# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
STAHLS', INC. EMPLOYEES' SALARY SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1985

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

STAHLS INC.

20600 STEPHENS STREET
ST. CLAIR SHORES, MI 48080-1084

**2b** Employer Identification Number (EIN)
38-1897812

**2c** Sponsor's telephone number
586-772-6161

**2d** Business code (see instructions)
314000

**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. | 10/15/2014 | JACQUELINE ALLISON |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2014 | JACQUELINE ALLISON |
| | **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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 450 |
| **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** | 445 |
| **b** | Retired or separated participants receiving benefits | **6b** | 2 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 26 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 473 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 473 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 280 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [X] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(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)** | [X] | **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)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [X] | 1 | **A** (Insurance Information) |
| **(4)** | [X] | | **C** (Service Provider Information) |
| **(5)** | [X] | | **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**

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

**A** Name of plan
STAHLS', INC. EMPLOYEES' SALARY SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
STAHLS INC.

**D** Employer Identification Number (EIN)
38-1897812

**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.

**1** Coverage Information:

**(a)** Name of insurance carrier

THE LINCOLN NATIONAL LIFE INSURANCE CO

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 35-0472300 | 65676 | GP67550 | 280 | 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 |
|---|---|
| 29123 | 15538 |

**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

FREEDMAN BENEFITS GROUP
30400 TELEGRAPH ROAD SUITE 440
BINGHAM FARMS, MI 48025

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 29123 | | | 4 |

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

FREEDMAN BENEFITS GROUP
30400 TELEGRAPH ROAD SUITE 440
BINGHAM FARMS, MI 48025

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | 15538 | TPA FEES | 5 |

**(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 | 1610116 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 16064763 |

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 ▶ GROUP VARIABLE ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 1515243 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 97510 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 23398 | | |
| | (4) Transferred from separate account | 7c(4) | 129987 | | |
| | (5) Other (specify below) | 7c(5) | 36116 | | |
| | ▶ LOAN REPAY/FORF/TAKEOVER/ADJ | | | | |
| | (6)Total additions | | | 7c(6) | 287011 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 1802254 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 38056 | | |
| | (2) Administration charge made by carrier | 7e(2) | 2294 | | |
| | (3) Transferred to separate account | 7e(3) | 124187 | | |
| | (4) Other (specify below) | 7e(4) | 27602 | | |
| | ▶ LOAN ISSUE/FORF/FEES/CORR/ADJ/INS | | | | |
| | (5) Total deductions | | | 7e(5) | 192139 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 1610115 |

## 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) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**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
STAHLS', INC. EMPLOYEES' SALARY SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
STAHLS INC.

**D** Employer Identification Number (EIN)
38-1897812

## 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).. . . . . [X] Yes [ ] No

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

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

LINCOLN NATIONAL CORPORATION
1300 S CLINTON STREET
FORT WAYNE, IN 46801-2248

35-1140070

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

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

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

STADION MONEY MANAGEMENT

58-2099805

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 | SERVICE PROVIDER | 41840 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LINCOLN NATIONAL CORPORATION

35-1140070

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 | SERVICE PROVIDER | 24698 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

FREEDMAN BENEFITS GROUP

30400 TELEGRAPH ROAD
SUITE 440
BINGHAM FARMS, MI 48025

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 | SERVICE PROVIDER | 8070 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
STAHLS', INC. EMPLOYEES' SALARY SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
STAHLS INC.

**D** Employer Identification Number (EIN)
38-1897812

**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)

**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): THE LINCOLN NATIONAL LIFE INSURANCE

| **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) |
|---|---|---|
| 35-1140070-111 | P | 143361 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA12 LVIP DELAWARE BOND

**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE

| **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) |
|---|---|---|
| 35-1140070-112 | P | 392574 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA14 FEDERATED GOVT. ULTRASHORT

**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE

| **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) |
|---|---|---|
| 35-1140070-114 | P | 701544 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA17 COLUMBIA ACORN

**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE

| **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) |
|---|---|---|
| 35-1140070-017 | P | 62657 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA19 LVIP VANGUARD DOMESTIC EQU

**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE

| **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) |
|---|---|---|
| 35-1140070-119 | P | 221305 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA20 FRANKLIN HIGH INCOME

