP48617	126	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
7066	1792

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

COMMONWEALTH FINANCIAL NETWORK
29 SAWYER ROAD
WALTHAM, MA 02453-3467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3533	883	MARKETING ALLOWANCE	4

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

LINCOLN INVESTMENT PLANNING IN
218 GLENSIDE AVE.
WYNCOTE, PA 19095-1534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3533	883	MARKETING ALLOWANCE	4

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

Schedule A (Form 5500) 2013
v. 130118

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

COMMONWEALTH FINANCIAL NETWORK

ONE UNIVERSITY OFFICE PARK
29 SAWYER ROAD
WALTHAM, MA 02453-3467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	13	NON-MONETARY COMPENSATION TO SALES REP	4

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

LINCOLN INVESTMENT PLANNING

218 GLENSIDE AVE.
WYNCOTE, PA 19095-1534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	13	NON-MONETARY COMPENSATION 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	

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	459151
5 Current value of plan's interest under this contract in separate accounts at year end	5	1773389

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 W/GUARANTEED**

b Balance at the end of the previous year	7b	135367
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c Additions: (1) Contributions deposited during the year	7c(1)	256285	
	7c(2)		
	7c(3)	9269	
	7c(4)	145185	
	7c(5)	647	

▶ **PARTICIPANT LOAN REPAYMENTS**

(6) Total additions	7c(6)	411386
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d Total of balance and additions (add lines 7b and 7c(6))	7d	546753
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	50454	
	7e(2)	2222	
	7e(3)		
	7e(4)	34926	

▶ **PARTICIPANT LOAN WITHDRAWALS AND FEES**

(5) Total deductions	7e(5)	87602
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	459151
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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 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 SOLE PROPRIETOR, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLE PROPRIETOR, INC.		
D Employer Identification Number (EIN) 04-2686584		

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
JOHN HANCOCK 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
01-0233346	65099	FX06002241	126	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

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

(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	

(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** 346014**5** Current value of plan's interest under this contract in separate accounts at year end **5****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. **6d**

Specify nature of costs ▶

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 ▶ **FIXED ANNUITY****b** Balance at the end of the previous year **7b** 335936**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 10078(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 10078**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 346014**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 346014

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. ▶

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection</div>
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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 SOLE PROPRIETOR, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLE PROPRIETOR, INC.		
D Employer Identification Number (EIN) 04-2686584		

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 EQUITRUST 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
42-1468417	62510	EQ0001089614F	0	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

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

(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	

(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** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5****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. **6d**

Specify nature of costs ▶

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 ▶ **FIXED ANNUITY****b** Balance at the end of the previous year **7b** 130198**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 1516(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1516**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 131714**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 131714▶ **INTERPLAN TRANSFER TO LINCOLN FINANCIAL**(5) Total deductions **7e(5)** 131714**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

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 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 SOLE PROPRIETOR, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLE PROPRIETOR, INC.	D Employer Identification Number (EIN) 04-2686584

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
AMERICAN GENERAL 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
25-0598210	60488	HDA026085F	0	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

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

(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	

(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** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5****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. **6d**

Specify nature of costs ▶

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 ▶ **FIXED ANNUITY****b** Balance at the end of the previous year **7b** 119979**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 4592(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 4592**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 124571**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 124571▶ **INTERPLAN TRANSFER TO LINCOLN FINANCIAL**(5) Total deductions **7e(5)** 124571**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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

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

A Name of plan SOLE PROPRIETOR, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLE PROPRIETOR, INC.	D Employer Identification Number (EIN) 04-2686584	

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

FORT DEARBORN 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
36-2598882	71129	P65506	126	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

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

(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	

(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** 212408**5** Current value of plan's interest under this contract in separate accounts at year end **5****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. **6d**

Specify nature of costs ▶

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 ▶ **FIXED ANNUITY****b** Balance at the end of the previous year **7b** 207937**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 4471(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 4471**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 212408**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 212408

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 SOLE PROPRIETOR, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLE PROPRIETOR, INC.	D Employer Identification Number (EIN) 04-2686584	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(b) Enter name and EIN or address of person who provided you disclosure 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

(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)

FRINGE BENEFIT MANAGEMENT, INC.

P.O. BOX 20237
WESTSIDE STATION
WORCESTER, MA 01602-0237

04-3031354

(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 ADMIN	20400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINCOLN NATIONAL CORPORATION

1300 S. CLINTON ST.
P.O. BOX 2248
FORT WAYNE, IN 46801-2248

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	16666	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STOWE & DEGON

95A TURNPIKE ROAD
WESTBOROUGH, MA 01581

04-3379904

(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?
10	INDEPENDENT AUDITOR	0	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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2013</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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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 SOLE PROPRIETOR, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SOLE PROPRIETOR, INC.	D Employer Identification Number (EIN) 04-2686584	

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: LNL SA65 MFS VIT GROWTH			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA11 LVIP DELAWARE GROWTH & INC			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23489	
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA17 COLUMBIA ACORN			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42575	
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23 SSGA RUSL SML ALLCP IDX			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8421	
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA19 LVIP VANG DOMESTIC EQ ETF			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-119	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168	
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA21 VANG LIFE STRAT MOD GROWTH			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-121	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40198	
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24 SSGA RUSL SML MD CP IDX			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57849	

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 VIP II CONTRA**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95998
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA12 LVIP DELAWARE BOND**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173705
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA14 SHORT TERM**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84220
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA28 INVESCO GROWTH & INCOME**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154667
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA20 FRANKLIN HIGH INCOME**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147112
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22 LVIP MONDRIAN INTL VALUE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 165850
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA39 AB VPS SM MID CAP VALUE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6014
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA46 AF GLOBAL SMALL CAP**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-146	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140267
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA48 AF GROWTH**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-148	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96224
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56 DEL SMALL CAP VALUE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117821
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA57 LVIP DIMENSION US EQUITY](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-157	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156156
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA59 LVIP VANGUARD INT EQ ETF](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA38 MID CAP VALUE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-138	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 SA70 JANUS GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-170	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 SA80 BLACK ROCK LARGE CAP VALUE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-180	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 SA27 LVIP SSGA S&P 500 INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10773
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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 LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 791
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA36 SSGA SMALL CAP INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6414
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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 LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 810
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA64 JANUS ASPEN ENTERPRISE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84317
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA92 BL ROCK INFLN PRO		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50803
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA55 CLARION GLOBAL REAL ESTATE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7090
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA77 BLACK ROCK GLOBAL RESOURCE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24097
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84 FIDELITY MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104932
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA83 BLK MID CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-183	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52039
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA54 AF EUROPACIFIC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1792
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA49 AF INV CO OF AMERICA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171062
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS UTILITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65350
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA93 DEL DIV INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141775
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86 TEMPLETON GLOBAL BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143953

