

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 SONNENALP PROPERTIES PROFIT SHARING PLAN	<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;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1989</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 84-0892418</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 970-479-5412</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 721110</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1989		2b Employer Identification Number (EIN) 84-0892418		2c Sponsor's telephone number 970-479-5412		2d Business code (see instructions) 721110	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 01/01/1989											
2b Employer Identification Number (EIN) 84-0892418											
2c Sponsor's telephone number 970-479-5412											
2d Business code (see instructions) 721110											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SONNENALP PROPERTIES INC. 20 VAIL ROAD VAIL, CO 81657											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	SARAH SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	SARAH SMITH
	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) AMERICAN UNITED LIFE INSURANCE CO. AMERICAN UNITED LIFE INSURANCE CO. ONE AMERICAN SQUARE, PO BOX 368 INDIANAPOLIS, IN 46206-0368			Preparer's telephone number (optional) 800-261-9618

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	318
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	262
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	48
d Subtotal. Add lines 6a , 6b , and 6c		6d	310
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	310
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	107
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 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>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan SONNENALP PROPERTIES PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SONNENALP PROPERTIES INC.	D Employer Identification Number (EIN) 84-0892418

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 UNITED 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
35-0145825	60895	G34709	107	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
17898	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

NORTHWESTERN MUTUAL INVESTMENT
720 E WISCONSIN AVE
ATTN SHERYL NEWSOM
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17898	0	N/A	3

(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	259742
5 Current value of plan's interest under this contract in separate accounts at year end	5	3568581

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 ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	255596
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c Additions: (1) Contributions deposited during the year	7c(1)	11004	
	7c(2)	0	
	7c(3)	4519	
	7c(4)	14861	
	7c(5)	0	

(6) Total additions	7c(6)	30384
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d Total of balance and additions (add lines 7b and 7c(6))	7d	285980
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	15480	
(2) Administration charge made by carrier	7e(2)	4330	
(3) Transferred to separate account	7e(3)	6428	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	26238
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	259742
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan <u>SONNENALP PROPERTIES 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>SONNENALP PROPERTIES INC.</u>	D Employer Identification Number (EIN) <u>84-0892418</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN UNITED LIFE INSURANCE CO

35-0145825

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

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

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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 27 37 50 64 66 67 52 59 60 63	NONE	4690	Yes ☒ No ☐	Yes ☐ No ☒	16579	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 ☐

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
AMERICAN UNITED LIFE INSURANCE CO	66 67	16579
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN UNITED LIFE INSURANCE CO 35-0145825		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ASSET CHARGE		
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation ALLIANZ GLOBAL INVESTORS 13-3538489		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN CENTURY INVESTMENTS 20-2036524		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN FUNDS 95-1411037		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation FIDELITY INVESTMENTS 04-2270522		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation GOLDMAN SACHS ASSET MANAGEMENT 13-4166989		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
LORD ABBETT FUNDS 13-5620131	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
NEUBERGER BERMAN 13-5521910	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
ONEAMERICA FUNDS INC. 35-0145825	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation OPPENHEIMER FUNDS INC. 13-2527171		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation PIMCO 06-1349805		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation RUSSELL INVESTMENT COMPANY 91-1175092		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
T ROWE PRICE 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(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.	
THORNBURG INVESTMENT MANAGEMENT 85-0301299	REVENUE SHARING FORMULA - SEE ATTACHED	
(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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>SONNENALP PROPERTIES 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>SONNENALP PROPERTIES INC.</u>		D Employer Identification Number (EIN) <u>84-0892418</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	6510
(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)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3060455	3568581
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	255596	259742
(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	3316051	3834833

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3316051	3834833
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	51193	
(B) Participants	2a(1)(B)	164373	
(C) Others (including rollovers)	2a(1)(C)	5824	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		221390
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4519	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4519
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		550699
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		776608

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	251014	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		251014
f Corrective distributions (see instructions).....	2f		2122
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	4690	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4690
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		257826

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		518782
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: MCMAHAN AND ASSOCIATES, L.L.C.

(2) EIN: 84-1509269

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.).....