**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE

| **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) |
|---|---|---|
| 35-1140070-120 | P | 187756 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA21 VANGUARD LIFE STRATEGY MOD

**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE

| **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) |
|---|---|---|
| 35-1140070-121 | P | 118808 |

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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): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-133 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110172 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA34 AMERICAN FUNDS NEW PERSPEC | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-134 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 226360 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 FIDELITY VIP CONTRAFUND | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-135 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336177 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA36 LVIP SSGA SMALLCAP INDEX | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-136 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 349029 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA38 LVIP MIDCAP VALUE | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-138 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA39 ALLIANCEBERNSTEIN VPS SMAL | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-139 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78471 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA46 AMERICAN FUNDS SMALL CAP W | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-146 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11690 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA48 AMERICAN FUNDS GROWTH FUND | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-148 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 426381 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA49 AMERICAN FUNDS INVESTMENT | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-149 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 391377 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA54 AMERICAN FUNDS EUROPACIFIC | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-154 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 269321 |

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22 LVIP MONDRIAN INT'L VALUE | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-122 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203828 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23 SSGA RUSSELL ALL CAP INDEX | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-123 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190882 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24 SSGA RUSSELL SMALL/MID CAP | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-124 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 353166 |
| **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): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-127 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 286753 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA28 INVESCO GROWTH AND INCOME | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-128 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57847 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA29 LVIP T. ROWE PRICE GROWTH | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-129 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA30 VANGUARD LIFESTRATEGY CONS | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-130 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141911 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA31 ALLIANCEBERNSTEIN VPS GLOB | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-131 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA32 VANGUARD LIFE STRATEGY GRO | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-132 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56555 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA55 LVIP CLARION GLOBAL REAL E | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-155 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 249317 |

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| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56 DELAWARE VIP SMALL CAP VAL | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-156 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 627079 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA57 LVIP DIMENSIONAL US EQUITY | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-157 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 362104 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA58 FRANKLIN GROWTH | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-158 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124806 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA59 LVIP VANGUARD INT'L EQUITY | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-159 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24523 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA61 DELAWARE VIP VALUE | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-161 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27858 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA62 LVIP TEMPLETON GROWTH RPM | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-162 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2698 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA63 WELLS FARGO ADVANTAGE DISC | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-163 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77654 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA64 JANUS ASPEN ENTERPRISE POR | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-164 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1918 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA65 MFS VIT GROWTH SERIES | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-165 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1192 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS VIT UTILITIES SERIES | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-167 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209278 |

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| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA70 JANUS ASPEN JANUS PORTFOLI | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-170 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA76 INVESCO SMALL CAP DISCOVER | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-176 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2579 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA77 BLACKROCK ENERGY AND RESOU | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-177 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60103 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA 80 BLACKROCK LARGE CAP VALUE | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-180 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA81 BLACKROCK CAPITAL APPRECIA | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-181 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1801 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA83 BLACKROCK FLEXIBLE EQUITY | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-183 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371493 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84 FIDELITY VIP MID CAP | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY VIP MID CAP | | |
| **c** EIN-PN 35-1140070-184 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 146738 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86 FTVIPT TEMPLETON GLOBAL BO | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-186 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48099 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA87 DELAWARE VIP LIMITEDTERM D | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-187 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40604 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA92 LVIP BLACKROCK INFLATION P | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-192 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42613 |