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94 OPPENHEIMER DEVEL MARKETS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14591
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA32 VANGUARD LIFE STRATEGY GRO		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12561
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA97 DEL FOUN AGGRES ALLOCATION		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153400
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA76 INVESCO SM CAP DISCOVERY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE		
c EIN-PN 35-0472300-176	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7894
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA61 DEL VAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE		
c EIN-PN 35-0472300-161	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2557
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA34 AMER FUNDS NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE		
c EIN-PN 35-0472300-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4544
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA30 VANG LIFE STRAT CONSERV GR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE		
c EIN-PN 35-0472300-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1495
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA31 AB VPS GLOBAL THEMATIC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE		
c EIN-PN 35-0472300-131	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 SA95 LVIP DEL FOUND CONSERV ALL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE		
c EIN-PN 35-0472300-195	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15635
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA96 LVIP DEL FOUND MODERATE AL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE		
c EIN-PN 35-0472300-196	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60314

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 LIFE](#)

c EIN-PN 35-0472300-718	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70209
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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 LIFE](#)

c EIN-PN 35-0472300-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SAL8 SSGA RUS LG CAP VAL INDEX](#)

b Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE](#)

c EIN-PN 35-0472300-711	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 355
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SAL9 SSGA RUS LG CAP GR INDEX](#)

b Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE](#)

c EIN-PN 35-0472300-712	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3704
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SALA SSGA S&P MID CAP INDEX](#)

b Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE](#)

c EIN-PN 35-0472300-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14046
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SALC SSGA RUS SM CAP GR INDEX](#)

b Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE](#)

c EIN-PN 35-0472300-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3018
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA1C AF HIGH-INCOME TRUST](#)

b Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE](#)

c EIN-PN 35-0472300-716	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 547
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA1E AF BOND FUND OF AMERICA](#)

b Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE](#)

c EIN-PN 35-0472300-717	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1117
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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 01/01/2013 and ending 12/31/2013		
A Name of plan SOLE PROPRIETOR, INC. PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLE PROPRIETOR, INC.		D Employer Identification Number (EIN) 04-2686584

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	3963	0
(2) Participant contributions.....	1b(2)	72745	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	42596	36224
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	2314646	2742719
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1061229	1267880
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3495179	4046823

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	20201	9567
k Total liabilities (add all amounts in lines 1g through 1j)	1k	20201	9567

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3474978	4037256
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	67366	
(B) Participants	2a(1)(B)	157452	
(C) Others (including rollovers)	2a(1)(C)	26	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		224844

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)	1756	
(F) Other	2b(1)(F)	34900	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		36656

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

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		437508
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		699008

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	100772	
(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)		100772
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	9725	
(2) Contract administrator fees.....	2i(2)	16666	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	9567	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		35958
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		136730

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		562278
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: STOWE & DEGON

(2) EIN: 04-3379904

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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.
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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>SOLE PROPRIETOR, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOLE PROPRIETOR, INC.</u>	D Employer Identification Number (EIN) <u>04-2686584</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0472300</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

- 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): _____

Sole Proprietor, Inc.
Profit Sharing Plan

*Financial Statements as of and for the
Years Ended December 31, 2013 and 2012
with Supplemental Schedules
and Independent Auditors' Report*

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

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Schedules required under the Employee Retirement Income Security Act of 1974, other than the schedules listed above, are not presented because of the absence of the conditions under which such schedules are required.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Sole Proprietor, Inc. Profit Sharing Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Sole Proprietor, Inc. Profit Sharing Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Lincoln National Life Insurance Company, the custodian of certain assets of the Plan, except for comparing such information with related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2013 and 2012 that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions, as of or for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in black ink that reads "Stowe & Jegon LLC". The signature is written in a cursive, flowing style.

October 7, 2014

SOLE PROPRIETOR INC. PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS:		
Investments, at estimated fair value:		
Pooled separate accounts	\$ 2,742,719	\$ 2,314,646
Guaranteed investment contracts	743,117	300,871
Fixed annuity contracts	<u>558,422</u>	<u>794,050</u>
Total investments	<u>4,044,258</u>	<u>3,409,567</u>
Receivables:		
Participant contributions	-	72,745
Employer contributions	-	3,965
Participant notes	<u>36,224</u>	<u>42,596</u>
Total receivables	<u>36,224</u>	<u>119,306</u>
 Total assets	 4,080,482	 3,528,873
LIABILITIES:		
Accrued administrative expenses	<u>9,567</u>	<u>20,201</u>
 Net assets available for benefits at fair value	 4,070,915	 3,508,672
 Adjustment from fair value to contract value for fully benefit-responsive investment contracts	 <u>(33,659)</u>	 <u>(33,693)</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 4,037,256</u>	 <u>\$ 3,474,979</u>

See independent auditors' report and notes to financial statements.

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
INVESTMENT INCOME:		
Interest income	\$ 34,899	\$ 35,459
Net appreciation in fair value of investments	<u>437,548</u>	<u>250,261</u>
Total investment income	<u>472,447</u>	<u>285,720</u>
INTEREST ON PARTICIPANT NOTES	<u>1,755</u>	<u>2,163</u>
CONTRIBUTIONS:		
Participant	157,487	161,005
Employer	<u>67,369</u>	<u>70,712</u>
Total contributions	<u>224,856</u>	<u>231,717</u>
Total additions	699,058	519,600
DEDUCTIONS:		
Benefits paid to participants	100,823	31,229
Administrative expenses	<u>35,958</u>	<u>34,609</u>
Total deductions	<u>136,781</u>	<u>65,838</u>
Net increase	562,277	453,762
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>3,474,979</u>	<u>3,021,217</u>
End of year	<u>\$ 4,037,256</u>	<u>\$ 3,474,979</u>

See independent auditors' report and notes to financial statements.