	Yes	No	Amount
4a	X		17083
4b		X	

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

	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		1000000
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>SONNENALP PROPERTIES 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>SONNENALP PROPERTIES INC.</u>	D Employer Identification Number (EIN) <u>84-0892418</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>35-0145825</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: _____% 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): _____

Sonnenalp Properties Profit Sharing Plan

Financial Report

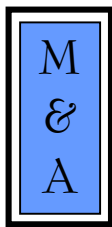
December 31, 2013



**Sonnenalp Properties Profit Sharing Plan
Financial Report
December 31, 2013 and 2012**

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McMAHAN AND ASSOCIATES, L.L.C.

Certified Public Accountants and Consultants

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INDEPENDENT AUDITOR'S REPORT

**To the Board of Trustees
Sonnenalp Properties Profit Sharing Plan
Vail, Colorado**

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

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

Member: American Institute of Certified Public Accountants

PAUL J. BACKES, CPA, CGMA
MICHAEL N. JENKINS, CA, CPA, CGMA
DANIEL R. CUDAHY, CPA, CGMA

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INDEPENDENT AUDITOR'S REPORT
To the Board of Trustees
Sonnenalp Properties Profit Sharing Plan
Vail, Colorado

Other Matter

The supplemental schedules on pages 13 – 14 as of or for the year ended December 31, 2013 are required by the United States Department of Labor's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974* and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on 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 schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*.

McMahan and Associates, L.L.C.
September 10, 2014

Sonnenalp Properties Profit Sharing Plan
Statement of Net Assets Available for Benefits
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments at fair value:		
Interest in pooled separate accounts	3,568,581	3,060,455
Funds held in general accounts	<u>259,742</u>	<u>255,596</u>
Total investments	<u>3,828,323</u>	<u>3,316,051</u>
Receivables:		
Employer contributions	2,539	2,650
Participant contributions	<u>14,348</u>	<u>7,799</u>
Total receivables	<u>16,887</u>	<u>10,449</u>
 Total Assets	 <u><u>3,845,210</u></u>	 <u><u>3,326,500</u></u>
 Net Assets Reflecting Investments at Fair Value	 3,845,210	 3,326,500
Adjustment from fair value to contract value for fully benefit-responsive investment contract	 <u>-</u>	 <u>-</u>
Net Assets Available for Benefits	<u><u>3,845,210</u></u>	<u><u>3,326,500</u></u>

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

Sonnenalp Properties Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions to Net Assets Attributed to:		
Investment income:		
Interest	4,519	6,048
Net appreciation (depreciation) in fair value of investments	550,698	343,252
Total investment income	<u>555,217</u>	<u>349,300</u>
Contributions:		
By employer	51,082	57,005
By participants	170,237	188,681
Total contributions	<u>221,319</u>	<u>245,686</u>
Total Additions (Deductions)	<u>776,536</u>	<u>594,986</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	251,014	253,480
Corrective distributions	2,122	-
Administrative expenses	4,690	2,174
Total Deductions	<u>257,826</u>	<u>255,654</u>
Net Change in Net Assets Available for Benefits	518,710	339,332
Net Assets Available for Benefits - Beginning of Year	<u>3,326,500</u>	<u>2,987,168</u>
Net Assets Available for Benefits - End of Year	<u><u>3,845,210</u></u>	<u><u>3,326,500</u></u>

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

Sonnenalp Properties Profit Sharing Plan
Notes to the Financial Statements
December 31, 2013 and 2012

1. Description of the Plan

The following description of Sonnenalp Properties Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering employees of Sonnenalp Properties, Inc. and related companies (collectively, the "Company") with one year of service, including at least 1,000 hours of service within each year, and having attained age twenty-one or older. The Plan, which was established January 1, 1989, is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

B. Contributions

Each pay period, participants may contribute between 1% and 100% of their eligible compensation, with total elective employee contributions in any calendar year not to exceed stated dollar limits established by the Internal Revenue Code, as amended. Participants may also contribute amounts representing distributions from other qualified plans.

The Plan agreement provides that the Company may make a discretionary matching contribution equal to a uniform percentage of each participant's salary deferrals, with the discretionary percentage determined annually by the Company (not to exceed 4% of annual compensation). For 2013 and 2012, the Company matched participant contributions up to 2% of annual compensation.

C. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution, investment earnings, and administrative expenses incurred by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contributions plus actual earnings thereon is based on years of continuous service, according to the following schedule:

<u>Years of Continuous Service</u>	<u>Percentage Vested in Company Contributions</u>
Following 2 years	20.00%
Following 3 years	40.00%
Following 4 years	60.00%
Following 5 years	80.00%
Following 6 years	100.00%

E. Investments

In July 2006, the Plan entered into a contract with American United Life Insurance Company ("AUL"). Contributions are held in AUL's OneAmerica Money Market Portfolio.