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA93 DELAWARE VIP DIVERSIFIED I | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-193 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48189 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94 OPPENHEIMER DEVELOPING MAR | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-194 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22694 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA95 LVIP DELAWARE FOUNDATION C | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-195 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15874 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA96 LVIP DELAWARE FOUNDATION M | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-196 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111087 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA97 LVIP DELAWARE FOUNDATION A | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-197 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23246 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL1 LVIP MNG RISK PROFILE 2010 | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-701 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1390 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL2 LVIP MNG RISK PROFILE 2020 | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-702 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63276 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL3 LVIP MNG RISK PROFILE 2030 | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-703 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170279 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL4 LVIP MNG RISK PROFILE 2040 | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-704 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81497 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATC STADION MANAGED CONSERVATI | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | |
| **c** EIN-PN 35-1140070-705 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181679 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATM STADION MANAGED MODERATE | | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | | |
| **c** EIN-PN 35-1140070-706 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2655436 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATG STADION MANAGED GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | | |
| **c** EIN-PN 35-1140070-707 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3765792 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL5 LVIP SSGA INT'L INDEX | | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | | |
| **c** EIN-PN 35-1140070-708 | **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 SAL6 LVIP SSGA BOND INDEX | | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | | |
| **c** EIN-PN 35-1140070-709 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 20673 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL7 LVIP DELAWARE SPECIAL OPPO | | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | | |
| **c** EIN-PN 35-1140070-710 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12292 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL8 SSGA RUSSELL LARGE CAP VAL | | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | | |
| **c** EIN-PN 35-1140070-711 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4217 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL9 SSGA RUSSELL LARGE CAP GRO | | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | | |
| **c** EIN-PN 35-1140070-712 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALA SSGA S&P MIDCAP INDEX NON- | | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | | |
| **c** EIN-PN 35-1140070-713 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALB SSGA RUSSELL SMALL CAP VAL | | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | | |
| **c** EIN-PN 35-1140070-714 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 8443 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALC SSGA RUSSELL SMALL CAP GRO | | | |
| **b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE | | | |
| **c** EIN-PN 35-1140070-715 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 122564 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1C AMERICAN FUNDS HIGH INCOME

**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE

| **c** EIN-PN 35-1140070-716 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15510 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1E AMERICAN FUNDS BOND FUND O

**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE

| **c** EIN-PN 35-1140070-717 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2793 |
|---|---|---|

**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): THE LINCOLN NATIONAL LIFE INSURANCE

| **c** EIN-PN 35-1140070-718 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85281 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALM PIMCO TOTAL RETURN

**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE

| **c** EIN-PN 35-1140070-720 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64513 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATB STADION MANAGED BALANCED

**b** Name of sponsor of entity listed in (a): THE LINCOLN NATIONAL LIFE INSURANCE

| **c** EIN-PN 35-1140070-722 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 847656 |
|---|---|---|

**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 01/01/2013 and ending 12/31/2013

**A** Name of plan
STAHLS', INC. EMPLOYEES' SALARY SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
STAHLS INC.

**D** Employer Identification Number (EIN)
38-1897812

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | |
| **(2)** Participant contributions | 1b(2) | 0 | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 558133 | 547676 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 12929968 | 16064763 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 1515243 | 1610116 |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 15003344 | 18222555 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | 492 | 492 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 492 | 492 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 15002852 | 18222063 |

## 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) | 243911 | |
| **(B)** Participants | 2a(1)(B) | 836266 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 17551 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1097728 |
| **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) | 29252 | |
| **(F)** Other | 2b(1)(F) | 24712 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 53964 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 2538618 |
| (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 | | 3690310 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 396440 | |
| (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) | | 396440 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 24698 | |
| (3) Investment advisory and management fees | 2i(3) | 41840 | |
| (4) Other | 2i(4) | 8121 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 74659 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 471099 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3219211 |
| 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)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

**(1)** Name: METZLER LOCCRICCHIO SERRA & CO, P.C **(2)** EIN: 38-2488264

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | X | | 646972 |
| **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.) | 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.) | 4c | | 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.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | 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? | 4f | | 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? | 4g | | 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? | 4h | | 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.) | 4i | 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.) | 4j | | 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? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | 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. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

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

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
STAHLS', INC. EMPLOYEES' SALARY SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
STAHLS INC.

**D** Employer Identification Number (EIN)
38-1897812

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-0472300

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## 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):

# Stahls' Inc. Employees' Salary Savings Plan

Financial Statements

*December 31, 2013 and 2012*

MLS+CO METZLER+LOCRICCHIO+SERRA+CO., P.C. CPAs + Tax + Financial Consultants

**Principals**

Stephen A. Metzler, CPA (1952-2012)
Michael A. Locricchio, JD, CPA
Joseph Serra, CPA
Michael P. Puckett, CPA, CFE
James A. Clement, CPA
Thomas L. Schellenberg, JD, CPA

Member of American Institute of CPAs
Member of Michigan Association of CPAs

# INDEPENDENT AUDITORS' REPORT

October 14, 2014

To the Plan Administrator of the
Stahls' Inc. Employees' Salary Savings Plan

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Stahls' Inc. Employees' Salary Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, 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 information summarized in Note 6, which was certified by Lincoln Financial Group, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. 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.