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2013 AND 2012

1. DESCRIPTION OF PLAN

The following description of Sole Proprietor, Inc. Profit Sharing Plan (“the Plan”) is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan is a defined contribution plan, established in January 1986, covering all employees of Sole Proprietor, Inc. (“the Company”) who are age twenty-one or older and have one year of service, provided they worked at least 1,000 hours during that year.

In 2014, the Plan was amended to change the eligibility requirements from one year of service to three months of service. The 1,000 hour requirement was removed.

Contributions – Each year, participants may defer up to 75% of their annual gross compensation, as defined by the Plan, subject to IRS limitations. Participants who have attained age 50 by year-end may also make catch-up contributions. The contributed amount of the employees’ compensation is not subject to federal income taxes until withdrawal from the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company makes a safe harbor employer contribution of 100% of the first 4% of employee deferrals. Discretionary profit sharing amounts may be contributed at the option of the Company and are invested in a portfolio of investments as directed by the Company. A participant must be employed on the last working day of the plan year to be eligible for an allocation of the Company profit sharing contributions that year. Contributions are subject to certain limitations.

Participants’ accounts – A separate account is established and maintained on behalf of each participant. Each participant’s account is credited with the participant’s contributions, the Company’s safe harbor contributions and investment earnings and losses. Allocations of discretionary profit sharing amounts are based on the participant’s age and position in the Company as defined in the Plan document. The benefit to which a participant is entitled is the vested portion of the participant’s account.

Vesting – Participants are at all times fully vested in their voluntary contributions and the actual earnings thereon. Participants are vested in employer profit sharing contributions and related earnings based upon years of continuous service. Effective January 1, 2010, a participant vests ratably over and is fully vested upon completion of three years of credited service. Safe harbor employer contributions are always 100% vested.

Notes receivable from participants – Participants may borrow from their 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 vested balance in the participant’s account and bear interest at a rate commensurate with local prevailing rates for similar types of loans, as determined by the Plan administrator.

Forfeitures – A participant who leaves the employment of the Company forfeits any non-vested balance. Forfeitures may be used to reduce Company contributions, to pay plan expenses or may be reallocated to current participants.

1. DESCRIPTION OF PLAN (CONTINUED)

Payment of benefits – On termination of service due to retirement, death, or disability, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or an annuity as defined by the Plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements have been prepared under the accrual basis of accounting.

Investment contracts held by defined contribution plans 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 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 the 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, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could 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 7 for a 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 – Participant notes are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document.

Payment of benefits – Benefits are recorded when paid.

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 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 financial statements.

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

3. INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The plan administrator has elected the method of compliance permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln National Life Insurance Company, the custodian of certain plan assets, has certified as to the completeness and accuracy of the pooled separate accounts and guaranteed investment contracts with Lincoln National Life Insurance Company.

The following is a summary of the unaudited information regarding the Plan as of December 31, 2013 and 2012 and for the years then ended, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by Lincoln National Life Insurance Company:

	2013	2012
Statement of Net Assets Available for Benefits at December 31:		
Pooled separate accounts	\$ 2,742,719	\$ 2,314,646
Guaranteed investment contracts, at contract value	709,458	267,178
Statement of Changes in Net Assets Available for Benefits for the year ended December 31:		
Interest income - guaranteed investment contracts	14,242	7,685
Net appreciation in fair value of pooled separate accounts	437,548	250,261

4. GUARANTEED INVESTMENT CONTRACTS

Participants and the Company may elect to invest in benefit responsive guaranteed investment contracts with Lincoln National 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.

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. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. 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.

The fair value of the investment contracts at December 31, 2013 and 2012 was \$743,117 and \$300,871, respectively. The average credited interest rate for the guaranteed investment contracts was 2.60% for 2013 and 3.11% for 2012. Certain events, such as market value adjustments and surrender charges, could limit the ability of the plan to initiate or complete a transaction at contract value.

5. INVESTMENTS

Individual investments representing five percent or more of the Plan's net assets available for benefits as of December 31 are as follows:

	2013	2012
Fixed annuity contracts:		
John Hancock, #FX06002241	\$ 346,014	\$ 335,936
Fort Dearborn, #P65506	212,408	207,937
Guaranteed investment contracts with Lincoln		
National Life Insurance Company:	743,117	300,871

During 2013 and 2012, the Plan's investment in pooled separate accounts appreciated in value (including gains and losses on investments bought and sold, as well as held during the year) by \$437,548 and \$250,261, respectively.

6. NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	2013	2012
Net Assets at December 31:		
Pooled separate accounts	\$ 1,773,389	\$ 1,635,245
Guaranteed investment contract	459,151	135,367
Fixed annuity contracts	<u>558,422</u>	<u>794,050</u>
	<u>\$ 2,790,962</u>	<u>\$ 2,564,662</u>

	2013	2012
Changes in Net Assets for the years ended December 31:		
Interest income	\$ 29,926	\$ 33,526
Net appreciation in fair value of investments	297,773	186,536
Loan repayments	647	-
Benefits paid to participants	(55,454)	(31,229)
Administrative expenses paid	<u>(46,592)</u>	<u>(23,908)</u>
	<u>\$ 226,300</u>	<u>\$ 164,925</u>

7. FAIR VALUE MEASUREMENTS

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 ASC 820 are described below:

- 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 method include: quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or 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 method are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement 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.

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.

Guaranteed investment contracts – valued at contract value which is derived from the contract provisions. See note 4.

Pooled separate accounts (PSA) – valued at the unit value of participation units of the PSA as estimated by the insurance company based on the underlying assets owned by the PSA less the PSA's liabilities divided by the number of participation units outstanding, commonly referred to as NAV. The pooled separate account NAV is not a publicly quoted price in an active market and is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the PSA will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur without redemption or withdrawal restrictions.