Sonnenalp Properties Profit Sharing Plan
Notes to the Financial Statements
December 31, 2013 and 2012
(Continued)

1. Description of the Plan (continued)

E. Investments (continued)

Upon enrollment in the Plan, participants may direct contributions to any of following mutual funds, bond funds, or savings accounts underlying AUL's Money Market Portfolio.

Fixed interest:

AUL Fixed Accounts

Bond funds:

American Funds American High Income Trust
OneAmerica Investment Grade Bond
OneAmerica Money Market
PIMCO Total Return – Class R

Mutual funds:

Allianz NFJ Dividend Value Fund
American Century Real Estate Fund
American Funds Capital World Growth and Income Fund
American Funds Europacific Growth Fund
American Funds Fundamental Investment
American Funds Growth Fund of America Fund
Fidelity Advisor Leveraged Company Stock Fund
Fidelity Advisor Small Cap Fund
Goldman Sachs Small Cap Value Fund – Class Svc
Lord Abbett Small Cap Blend Fund
OneAmerica Asset Director
Oppenheimer Developing Markets Fund
Oppenheimer Global Fund
Russell Lifepoints Balanced Fund
Russell Lifepoints Equity Growth Fund
Russell Lifepoints Growth Fund
Russell Lifepoints Moderate Fund
T. Rowe Price Equity Income Fund
T. Rowe Price Retirement 2020 Fund
T. Rowe Price Retirement 2030 Fund
T. Rowe Price Retirement 2040 Fund
T. Rowe Price Retirement 2045 Fund
T. Rowe Price Retirement 2050 Fund
T. Rowe Price Retirement 2055 Fund
T. Rowe Price Retirement Income Fund
Thornburg International Value Fund

Information about the mutual funds and their objectives are available in their respective prospectuses, annual statements, and brochures. Participants may change their investment allocations directly with AUL via telephone or internet at any time. AUL also reserves the right, upon notification and approval of participating plan sponsors, to add, delete, or substitute mutual funds available under AUL's Money Market Portfolio.

F. Payment of Benefits

Upon termination of service with the Company, a participant may elect to receive either a lump-sum amount equal to the value of their vested interest, or an annuity. The amount received is subject to applicable tax and withholding laws.

Sonnenalp Properties Profit Sharing Plan
Notes to the Financial Statements
December 31, 2013 and 2012
(Continued)

1. Description of the Plan (continued)

G. Plan Termination

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

H. Tax Status

The Internal Revenue Service has determined and informed the Company by letter that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

I. Forfeited Accounts

Forfeited non-vested accounts may be utilized by the Company, as plan sponsor, to reduce future matching contributions and to pay certain operating expenses of the Plan.

The following is a summary of activity in the forfeiture account during 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Forfeited non-vested accounts - Beginning of year	\$ -	278
Non-vested employer contributions forfeited	13,596	4,897
Investment earnings	58	7
Forfeited funds used to reduce employer contribution	(6,882)	(3,717)
Third-party fees paid	<u>(4,290)</u>	<u>(1,465)</u>
Forfeited non-vested accounts - End of year	<u>\$ 2,482</u>	<u>-</u>

2. Summary of Significant Accounting Policies

A. Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting which recognizes revenues when earned and expenses when incurred.

B. Estimates

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

C. Investment Valuation

The Plan's investments are stated at fair value. See Note 5 for discussion of fair value measurements.

D. Allowance for Doubtful Amounts

The Plan utilizes the allowance method of recognizing the future potential uncollectibility of all receivables. No such allowance was recorded at December 31, 2013 and 2012 as all amounts were considered collectible.

Sonnenalp Properties Profit Sharing Plan
Notes to the Financial Statements
December 31, 2013 and 2012
(Continued)

2. Summary of Significant Accounting Policies (continued)

E. Benefits

Benefits are recorded when paid.

F. Subsequent Events

Management has evaluated subsequent events through September 10, 2014; the date these financial statements were available to be issued.

3. Information Prepared and Certified by the Custodian

The following information included in the financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by AUL, as Custodian of the Plan:

	2013	2012
Interest in pooled separate accounts	\$ 3,568,581	3,060,455
Funds held in general accounts	259,742	255,596
Total appreciation (depreciation) in fair value of investments	550,698	343,252
Interest	4,519	6,048

Total appreciation in fair value of investments for 2013 includes investment gain of \$58 on forfeited contributions (\$7 gain in 2012).