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**Disclaimer of Opinion**

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

**Other Matter**

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

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

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

Metzler Locricchio Serra & Company, P.C.

METZLER LOCRICCHIO SERRA & COMPANY, P.C.
Troy, Michigan

**Stahls' Inc. Employees' Salary Savings Plan**
**Statements of Net Assets Available for Benefits**
**December 31, 2013 and 2012**

| **Assets** | 2013 | 2012 |
|---|---|---|
| Participant-Directed Investments | | |
| Investment Contract | | |
| Pooled Separate Accounts | $ 16,064,763 | $ 12,929,968 |
| General Accounts | 1,610,116 | 1,515,243 |
| Total Participant-Directed Investments | 17,674,879 | 14,445,211 |
| Receivables | | |
| Notes Receivable from Participants | 547,676 | 558,133 |
| Total Assets | 18,222,555 | 15,003,344 |
| **Liabilities** | | |
| Excess Employer Contributions Liability | 492 | 492 |
| **Net Assets Available for Benefits** | $ 18,222,063 | $ 15,002,852 |

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

**Stahls' Inc. Employees' Salary Savings Plan**
**Statement of Changes in Net Assets Available for Benefits**
**For the year ended December 31, 2013**

| | |
|---|---|
| **Additions to Net Assets Attributed to:** | |
| **Investment Income** | |
| Net Appreciation in Fair Value of Investments and Dividend Income | $ 2,538,618 |
| Interest Income | 53,964 |
| **Total Investment Income** | 2,592,582 |
| **Contributions** | |
| Employer | 243,911 |
| Participant | 836,266 |
| Rollover | 17,551 |
| **Total Contributions** | 1,097,728 |
| **Total Additions** | 3,690,310 |
| **Deductions from Net Assets Attributed to:** | |
| Administrative Expenses | 74,659 |
| Benefits Paid to Participants | 396,440 |
| **Total Deductions** | 471,099 |
| **Net Increase in Net Assets** | 3,219,211 |
| **Net Assets Available for Benefits - Beginning of Year** | 15,002,852 |
| **Net Assets Available for Benefits - End of Year** | $ 18,222,063 |

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

**Stahls' Inc. Employees' Salary Savings Plan**
**Notes to the Financial Statements**
**December 31, 2013 and 2012**

## Note 1 - Description of the Plan

The following description of the Stahls' Inc. Employees' Salary Savings Plan (the "Plan") provides general information regarding the Plan. Participants should refer to the plan agreement for a complete description of specific plan provisions.

### General

The Plan, established on July 1, 1985, is a defined contribution plan covering substantially all employees of STAHLS' Inc. and its wholly owned entities (collectively, the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Eligibility

Employees who have reached the age of 18 and completed six months of service are eligible to participate in the Plan. Employees are eligible to enter the Plan on the first day of each month after satisfying the eligibility requirements.

### Contributions

Contributions to the Plan are invested as directed by the participant in any one or more investment alternatives. Participants are allowed to contribute from 1 percent to 100 percent of pretax annual compensation or Roth after tax deferrals, subject to federal limitations. The amount of each participant's deferred compensation is treated as an employee elective contribution and is allocated to the participant's elective account. The Company may make a discretionary contribution equal to a percentage of the employee's elected salary deferral. For plan years ended December 31, 2013 and December 31, 2012, the Company matched 50 percent of the participant's contribution, up to a maximum of $1,500 per participant.

### Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Prior to hire date of October 1, 2004, participants were immediately vested in the employer contribution plus actual earnings thereon. Participants with a hire date of October 1, 2004 or later become fully vested in the employer contributions and earnings thereon after completing three years of service, as defined by the Plan. Forfeitures from terminated participants' nonvested accounts can be used to pay administrative fees or to reduce the employer contributions.

## Note 1 - Description of the Plan (continued)

### Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of (a) the Company's required contributions and discretionary contributions (if and when made), and (b) Plan earnings, and charged with an allocation of administrative expenses. Plan earnings and administrative expenses are allocated based on the ratio of each participant's account balance to the total account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Payment of Benefits

Upon retirement, death, disability or termination of employment, a participant may elect to receive payment for the value of his/her account through a lump-sum payout. Hardship distributions are allowed up to an amount not exceeding the participant's account balance. Participants cannot contribute to the plan for six months after receipt of a hardship distribution.