Fixed annuity contracts – valued at cost plus accrued interest which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

	2013			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 2,742,719	\$ -	\$ 2,742,719
Guaranteed investment contracts	-	-	743,117	743,117
Fixed annuity contracts	-	-	558,422	558,422
Total assets at fair value	<u>\$ -</u>	<u>\$ 2,742,719</u>	<u>\$ 1,301,539</u>	<u>\$ 4,044,258</u>

	2012			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 2,314,646	\$ -	\$ 2,314,646
Guaranteed investment contracts	-	-	300,871	300,871
Fixed annuity contracts	-	-	794,050	794,050
Total assets at fair value	<u>\$ -</u>	<u>\$ 2,314,646</u>	<u>\$ 1,094,921</u>	<u>\$ 3,409,567</u>

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31:

	2013	
	<u>Guaranteed Investment Contracts</u>	<u>Fixed annuity contracts</u>
Balance, beginning of year	\$ 300,871	\$ 794,050
Realized gains and earnings	14,242	20,657
Fair value adjustment	(34)	-
Purchases	517,866	-
Sales	(89,828)	(256,285)
Balance, end of year	<u>\$ 743,117</u>	<u>\$ 558,422</u>

	2012	
	<u>Guaranteed Investment Contracts</u>	<u>Fixed annuity contracts</u>
Balance, beginning of year	\$ 191,728	\$ 828,433
Realized gains and earnings	7,685	28,235
Fair value adjustment	17,540	-
Purchases	125,941	-
Sales	(42,023)	(62,618)
Balance, end of year	<u>\$ 300,871</u>	<u>\$ 794,050</u>

8. TAX STATUS

On March 16, 2010, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualified under Section 401(a) of the Internal Revenue Code. The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

9. 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 would become fully vested in their employer contributions.

10. RELATED PARTY TRANSACTIONS

Certain plan investments are guaranteed investment contracts or units of pooled separate accounts managed by Lincoln National Life Insurance Company ("Lincoln"). Lincoln is the custodian of these accounts and, therefore, the transactions in those investments and related fees qualify as party-in-interest transactions. Fees paid by the Plan to Lincoln for investment management services totaled \$16,666 and \$14,434 in 2013 and 2012, respectively.

* * * * *

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

EIN: 04-2686584

PLAN: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2013

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
<i>Pooled separate accounts (participant-directed):</i>			
* Lincoln National Life Insurance Company	SA35 Fidelity VIP ContraFund	\$	53,244
* Lincoln National Life Insurance Company	SA36 LVIP SSgA Small-Cap Index		6,414
* Lincoln National Life Insurance Company	SA46 AF Small Cap World		26,430
* Lincoln National Life Insurance Company	SA48 AF Growth America		41,306
* Lincoln National Life Insurance Company	SA49 AF Invest Co Amer		17,911
* Lincoln National Life Insurance Company	SA55 LVIP Clarion Gbl Real Est		7,090
* Lincoln National Life Insurance Company	SA56 Delaware VIP Small Cap Value		44,053
* Lincoln National Life Insurance Company	SA57 LVIP Dimensional US Equity		5,566
* Lincoln National Life Insurance Company	SA84 Fidelity VIP Mid Cap		45,363
* Lincoln National Life Insurance Company	SA93 Del VIP Diversified Income		23,335
* Lincoln National Life Insurance Company	SA94 Oppenheimer Dvlping Mrkts		14,591
* Lincoln National Life Insurance Company	SA11 LVIP Delaware Growth & Income		23,489
* Lincoln National Life Insurance Company	SA12 LVIP Delaware Bond		32,443
* Lincoln National Life Insurance Company	SA14 Fed Gov Ultrashort Dur		84,220
* Lincoln National Life Insurance Company	SA17 Columbia Acorn		1,675
* Lincoln National Life Insurance Company	SA20 Franklin High Income		23,134
* Lincoln National Life Insurance Company	SA21 VG LifeStrategy Mod Growth		40,198
* Lincoln National Life Insurance Company	SA22 LVIP Mon Int'l Value		62,196
* Lincoln National Life Insurance Company	SA95 LVIP Del Fndtn Conserv/All		15,635
* Lincoln National Life Insurance Company	SA96 LVIP Del Fndtn ModertAll		60,314
* Lincoln National Life Insurance Company	SAL8 SSgA Russ Lc VI Ix Non-Ln		355
* Lincoln National Life Insurance Company	SAL9 SSgA Russ LC Ix Non Ln		3,704
* Lincoln National Life Insurance Company	SALA SSgA S&P MidCp Idx Non-Ln		14,046
* Lincoln National Life Insurance Company	SA61 Delaware VIP Value		2,557
* Lincoln National Life Insurance Company	SA27 LVIP SSgA S&P 500 Index		10,773