Sonnenalp Properties Profit Sharing Plan
Notes to the Financial Statements
December 31, 2013 and 2012
(Continued)

4. Net Assets by Investment Option – 2013

The following information by investment option was obtained from data that has been prepared and certified to as complete and accurate by AUL.

	<u>Value at Jan. 1/13</u>	<u>Net Change in Value</u>	<u>Value at Dec. 31/13</u>
Fixed interest:			
AUL Fixed Account	\$ 255,596	4,146	259,742
Bond funds:			
American Funds American High Income Trust	45,055	625	45,680
OneAmerica Investment Grade Bond	75,644	(13,119)	62,525
OneAmerica Money Market	49,716	19,377	69,093
PIMCO Total Return - Class R	89,565	(58)	89,507
Mutual funds:			
Allianz NFJ Dividend Value Fund	20,428	10,287	30,715
American Century Real Estate Fund	89,220	(7,603)	81,617
American Funds Capital World Growth and Income Fund	56,929	2,752	59,681
American Funds Europacific Growth Fund	70,139	(3,737)	66,402
American Funds Fundamental Investment	151,549	35,216	186,765
American Funds Growth Fund of American Fund	60,923	8,191	69,114
Fidelity Advisor Leveraged Company Stock Fund	46,461	18,953	65,414
Fidelity Advisor Small Cap Fund	24,149	(24,149)	-
Goldman Sachs Small Cap Value Fund - Class Svc	-	129,196	129,196
Lord Abbett Small Cap Blend Fund	86,252	(86,252)	-
OneAmerica Asset Director	74,609	28,443	103,052
Oppenheimer Developing Markets Funds	9,932	3,062	12,994
Oppenheimer Global Fund	16,685	2,339	19,024
Russell Lifepoints Balanced Fund	372,442	(372,442)	-
Russell Lifepoints Equity Growth Fund	360,207	(360,207)	-
Russell Lifepoints Growth Fund	982,658	(982,658)	-
Russell Lifepoints Moderate Fund	245,205	(245,205)	-
T. Rowe Price Equity Income Fund	80,413	17,836	98,249
T. Rowe Price Retirement 2020 Fund	-	433,622	433,622
T. Rowe Price Retirement 2030 Fund	-	1,153,074	1,153,074
T. Rowe Price Retirement 2040 Fund	-	2,423	2,423
T. Rowe Price Retirement 2045 Fund	-	7,044	7,044
T. Rowe Price Retirement 2050 Fund	-	2,792	2,792
T. Rowe Price Retirement 2055 Fund	-	437,604	437,604
T. Rowe Price Retirement Income Fund	-	281,930	281,930
Thornburg International Value Fund	52,274	8,790	61,064
	<u>\$ 3,316,051</u>	<u>512,272</u>	<u>3,828,323</u>

Sonnenalp Properties Profit Sharing Plan
Notes to the Financial Statements
December 31, 2013 and 2012
(Continued)

4. Net Assets by Investment Option – 2013 (continued)

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

	<u>2013</u>	<u>2012</u>
Fixed interest:		
AUL Fixed Account	\$ 259,742	255,596
Mutual funds:		
Russell Lifepoints Balanced Fund	-	372,442
Russell Lifepoints Equity Growth Fund	-	360,207
Russell Lifepoints Growth Fund	-	982,658
Russell Lifepoints Moderate Fund	-	245,205
T. Rowe Price Retirement 2020 Fund	433,622	-
T. Rowe Price Retirement 2030 Fund	1,153,074	-
T. Rowe Price Retirement 2055 Fund	437,604	-
T. Rowe Price Retirement Income Fund	281,930	-

5. Fair Value Measurements

As explained in Note 1E, the Plan has a contract with AUL whereby contributions to the Plan are held in either a pooled separate account which in turn invests in mutual funds, or fixed interest investment option (see Note 6). Funds held in general accounts are not invested in mutual funds; rather, the general accounts are interest-bearing savings accounts. The pooled separate account is credited with its share of earnings and appreciation on the underlying investments of the mutual funds. The contract is included in the financial statements at contract value, which approximates fair value, as reported to the Plan by AUL.