### Notes Receivable from Participants

A participant may borrow up to 50% of their vested balance or $50,000, whichever is less. The interest rate charged will depend upon general interest rates in effect at the time the loan is made and ranges from 4.75% to 7.50%. Amounts borrowed will reduce the participant's existing account balance. All loan payments (principal and interest) will be deposited into the participant's account in equal installments through payroll deduction for a period not to exceed either 60 months or a reasonable time commensurate with the repayment period permitted by commercial lenders for similar loans if the loan is for the purchase of a primary residence.

Financial Accounting Standards Board (FASB) guidance requires participant loans to be recorded at their unpaid principal balances plus any accrued but unpaid interest. Accrued interest at December 31, 2013 and 2012 is immaterial for financial statement purposes and has not been included in the balance for either year.

### Plan Administration

Plan administration is provided by the Company, which has delegated responsibility for the custodian function to Lincoln Financial Group (the "Custodian"). Freedman Benefits Group administers benefit payments and prepares the required reporting of participant account valuations for the Plan.

## Note 1 - Description of the Plan (continued)

### Forfeitures

In the event that an employee terminates service prior to being fully vested, the employer amount contributed and not vested is applied to future employer contributions or administrative expenses. Forfeitures allocated to participants during 2013 and 2012 to reduce contributions from the Plan Sponsor as allowed in the Plan document were $0 and $5,492, respectively, and forfeitures available for allocation as of December 31, 2013 and 2012 totaled $10,846 and $6,096, respectively.

## Note 2 - Summary of Significant Accounting Policies

### Basis of Presentation

The accompanying financial statements of Stahls' Inc. Employees' Salary Savings Plan have been prepared under the accrual method of accounting.

### Assets and Liabilities

Accounting policies related to the basis of recording assets and liabilities conform to Department of Labor guidelines. Investments in pooled separate accounts are calculated at net asset value and certified as current value by the Custodian of the Plan (see Note 6). Current value for the pooled separate accounts is based on the value of the underlying assets divided by the participation units, commonly referred to as the net asset value, which approximates fair value.

The benefit-responsive investment contracts are valued at contract value as certified by the Custodian of the Plan. Contract value represents investments at cost plus accrued interest income less amounts withdrawn to pay benefits and approximates fair value. The contract interest rate resets quarterly. The average credited interest rates for 2013 and 2012 were 2.60% and 3.11%, respectively.

Notes Receivable from Participants are stated at their outstanding value, which approximates fair value.

### Administrative Expenses

Administrative cost associated with the Plan relating to legal and audit fees are paid by the Plan sponsor. Certain administrative, recordkeeping and trust fees are paid by the Plan participants.

## Note 2 - Summary of Significant Accounting Policies (continued)

### Additions, Deductions, and Changes in Net Assets

Income and expenses are recorded as earned and incurred. Since assets of the Plan are recorded at fair value, unrealized appreciation or depreciation of plan assets for the year is recorded in the statement of changes in net assets available for benefits. Contributions are recorded on the accrual basis in the plan year to which the contribution applies. Distributions to beneficiaries are recorded when distributed by the Plan. Administrative expenses are recorded when incurred.

### Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting periods and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

### Risks and Uncertainties

The Plan provides for various investment options in several 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

## Note 3 - Investments

The value of individual investments that exceeded 5 percent of the Plan's net assets at December 31, 2013 and December 31, 2012, were as follows:

| | 2013 | 2012 |
|---|---|---|
| Managed Principle Protect Port. | $ 1,016,834 | $ 975,814 |
| Stadion Managed Moderate | 2,655,436 | 2,531,039 |
| Stadion Managed Growth | 3,765,792 | 2,795,148 |

## Note 4 - Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service ("IRS") on March 31, 2008 indicating that the Plan, as designed at that time, qualified for federal income tax-exempt status. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

## Note 5 - Plan Termination

While the employer has not expressed any intent to discontinue the Plan, it has the right at any time to terminate the Plan in whole or in part. In the event the Employer discontinues the Plan, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in accordance with the terms set forth in the Plan agreement. In the event of Plan termination, participants will become 100% vested in their accounts.