* Party-in-interest

** Cost information is not required for participant-directed investments and therefore is not included.

continued

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

EIN: 04-2686584

PLAN: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2013

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
<i>Pooled separate accounts (participant-directed) (continued)</i>			
* Lincoln National Life Insurance Company	SA23 SSgA Rusl All Cap Idx	\$	8,421
* Lincoln National Life Insurance Company	SA24 SSgA Rusl Sml Md Cp Idx		11,956
* Lincoln National Life Insurance Company	SA28 Invesco Growth & Income		5,157
* Lincoln National Life Insurance Company	SA83 Black Rock Flexible Equity		2,770
* Lincoln National Life Insurance Company	SA32 VG LifeStrategy Growth		12,561
* Lincoln National Life Insurance Company	SA33 LVIP Del Social Awareness		791
* Lincoln National Life Insurance Company	SA34 AF New Perspective		4,544
* Lincoln National Life Insurance Company	SA54 AF EuroPac Growth		1,792
* Lincoln National Life Insurance Company	SA58 Franklin Growth		810
* Lincoln National Life Insurance Company	SA64 Janus Aspen Enterprise		15,899
* Lincoln National Life Insurance Company	SA77 Black Rock Energy & Resources		24,097
* Lincoln National Life Insurance Company	SA92 LVIP Bk Rk Inflm Protected		4,524
* Lincoln National Life Insurance Company	SA86 Temp Global Bond Securities		13,751
* Lincoln National Life Insurance Company	SA1C AF Amer High-Inc		547
* Lincoln National Life Insurance Company	SA1E AF Bond America		1,117
* Lincoln National Life Insurance Company	SALC SSgA Russ SC Gr Ix Non-Ln		3,018
* Lincoln National Life Insurance Company	SA19 LVIP Domestic Eq		166
* Lincoln National Life Insurance Company	SA30 VG LifeStrategy Cons Grw		1,495
* Lincoln National Life Insurance Company	SA39 AB Small Mid Cap Value		6,014
* Lincoln National Life Insurance Company	SA67 MFS VIT Utilities Series		4,490
* Lincoln National Life Insurance Company	SA76 Invesco Sml Cap Discovery		7,894
* Lincoln National Life Insurance Company	SA1X LVIP Bar GR		24,074
* Lincoln National Life Insurance Company	SA97 LVIP Del Fndtn Aggressive All		153,400
Total pooled separate accounts (participant-directed)			969,330

* Party-in-interest

** Cost information is not required for participant-directed investments and therefore is not included.

continued

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

EIN: 04-2686584

PLAN: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2013

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost ***	(e) Current Value
<i>Pooled separate accounts (non participant-directed):</i>			
* Lincoln National Life Insurance Company	SA35 Fidelity VIP ContraFund		\$ 42,754
* Lincoln National Life Insurance Company	SA46 AF Small Cap World		113,837
* Lincoln National Life Insurance Company	SA48 AF Growth America		54,919
* Lincoln National Life Insurance Company	SA49 AF Invest Co America		153,151
* Lincoln National Life Insurance Company	SA56 Delaware VIP Small Cap Value		73,768
* Lincoln National Life Insurance Company	SA57 LVIP Dimesional US Equity		150,590
* Lincoln National Life Insurance Company	SA67 MFS VIT Utilities Series		60,860
* Lincoln National Life Insurance Company	SA84 Fidelity VIP Mid Cap		59,569
* Lincoln National Life Insurance Company	SA86 Templeton Global Bond Securities		130,203
* Lincoln National Life Insurance Company	SA92 LVIP BkRk Infltn Protected		46,278
* Lincoln National Life Insurance Company	SA93 Del VIP Diversified Income		118,440
* Lincoln National Life Insurance Company	SA12 LVIP Delaware Bond		141,262
* Lincoln National Life Insurance Company	SA22 LVIP Mon Int'l Value		103,654
* Lincoln National Life Insurance Company	SA20 Franklin High Income		123,978
* Lincoln National Life Insurance Company	SA64 Janus Aspen Enterprise		68,419
* Lincoln National Life Insurance Company	SA28 Invesco Growth & Income		149,510
* Lincoln National Life Insurance Company	SA17 Columbia Acorn		40,900
* Lincoln National Life Insurance Company	SA24 SSgA Rusl Sml Md Cp Idx		45,893
* Lincoln National Life Insurance Company	SA1X LVIP Bar GR		46,135
* Lincoln National Life Insurance Company	SA80 Black Rock Large Cap Value		-
* Lincoln National Life Insurance Company	SA83 Black Rock Flexible Equity		49,269
Total pooled separate accounts (non participant-directed):			1,773,389
Total pooled separate accounts			2,742,719

* Party-in-interest

*** Historical cost is not available from the custodian for pooled separate accounts.

continued

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

EIN: 04-2686584

PLAN: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2013

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Lincoln National Life Insurance Company * Lincoln National Life Insurance Company	<i>Guaranteed investment contracts:</i> Participant directed contract Non-participant directed contract	n/a 459,151	\$ 250,307 459,151
	Total guaranteed investment contracts		709,458
John Hancock Life Insurance Company Fort Dearborn Life Insurance Company	<i>Fixed annuity contracts (non participant-directed):</i> Fixed Annuity Contract No. FX06002241, 3% Fixed Annuity Contract No. P65506, 2%	346,014 212,408	346,014 212,408
	Total fixed annuity contracts (non participant-directed)		558,422
* Participant loans	Interest rates of 4.25%	n/a	36,224
* Party-in-interest	TOTAL INVESTMENTS		\$ 4,046,823

SOLE PROPRIETOR INC. PROFIT SHARING PLAN

EIN: 04-2686584

PLAN: 001

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2013**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Lincoln National Life Insurance Company	Guaranteed interest contract	\$ 532,318	\$ -	\$ 532,318	\$ 532,318	\$ -
Lincoln National Life Insurance Company	SA14 Fed Gov Ultrashort Dur Purchases Sales	225,375 -	- 145,195	225,375 145,195	225,375 145,195	- -

***Sole Proprietor, Inc.
Profit Sharing Plan***

*Financial Statements as of and for the
Years Ended December 31, 2013 and 2012
with Supplemental Schedules
and Independent Auditors' Report*

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

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Schedules required under the Employee Retirement Income Security Act of 1974, other than the schedules listed above, are not presented because of the absence of the conditions under which such schedules are required.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Sole Proprietor, Inc. Profit Sharing Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Sole Proprietor, Inc. Profit Sharing Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Lincoln National Life Insurance Company, the custodian of certain assets of the Plan, except for comparing such information with related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2013 and 2012 that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions, as of or for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in black ink that reads "Stowe & Jegon LLC". The signature is written in a cursive, flowing style.