U.S. generally accepted accounting principles require financial assets be valued at "fair value", determined through application of a three-tiered hierarchy of input levels. Financial assets valued using level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets valued using level 2 inputs are based primarily on quoted prices for similar assets in active or inactive markets. Financial assets valued using level 3 inputs are based on the best information available in circumstances where markets are non-existent or illiquid. AUL asserts that the contract's value consists entirely of Level 2 inputs with the observable inputs for the portion of the contract held in the AUL separate account being the accumulation units in the investment account, and for the portion of the contract held in the fixed interest account, the inputs being the amounts contributed or transferred to the fixed interest account less any withdrawals or transfers out, plus all accrued interest.

Sonnenalp Properties Profit Sharing Plan
Notes to the Financial Statements
December 31, 2013 and 2012
(Continued)

5. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair values as of December 31, 2013 and 2012:

Fair Value Measurement at December 31, 2013 Using:				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Interest in pooled separate accounts	\$ 3,568,581	-	3,568,581	-
Funds held in general accounts	259,742	-	259,742	-
Total investments at fair value	<u>\$ 3,828,323</u>	<u>-</u>	<u>3,828,323</u>	<u>-</u>

Fair Value Measurement at December 31, 2012 Using:				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Interest in pooled separate accounts	\$ 3,060,455	-	3,060,455	-
Funds held in general accounts	255,596	-	255,596	-
Total investments at fair value	<u>\$ 3,316,051</u>	<u>-</u>	<u>3,316,051</u>	<u>-</u>

6. AUL Fixed Account

The AUL Fixed Account (the "Account") is a fixed interest investment option offered by the Plan. Funds invested in the Account will earn interest at the higher of either the contract guaranteed rate or AUL's current rates, which are established and declared in advance. For new contributions, interest rates are determined before the beginning of a calendar quarter, and the contributions received in that quarter will earn the determined rate. These contributions will earn the rate until the end of the subsequent calendar year. Contributions, along with the corresponding interest rate, for each quarter are tracked together in a quarterly interest rate pocket (the "Quarterly Pocket"). At the end of the subsequent calendar year, the Quarterly Pockets, created in the prior year, are adjusted to an annual interest rate pocket (the "Annual Pocket"). The established and declared annual interest rate will remain in effect for at least one calendar year for each Annual Pocket. The Account is backed by AUL's general account, and it is not a stable value fund invested in guaranteed investment contracts.

Sonnenalp Properties Profit Sharing Plan
Notes to the Financial Statements
December 31, 2013 and 2012
(Continued)

6. AUL Fixed Account (continued)

The guaranteed contract rates and AUL's rates for the four calendar quarters of 2013 and 2012 were as follows:

Quarter	2013		2012	
	AUL's Rate	Guaranteed Contract Rate	AUL's Rate	Guaranteed Contract Rate
January 1 - March 31	0.0100%	0.0100%	0.0130%	0.0100%
April 1 - June 30	0.0100%	0.0100%	0.0130%	0.0100%
July 1 - September 30	0.0115%	0.0100%	0.0125%	0.0100%
October 1 - December 31	0.0175%	0.0100%	0.0125%	0.0100%

7. Contract Value at Plan or Contract Termination

A termination, and the resulting distribution, of the contract may incur a surrender charge and, or, a one-time adjustment to the aggregate value of the fixed option. Such an event, if one were to occur, is contingent on the Plan Trustee or the Company to initiate a termination. The initiation cannot be made by the participants of the Plan. There is a provision, in the contract termination value, for a market value adjustment and a surrender charge. Upon request to AUL, this value may be provided, but AUL's belief is that the termination value is not an appropriate measure of fair value. As explained in Note 1G, the Company has not expressed any intent to terminate the Plan.

8. Nonexempt Transactions

Management has determined that nonexempt transactions occurred during 2013 and 2012. These violations involved the submission by the Company of participant contributions to the Plan's trust on dates later than the latest dates permitted by Department of Labor regulations. While all such contributions were remitted to the Plan during 2013 and 2012, management has not yet fully corrected the nonexempt prohibited transactions in 2013 by making contributions to the Plan for all applicable lost earnings or by filing the requisite excise tax return. Management intends to fully correct these matters in 2014 for 2013 violations, and has corrected 2012 violations in 2013. Management believes that the transactions should not affect the tax-qualified status of the Plan.