## Note 6 - Certification of Information by Plan Custodian (Unaudited)

As permitted by 29 CFR 2520.103-5 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 has elected to utilize the certification of certain financial information by Lincoln National Life in compliance with the audit requirements of the ERISA. For the years ended December 31, 2013 and 2012, the Custodian certified the following:

| | |
|---|---|
| Investments, December 31, 2013 | $17,674,879 |
| Investments, December 31, 2012 | 14,445,211 |
| Net appreciation in fair value of investments, interest, and dividend income, December 31, 2013 | 2,562,015 |

## Note 7 - Parties in Interest

Plan investments are held in an investment contract with an insurance company that provides for investments in pooled separate accounts and the general accounts of Lincoln National Life, who is the custodian. Therefore, these transactions qualify as party-in-interest transactions. Fees paid to Lincoln National Life totaled $24,698 and $32,458 for 2013 and 2012, respectively. Attorneys, accountants and auditors performing services for the Plan may also constitute parties-in-interest, but are not prohibited transactions.

## Note 8 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

| | | Fair Value Measurements Using: | |
|---|---|---|---|
| **December 31, 2013** | **Fair Value** | **Significant Other Observable Inputs (Level 2)** | **Significant Unobservable Inputs (Level 3)** |
| Investment Contract: | | | |
| Pooled Separate Accounts | $ 16,064,763 | $ 16,064,763 | $ - |
| General Accounts | 1,610,116 | - | 1,610,116 |
| Total | $ 17,674,879 | $ 16,064,763 | $ 1,610,116 |

| | | Fair Value Measurements Using: | |
|---|---|---|---|
| **December 31, 2012** | **Fair Value** | **Significant Other Observable Inputs (Level 2)** | **Significant Unobservable Inputs (Level 3)** |
| Investment Contract: | | | |
| Pooled Separate Accounts | $ 12,929,968 | $ 12,929,968 | $ - |
| General Accounts | 1,515,243 | - | 1,515,243 |
| Total | $ 14,445,211 | $ 12,929,968 | $ 1,515,243 |

Generally accepted accounting principles establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets and Level 3 inputs have the lowest priority. The Plan uses appropriate techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

## Note 8 - Fair Value Measurements (continued)

Level 1 Fair Value Measurements

The fair value of Level 1 investments are based on quoted net asset values of the shares held by the Plan at year-end. There were no Level 1 investments during 2013 and 2012.

Level 2 Fair Value Measurements

The fair value of the pooled separate accounts in the investment contract with the insurance company, for which quoted market prices are not available, are valued at the net asset value as reported by the Custodian, which approximates fair value, and, as such, are considered Level 2 investments. Net transfers between the pooled separate accounts classified as Level 2 and general accounts classified as Level 3 within the investment contract with the insurance company during 2013 and 2012 totaled $5,800 and $891,746, respectively.

Level 3 Fair Value Measurements

The general accounts in the investment contract with the insurance company are guaranteed against loss of principal, minus all withdrawals, including charges and adjustments. The guarantee is based on the ability of Lincoln to meet its financial obligations from the general assets of Lincoln. As such, there is no investment fund or account to be actively traded, and significant other observable inputs are not available. The fair value of the general accounts in the investment contract with the insurance company is, therefore, approximately equal to contract value. Contract value represents investments at cost plus interest income less amounts withdrawn to pay benefits. The contract rate resets quarterly. The following table provides further details of the Level 3 fair value measurements.

| **December 31, 2013** | **Investment Contract** |
|---|---|
| Beginning balance | $ 1,515,243 |
| Purchases, sales, issuances and settlements, net | 65,675 |
| Interest | 23,398 |
| Net transfers with pooled accounts | 5,800 |
| Ending balance | $ 1,610,116 |

## Note 8 - Fair Value Measurements (continued)

| December 31, 2012 | Investment Contract |
|---|---|
| Beginning balance | $ 705,926 |
| Purchases, sales, issuances and settlements, net | (93,412) |
| Interest | 10,983 |
| Net transfers with pooled accounts | 891,746 |
| Ending balance | $ 1,515,243 |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2013 and 2012 are reported in net appreciation in fair value of investments.