October 7, 2014

SOLE PROPRIETOR INC. PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS:		
Investments, at estimated fair value:		
Pooled separate accounts	\$ 2,742,719	\$ 2,314,646
Guaranteed investment contracts	743,117	300,871
Fixed annuity contracts	<u>558,422</u>	<u>794,050</u>
Total investments	<u>4,044,258</u>	<u>3,409,567</u>
Receivables:		
Participant contributions	-	72,745
Employer contributions	-	3,965
Participant notes	<u>36,224</u>	<u>42,596</u>
Total receivables	<u>36,224</u>	<u>119,306</u>
 Total assets	 4,080,482	 3,528,873
LIABILITIES:		
Accrued administrative expenses	<u>9,567</u>	<u>20,201</u>
 Net assets available for benefits at fair value	 4,070,915	 3,508,672
 Adjustment from fair value to contract value for fully benefit-responsive investment contracts	 <u>(33,659)</u>	 <u>(33,693)</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 4,037,256</u>	 <u>\$ 3,474,979</u>

See independent auditors' report and notes to financial statements.

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
INVESTMENT INCOME:		
Interest income	\$ 34,899	\$ 35,459
Net appreciation in fair value of investments	<u>437,548</u>	<u>250,261</u>
Total investment income	<u>472,447</u>	<u>285,720</u>
INTEREST ON PARTICIPANT NOTES	<u>1,755</u>	<u>2,163</u>
CONTRIBUTIONS:		
Participant	157,487	161,005
Employer	<u>67,369</u>	<u>70,712</u>
Total contributions	<u>224,856</u>	<u>231,717</u>
Total additions	699,058	519,600
DEDUCTIONS:		
Benefits paid to participants	100,823	31,229
Administrative expenses	<u>35,958</u>	<u>34,609</u>
Total deductions	<u>136,781</u>	<u>65,838</u>
Net increase	562,277	453,762
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>3,474,979</u>	<u>3,021,217</u>
End of year	<u>\$ 4,037,256</u>	<u>\$ 3,474,979</u>

See independent auditors' report and notes to financial statements.

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2013 AND 2012

1. DESCRIPTION OF PLAN

The following description of Sole Proprietor, Inc. Profit Sharing Plan (“the Plan”) is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan is a defined contribution plan, established in January 1986, covering all employees of Sole Proprietor, Inc. (“the Company”) who are age twenty-one or older and have one year of service, provided they worked at least 1,000 hours during that year.

In 2014, the Plan was amended to change the eligibility requirements from one year of service to three months of service. The 1,000 hour requirement was removed.

Contributions – Each year, participants may defer up to 75% of their annual gross compensation, as defined by the Plan, subject to IRS limitations. Participants who have attained age 50 by year-end may also make catch-up contributions. The contributed amount of the employees’ compensation is not subject to federal income taxes until withdrawal from the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company makes a safe harbor employer contribution of 100% of the first 4% of employee deferrals. Discretionary profit sharing amounts may be contributed at the option of the Company and are invested in a portfolio of investments as directed by the Company. A participant must be employed on the last working day of the plan year to be eligible for an allocation of the Company profit sharing contributions that year. Contributions are subject to certain limitations.

Participants’ accounts – A separate account is established and maintained on behalf of each participant. Each participant’s account is credited with the participant’s contributions, the Company’s safe harbor contributions and investment earnings and losses. Allocations of discretionary profit sharing amounts are based on the participant’s age and position in the Company as defined in the Plan document. The benefit to which a participant is entitled is the vested portion of the participant’s account.

Vesting – Participants are at all times fully vested in their voluntary contributions and the actual earnings thereon. Participants are vested in employer profit sharing contributions and related earnings based upon years of continuous service. Effective January 1, 2010, a participant vests ratably over and is fully vested upon completion of three years of credited service. Safe harbor employer contributions are always 100% vested.

Notes receivable from participants – Participants may borrow from their 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 vested balance in the participant’s account and bear interest at a rate commensurate with local prevailing rates for similar types of loans, as determined by the Plan administrator.

Forfeitures – A participant who leaves the employment of the Company forfeits any non-vested balance. Forfeitures may be used to reduce Company contributions, to pay plan expenses or may be reallocated to current participants.

1. DESCRIPTION OF PLAN (CONTINUED)

Payment of benefits – On termination of service due to retirement, death, or disability, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or an annuity as defined by the Plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements have been prepared under the accrual basis of accounting.

Investment contracts held by defined contribution plans 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 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 the 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, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could 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 7 for a 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 – Participant notes are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document.

Payment of benefits – Benefits are recorded when paid.

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 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 financial statements.

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

3. INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The plan administrator has elected the method of compliance permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln National Life Insurance Company, the custodian of certain plan assets, has certified as to the completeness and accuracy of the pooled separate accounts and guaranteed investment contracts with Lincoln National Life Insurance Company.

The following is a summary of the unaudited information regarding the Plan as of December 31, 2013 and 2012 and for the years then ended, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by Lincoln National Life Insurance Company:

	2013	2012
Statement of Net Assets Available for Benefits at December 31:		
Pooled separate accounts	\$ 2,742,719	\$ 2,314,646
Guaranteed investment contracts, at contract value	709,458	267,178
Statement of Changes in Net Assets Available for Benefits for the year ended December 31:		
Interest income - guaranteed investment contracts	14,242	7,685
Net appreciation in fair value of pooled separate accounts	437,548	250,261

4. GUARANTEED INVESTMENT CONTRACTS

Participants and the Company may elect to invest in benefit responsive guaranteed investment contracts with Lincoln National 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.

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. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. 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.

The fair value of the investment contracts at December 31, 2013 and 2012 was \$743,117 and \$300,871, respectively. The average credited interest rate for the guaranteed investment contracts was 2.60% for 2013 and 3.11% for 2012. Certain events, such as market value adjustments and surrender charges, could limit the ability of the plan to initiate or complete a transaction at contract value.

5. INVESTMENTS

Individual investments representing five percent or more of the Plan's net assets available for benefits as of December 31 are as follows:

	2013	2012
Fixed annuity contracts:		
John Hancock, #FX06002241	\$ 346,014	\$ 335,936
Fort Dearborn, #P65506	212,408	207,937
Guaranteed investment contracts with Lincoln National Life Insurance Company:	743,117	300,871

During 2013 and 2012, the Plan's investment in pooled separate accounts appreciated in value (including gains and losses on investments bought and sold, as well as held during the year) by \$437,548 and \$250,261, respectively.

6. NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	2013	2012
Net Assets at December 31:		
Pooled separate accounts	\$ 1,773,389	\$ 1,635,245
Guaranteed investment contract	459,151	135,367
Fixed annuity contracts	<u>558,422</u>	<u>794,050</u>
	<u>\$ 2,790,962</u>	<u>\$ 2,564,662</u>

	2013	2012
Changes in Net Assets for the years ended December 31:		
Interest income	\$ 29,926	\$ 33,526
Net appreciation in fair value of investments	297,773	186,536
Loan repayments	647	-
Benefits paid to participants	(55,454)	(31,229)
Administrative expenses paid	<u>(46,592)</u>	<u>(23,908)</u>
	<u>\$ 226,300</u>	<u>\$ 164,925</u>

7. FAIR VALUE MEASUREMENTS

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 ASC 820 are described below:

- 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 method include: quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or 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 method are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement 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.

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.

Guaranteed investment contracts – valued at contract value which is derived from the contract provisions. See note 4.

Pooled separate accounts (PSA) – valued at the unit value of participation units of the PSA as estimated by the insurance company based on the underlying assets owned by the PSA less the PSA's liabilities divided by the number of participation units outstanding, commonly referred to as NAV. The pooled separate account NAV is not a publicly quoted price in an active market and is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the PSA will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur without redemption or withdrawal restrictions.

Fixed annuity contracts – valued at cost plus accrued interest which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

	2013			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 2,742,719	\$ -	\$ 2,742,719
Guaranteed investment contracts	-	-	743,117	743,117
Fixed annuity contracts	-	-	558,422	558,422
Total assets at fair value	<u>\$ -</u>	<u>\$ 2,742,719</u>	<u>\$ 1,301,539</u>	<u>\$ 4,044,258</u>

	2012			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 2,314,646	\$ -	\$ 2,314,646
Guaranteed investment contracts	-	-	300,871	300,871
Fixed annuity contracts	-	-	794,050	794,050
Total assets at fair value	<u>\$ -</u>	<u>\$ 2,314,646</u>	<u>\$ 1,094,921</u>	<u>\$ 3,409,567</u>

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31:

	2013	
	<u>Guaranteed Investment Contracts</u>	<u>Fixed annuity contracts</u>
Balance, beginning of year	\$ 300,871	\$ 794,050
Realized gains and earnings	14,242	20,657
Fair value adjustment	(34)	-
Purchases	517,866	-
Sales	(89,828)	(256,285)
Balance, end of year	<u>\$ 743,117</u>	<u>\$ 558,422</u>

	2012	
	<u>Guaranteed Investment Contracts</u>	<u>Fixed annuity contracts</u>
Balance, beginning of year	\$ 191,728	\$ 828,433
Realized gains and earnings	7,685	28,235
Fair value adjustment	17,540	-
Purchases	125,941	-
Sales	(42,023)	(62,618)
Balance, end of year	<u>\$ 300,871</u>	<u>\$ 794,050</u>

8. TAX STATUS

On March 16, 2010, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualified under Section 401(a) of the Internal Revenue Code. The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

9. 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 would become fully vested in their employer contributions.

10. RELATED PARTY TRANSACTIONS

Certain plan investments are guaranteed investment contracts or units of pooled separate accounts managed by Lincoln National Life Insurance Company ("Lincoln"). Lincoln is the custodian of these accounts and, therefore, the transactions in those investments and related fees qualify as party-in-interest transactions. Fees paid by the Plan to Lincoln for investment management services totaled \$16,666 and \$14,434 in 2013 and 2012, respectively.

* * * * *

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

EIN: 04-2686584

PLAN: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2013

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
<i>Pooled separate accounts (participant-directed):</i>			
* Lincoln National Life Insurance Company	SA35 Fidelity VIP ContraFund	\$	53,244
* Lincoln National Life Insurance Company	SA36 LVIP SSgA Small-Cap Index		6,414
* Lincoln National Life Insurance Company	SA46 AF Small Cap World		26,430
* Lincoln National Life Insurance Company	SA48 AF Growth America		41,306
* Lincoln National Life Insurance Company	SA49 AF Invest Co Amer		17,911
* Lincoln National Life Insurance Company	SA55 LVIP Clarion Gbl Real Est		7,090
* Lincoln National Life Insurance Company	SA56 Delaware VIP Small Cap Value		44,053
* Lincoln National Life Insurance Company	SA57 LVIP Dimensional US Equity		5,566
* Lincoln National Life Insurance Company	SA84 Fidelity VIP Mid Cap		45,363
* Lincoln National Life Insurance Company	SA93 Del VIP Diversified Income		23,335
* Lincoln National Life Insurance Company	SA94 Oppenheimer Dvlping Mrkts		14,591
* Lincoln National Life Insurance Company	SA11 LVIP Delaware Growth & Income		23,489
* Lincoln National Life Insurance Company	SA12 LVIP Delaware Bond		32,443
* Lincoln National Life Insurance Company	SA14 Fed Gov Ultrashort Dur		84,220
* Lincoln National Life Insurance Company	SA17 Columbia Acorn		1,675
* Lincoln National Life Insurance Company	SA20 Franklin High Income		23,134
* Lincoln National Life Insurance Company	SA21 VG LifeStrategy Mod Growth		40,198
* Lincoln National Life Insurance Company	SA22 LVIP Mon Int'l Value		62,196
* Lincoln National Life Insurance Company	SA95 LVIP Del Fndtn Conserv/All		15,635
* Lincoln National Life Insurance Company	SA96 LVIP Del Fndtn ModertAll		60,314
* Lincoln National Life Insurance Company	SAL8 SSgA Russ Lc VI Ix Non-Ln		355
* Lincoln National Life Insurance Company	SAL9 SSgA Russ LC Ix Non Ln		3,704
* Lincoln National Life Insurance Company	SALA SSgA S&P MidCp Idx Non-Ln		14,046
* Lincoln National Life Insurance Company	SA61 Delaware VIP Value		2,557
* Lincoln National Life Insurance Company	SA27 LVIP SSgA S&P 500 Index		10,773