9. Reconciliation of Financial Statements to Form 5500 – 2013

The following is a reconciliation of net assets available for benefits per the financial statements to the Plan's 2013 Form 5500, *Annual Return/Report of Employee Benefit Plan*.

Net assets available for benefits per financial statements	\$ 3,845,210
Accrual difference relating to contributions receivable	<u>(10,377)</u>
Net assets available for benefits per Form 5500 return	<u><u>\$ 3,834,833</u></u>

Sonnenalp Properties Profit Sharing Plan
EIN 84-0892418 Plan Number - 001
Form 5500 Schedule H, Line 4a
Schedule of Delinquent Participant Contributions
December 31, 2013

Participant contributions transferred late to the Plan	
\$	17,083

Total that constitute nonexempt prohibited Transactions		
Contributions not corrected	Contributions Corrected outside VFCP	Contributions Pending Correction in VFCP
\$ 17,083	\$ -	\$ -

Total fully corrected under VFCP and PTE 2002-51	
\$	-

☐ Check here if late participant loan repayments are included.

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

Sonnenalp Properties Profit Sharing Plan
EIN 84-0892418 Plan Number - 001
Form 5500 Schedule H, Line 4i
Schedule of Assets Held for Investment Purposes
December 31, 2013

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor or similar party</u>	<u>(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current value</u>
	American United Life Insurance Company	Value of interest in registered investment companies	N/A	3,568,581
		Value of funds held in insurance company general account	N/A	<u>259,742</u>
				<u><u>3,828,323</u></u>

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

Schedule C Attachment for Line Item 3(e)

Plan Name **G34709 SONNENALP PROPERTIES PROFIT SHARING PLAN**

Plan Number **001** **Plan Year End** **12/31/2013**

EIN **84-0892418**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
ALLIANZ GLOBAL INVESTORS	AllianzGI NFJ Dividend Val R	0.65
AMERICAN CENTURY INVESTMENTS	AmerCent RealEstate A	0.60
AMERICAN FUNDS	AmerFds Cap World Grth&Inc R3	0.60
AMERICAN FUNDS	AmerFds EuroPac Grth R3	0.60
AMERICAN FUNDS	AmerFds Fdamental Invs R3	0.60
AMERICAN FUNDS	AmerFds Grth Fd of America R3	0.60
AMERICAN FUNDS	AmerFds Amer High Inc Trust R3	0.60
FIDELITY INVESTMENTS	Fidelity Adv Lev Comp Stock T	0.60
FIDELITY INVESTMENTS	Fidelity Adv SmCap T	0.60
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs SmCapVal Svc	0.60
LORD ABBETT FUNDS	Lord Abbett SmCap Blend P	0.60
NEUBERGER BERMAN	NeubergerBer LgCap Val Adv	0.60
ONEAMERICA FUNDS INC.	OneAmerica Asset Director Adv	0.30
ONEAMERICA FUNDS INC.	OneAmerica Inv Grade Bond Adv	0.30
ONEAMERICA FUNDS INC.	OneAmerica Money Mkt Adv	0.30
OPPENHEIMER FUNDS INC.	Oppenheimer Dev Mkts Fd N	0.59
OPPENHEIMER FUNDS INC.	Oppenheimer Global Fd N	0.60
PIMCO	PIMCO Total Return R	0.60
RUSSELL INVESTMENT COMPANY	Russell LP Grth Strat R3	0.70

Investment Company	Investment Portfolio	Annual Percentage
RUSSELL INVESTMENT COMPANY	Russell LP Balanced R3	0.70
RUSSELL INVESTMENT COMPANY	Russell LP Eqty Grth Strat R3	0.70
RUSSELL INVESTMENT COMPANY	Russell LP Mod R3	0.70
T ROWE PRICE	TRowePrice Ret 2005 R	0.65
T ROWE PRICE	TRowePrice Ret 2010 R	0.65
T ROWE PRICE	TRowePrice Ret 2015 R	0.65
T ROWE PRICE	TRowePrice Ret 2020 R	0.65
T ROWE PRICE	TRowePrice Ret 2025 R	0.65
T ROWE PRICE	TRowePrice Ret 2030 R	0.65
T ROWE PRICE	TRowePrice Ret 2035 R	0.65
T ROWE PRICE	TRowePrice Ret 2040 R	0.65
T ROWE PRICE	TRowePrice Ret 2045 R	0.65
T ROWE PRICE	TRowePrice Ret 2050 R	0.65
T ROWE PRICE	TRowePrice Ret 2055 R	0.65
T ROWE PRICE	TRowePrice Eqty Inc R	0.65
T ROWE PRICE	TRowePrice Ret Inc R	0.65
THORNBURG INVESTMENT MANAGEMENT	Thornburg Core Grth R3	0.70
THORNBURG INVESTMENT MANAGEMENT	Thornburg Intl Val R3	0.70