## Note 9 - Late Contributions

Plan management received a letter dated September 13, 2013, from the Department of Labor (DOL), indicating that the DOL concluded its investigation of the Stahls' Inc. Employees' Salary Savings Plan and the Plan's activities for the period from January 1, 2008 through May 25, 2013. During the investigation, the auditor from the DOL identified additional late contributions to the Plan by applying a stricter contribution standard for timeliness than was previously being used by the Plan. Late contributions were also identified during the 2013 audit.

As detailed in the Schedule of Delinquent Participant Contributions for the year ended December 31, 2013, contributions were not remitted to the Plan in a timely manner from 2008 to 2013. These late contributions are summarized on the following schedule:

| Plan Year | Total Late Contributions |
|---|---|
| 2008 | $ 181,308 |
| 2009 | 183,059 |
| 2010 | 157,944 |
| 2011 | 87,445 |
| 2012 | 13,309 |
| 2013 | 23,907 |
| | $ 646,972 |

Consequently, the company has remitted the interest relating to the lost earnings on these delinquent participant contributions and paid the related excise tax. The Company and/or Plan may incur additional penalties or fines as a result of these late contributions.

## Note 10 - DOL Limited Scope

The Plan qualifies for a Department of Labor limited scope audit. As a result of this qualification, the audit procedures in relation to investments certified by Lincoln National Life are significantly reduced as compared to a full scope audit.

## Note 11 - Date of Management's Review

Subsequent events were evaluated through October 14, 2014, which is the date the financial statements were available to be issued.

## Stahls' Inc. Employees' Salary Savings Plan
## EIN: 38-1897812 Plan No: 001
## Schedule H Line 4a - Schedule of Delinquent Participant Contributions
## December 31, 2013

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: X | Contributions Not Corrected | Corrections Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| 2008 transaction | | $7,396 | | |
| 2008 transaction | | 7,511 | | |
| 2008 transaction | | 7,735 | | |
| 2008 transaction | | 7,735 | | |
| 2008 transaction | | 7,735 | | |
| 2008 transaction | | 8,575 | | |
| 2008 transaction | | 7,735 | | |
| 2008 transaction | | 7,912 | | |
| 2008 transaction | | 7,912 | | |
| 2008 transaction | | 7,912 | | |
| 2008 transaction | | 7,912 | | |
| 2008 transaction | | 7,912 | | |
| 2008 transaction | | 7,912 | | |
| 2008 transaction | | 7,652 | | |
| 2008 transaction | | 8,068 | | |
| 2008 transaction | | 8,073 | | |
| 2008 transaction | | 8,073 | | |
| 2008 transaction | | 8,115 | | |
| 2008 transaction | | 9,387 | | |
| 2008 transaction | | 9,271 | | |
| 2008 transaction | | 7,176 | | |
| 2008 transaction | | 6,801 | | |
| 2008 transaction | | 6,801 | | |
| 2009 transaction | | 10,746 | | |
| 2009 transaction | | 9,245 | | |

**Stahls' Inc. Employees' Salary Savings Plan**
**EIN: 38-1897812 Plan No: 001**
**Schedule H Line 4a - Schedule of Delinquent Participant Contributions**
**December 31, 2013**

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: X | Contributions Not Corrected | Corrections Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| 2009 transaction | | 9,245 | | |
| 2009 transaction | | 9,245 | | |
| 2009 transaction | | 8,445 | | |
| 2009 transaction | | 8,319 | | |
| 2009 transaction | | 8,150 | | |
| 2009 transaction | | 8,150 | | |
| 2009 transaction | | 8,200 | | |
| 2009 transaction | | 8,200 | | |
| 2009 transaction | | 7,762 | | |
| 2009 transaction | | 8,587 | | |
| 2009 transaction | | 8,274 | | |
| 2009 transaction | | 8,274 | | |
| 2009 transaction | | 8,274 | | |
| 2009 transaction | | 8,412 | | |
| 2009 transaction | | 8,663 | | |
| 2009 transaction | | 8,832 | | |
| 2009 transaction | | 8,140 | | |
| 2009 transaction | | 7,631 | | |
| 2009 transaction | | 6,507 | | |
| 2009 transaction | | 5,757 | | |
| 2010 transaction | | 9,027 | | |
| 2010 transaction | | 9,027 | | |
| 2010 transaction | | 9,127 | | |
| 2010 transaction | | 9,127 | | |
| 2010 transaction | | 9,127 | | |