* Party-in-interest

** Cost information is not required for participant-directed investments and therefore is not included.

continued

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

EIN: 04-2686584

PLAN: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2013

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
<i>Pooled separate accounts (participant-directed) (continued)</i>			
* Lincoln National Life Insurance Company	SA23 SSgA Rusl All Cap Idx	\$	8,421
* Lincoln National Life Insurance Company	SA24 SSgA Rusl Sml Md Cp Idx		11,956
* Lincoln National Life Insurance Company	SA28 Invesco Growth & Income		5,157
* Lincoln National Life Insurance Company	SA83 Black Rock Flexible Equity		2,770
* Lincoln National Life Insurance Company	SA32 VG LifeStrategy Growth		12,561
* Lincoln National Life Insurance Company	SA33 LVIP Del Social Awareness		791
* Lincoln National Life Insurance Company	SA34 AF New Perspective		4,544
* Lincoln National Life Insurance Company	SA54 AF EuroPac Growth		1,792
* Lincoln National Life Insurance Company	SA58 Franklin Growth		810
* Lincoln National Life Insurance Company	SA64 Janus Aspen Enterprise		15,899
* Lincoln National Life Insurance Company	SA77 Black Rock Energy & Resources		24,097
* Lincoln National Life Insurance Company	SA92 LVIP Bk Rk Inflm Protected		4,524
* Lincoln National Life Insurance Company	SA86 Temp Global Bond Securities		13,751
* Lincoln National Life Insurance Company	SA1C AF Amer High-Inc		547
* Lincoln National Life Insurance Company	SA1E AF Bond America		1,117
* Lincoln National Life Insurance Company	SALC SSgA Russ SC Gr Ix Non-Ln		3,018
* Lincoln National Life Insurance Company	SA19 LVIP Domestic Eq		166
* Lincoln National Life Insurance Company	SA30 VG LifeStrategy Cons Grw		1,495
* Lincoln National Life Insurance Company	SA39 AB Small Mid Cap Value		6,014
* Lincoln National Life Insurance Company	SA67 MFS VIT Utilities Series		4,490
* Lincoln National Life Insurance Company	SA76 Invesco Sml Cap Discovery		7,894
* Lincoln National Life Insurance Company	SA1X LVIP Bar GR		24,074
* Lincoln National Life Insurance Company	SA97 LVIP Del Fndtn Aggressive All		153,400
Total pooled separate accounts (participant-directed)			969,330

* Party-in-interest

** Cost information is not required for participant-directed investments and therefore is not included.

continued

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

EIN: 04-2686584

PLAN: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2013

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost ***	(e) Current Value
<i>Pooled separate accounts (non participant-directed):</i>			
* Lincoln National Life Insurance Company	SA35 Fidelity VIP ContraFund		\$ 42,754
* Lincoln National Life Insurance Company	SA46 AF Small Cap World		113,837
* Lincoln National Life Insurance Company	SA48 AF Growth America		54,919
* Lincoln National Life Insurance Company	SA49 AF Invest Co America		153,151
* Lincoln National Life Insurance Company	SA56 Delaware VIP Small Cap Value		73,768
* Lincoln National Life Insurance Company	SA57 LVIP Dimesional US Equity		150,590
* Lincoln National Life Insurance Company	SA67 MFS VIT Utilities Series		60,860
* Lincoln National Life Insurance Company	SA84 Fidelity VIP Mid Cap		59,569
* Lincoln National Life Insurance Company	SA86 Templeton Global Bond Securities		130,203
* Lincoln National Life Insurance Company	SA92 LVIP BkRk Infltn Protected		46,278
* Lincoln National Life Insurance Company	SA93 Del VIP Diversified Income		118,440
* Lincoln National Life Insurance Company	SA12 LVIP Delaware Bond		141,262
* Lincoln National Life Insurance Company	SA22 LVIP Mon Int'l Value		103,654
* Lincoln National Life Insurance Company	SA20 Franklin High Income		123,978
* Lincoln National Life Insurance Company	SA64 Janus Aspen Enterprise		68,419
* Lincoln National Life Insurance Company	SA28 Invesco Growth & Income		149,510
* Lincoln National Life Insurance Company	SA17 Columbia Acorn		40,900
* Lincoln National Life Insurance Company	SA24 SSgA Rusl Sml Md Cp Idx		45,893
* Lincoln National Life Insurance Company	SA1X LVIP Bar GR		46,135
* Lincoln National Life Insurance Company	SA80 Black Rock Large Cap Value		-
* Lincoln National Life Insurance Company	SA83 Black Rock Flexible Equity		49,269
Total pooled separate accounts (non participant-directed):			1,773,389
Total pooled separate accounts			2,742,719

* Party-in-interest

*** Historical cost is not available from the custodian for pooled separate accounts.

continued

SOLE PROPRIETOR, INC. PROFIT SHARING PLAN

EIN: 04-2686584

PLAN: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2013

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Lincoln National Life Insurance Company * Lincoln National Life Insurance Company	<i>Guaranteed investment contracts:</i> Participant directed contract Non-participant directed contract	n/a 459,151	\$ 250,307 459,151
	Total guaranteed investment contracts		709,458
John Hancock Life Insurance Company Fort Dearborn Life Insurance Company	<i>Fixed annuity contracts (non participant-directed):</i> Fixed Annuity Contract No. FX06002241, 3% Fixed Annuity Contract No. P65506, 2%	346,014 212,408	346,014 212,408
	Total fixed annuity contracts (non participant-directed)		558,422
* Participant loans	Interest rates of 4.25%	n/a	36,224
* Party-in-interest	TOTAL INVESTMENTS		\$ 4,046,823

SOLE PROPRIETOR INC. PROFIT SHARING PLAN

EIN: 04-2686584

PLAN: 001

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2013**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Lincoln National Life Insurance Company	Guaranteed interest contract	\$ 532,318	\$ -	\$ 532,318	\$ 532,318	\$ -
Lincoln National Life Insurance Company	SA14 Fed Gov Ultrashort Dur Purchases Sales	225,375 -	- 145,195	225,375 145,195	225,375 145,195	- -