Plan Type 1 401PS

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SONNENALP PROPERTIES PROFIT SHARING PLAN

EIN: 84-0892418

Plan Sponsor's Name SONNENALP PROPERTIES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ALLIANZ GLOBAL INVESTORS	ALLIANZGI NFJ DIVIDEND VAL R MUTUAL FUND SHARES	0	30,715
	AMERICAN CENTURY INVESTMENTS	AMERCENT REALESTATE A MUTUAL FUND SHARES	0	81,618
	AMERICAN FUNDS	AMERFDS AMER HIGH INC TRUST R3 MUTUAL FUND SHARES	0	45,680
	AMERICAN FUNDS	AMERFDS CAP WORLD GRTH & INC R3 MUTUAL FUND SHARES	0	59,681
	AMERICAN FUNDS	AMERFDS EUROPAC GRTH R3 MUTUAL FUND SHARES	0	66,402
	AMERICAN FUNDS	AMERFDS FDAMENTAL INVS R3 MUTUAL FUND SHARES	0	186,765
	AMERICAN FUNDS	AMERFDS GRTH FD OF AMERICA R3 MUTUAL FUND SHARES	0	69,114

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SONNENALP PROPERTIES PROFIT SHARING PLAN

EIN: 84-0892418

Plan Sponsor's Name SONNENALP PROPERTIES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	259,742
	FIDELITY INVESTMENTS	FIDELITY ADV LEV COMP STOCK T MUTUAL FUND SHARES	0	65,414
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS SMCAPVAL SVC MUTUAL FUND SHARES	0	129,196
*	ONEAMERICA FUNDS INC.	ONEAMERICA ASSET DIRECTOR ADV MUTUAL FUND SHARES	0	103,052
*	ONEAMERICA FUNDS INC.	ONEAMERICA INV GRADE BOND ADV MUTUAL FUND SHARES	0	62,523
*	ONEAMERICA FUNDS INC.	ONEAMERICA MONEY MKT ADV MUTUAL FUND SHARES	0	69,093
	OPPENHEIMER FUNDS INC.	OPPENHEIMER DEV MKTS FD N MUTUAL FUND SHARES	0	12,994

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SONNENALP PROPERTIES PROFIT SHARING PLAN

EIN: 84-0892418

Plan Sponsor's Name SONNENALP PROPERTIES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	OPPENHEIMER FUNDS INC.	OPPENHEIMER GLOBAL FD N MUTUAL FUND SHARES	0	19,024
	PIMCO	PIMCO TOTAL RETURN R MUTUAL FUND SHARES	0	89,507
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG INTL VAL R3 MUTUAL FUND SHARES	0	61,064
	T ROWE PRICE	TROWEPRI EQTY INC R MUTUAL FUND SHARES	0	98,249
	T ROWE PRICE	TROWEPRI RET 2020 R MUTUAL FUND SHARES	0	433,622
	T ROWE PRICE	TROWEPRI RET 2030 R MUTUAL FUND SHARES	0	1,153,074
	T ROWE PRICE	TROWEPRI RET 2040 R MUTUAL FUND SHARES	0	2,423

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SONNENALP PROPERTIES PROFIT SHARING PLAN

EIN: 84-0892418

Plan Sponsor's Name SONNENALP PROPERTIES INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T ROWE PRICE	TROWEPRICE RET 2045 R MUTUAL FUND SHARES	0	7,045
	T ROWE PRICE	TROWEPRICE RET 2050 R MUTUAL FUND SHARES	0	2,792
	T ROWE PRICE	TROWEPRICE RET 2055 R MUTUAL FUND SHARES	0	437,604
	T ROWE PRICE	TROWEPRICE RET INC R MUTUAL FUND SHARES	0	281,930

Attachment to 2013 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name SONNENALP PROPERTIES PROFIT SHARING PLAN

EIN: 84-0892418

Plan Sponsor's Name SONNENALP PROPERTIES INC.

PN: 001

Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	17,083			