**Stahls' Inc. Employees' Salary Savings Plan**
**EIN: 38-1897812 Plan No: 001**
**Schedule H Line 4a - Schedule of Delinquent Participant Contributions**
**December 31, 2013**

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: X | Contributions Not Corrected | Corrections Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| 2010 transaction | | 9,127 | | |
| 2010 transaction | | 9,252 | | |
| 2010 transaction | | 9,252 | | |
| 2010 transaction | | 9,252 | | |
| 2010 transaction | | 3,770 | | |
| 2010 transaction | | 8,543 | | |
| 2010 transaction | | 374 | | |
| 2010 transaction | | 8,917 | | |
| 2010 transaction | | 8,917 | | |
| 2010 transaction | | 8,917 | | |
| 2010 transaction | | 8,917 | | |
| 2010 transaction | | 8,445 | | |
| 2010 transaction | | 374 | | |
| 2010 transaction | | 7,291 | | |
| 2010 transaction | | 384 | | |
| 2010 transaction | | 5,000 | | |
| 2010 transaction | | 384 | | |
| 2010 transaction | | 5,012 | | |
| 2010 transaction | | 384 | | |
| 2011 transaction | | 8,428 | | |
| 2011 transaction | | 384 | | |
| 2011 transaction | | 8,428 | | |
| 2011 transaction | | 422 | | |
| 2011 transaction | | 8,428 | | |
| 2011 transaction | | 422 | | |

## Stahls' Inc. Employees' Salary Savings Plan
## EIN: 38-1897812 Plan No: 001
## Schedule H Line 4a - Schedule of Delinquent Participant Contributions
## December 31, 2013

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: X | Contributions Not Corrected | Corrections Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| 2011 transaction | | 8,171 | | |
| 2011 transaction | | 448 | | |
| 2011 transaction | | 8,171 | | |
| 2011 transaction | | 448 | | |
| 2011 transaction | | 8,214 | | |
| 2011 transaction | | 448 | | |
| 2011 transaction | | 8,864 | | |
| 2011 transaction | | 475 | | |
| 2011 transaction | | 8,214 | | |
| 2011 transaction | | 475 | | |
| 2011 transaction | | 8,152 | | |
| 2011 transaction | | 448 | | |
| 2011 transaction | | 7,956 | | |
| 2011 transaction | | 448 | | |
| 2012 transaction | | 6,732 | | |
| 2012 transaction | | 6,577 | | |
| 2013 transaction | | 7,985 | | |
| 2013 transaction | | 7,961 | | |
| 2013 transaction | | 7,961 | | |
| Total | | $ 646,972 | | |

**Stahls' Inc. Employees' Salary Savings Plan**
**EIN: 38-1897812 Plan No: 001**
**Schedule of Assets (Held at End of Year)**
**Schedule H, Line 4i**
**December 31, 2013**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of Issuer, Borrower, Lessor or Similar Party | Description of Investment | Cost | Current Value |
| * | Lincoln National Life Ins. Co. | AllianceBernstein VPS Small/Mid Cap Value | ** | $ 78,471 |
| * | Lincoln National Life Ins. Co. | American Funds BondFund of America | ** | 2,793 |
| * | Lincoln National Life Ins. Co. | American Funds Europacific Growth | ** | 269,321 |
| * | Lincoln National Life Ins. Co. | American Funds Growth Fund of America | ** | 426,381 |
| * | Lincoln National Life Ins. Co. | American Funds High Income Trust | ** | 15,510 |
| * | Lincoln National Life Ins. Co. | American Funds Investment Company of America | ** | 391,377 |
| * | Lincoln National Life Ins. Co. | American Funds New Perspective | ** | 226,360 |
| * | Lincoln National Life Ins. Co. | American Funds Smallcap World | ** | 11,690 |
| * | Lincoln National Life Ins. Co. | BlackRock Capital Appreciation | ** | 1,801 |
| * | Lincoln National Life Ins. Co. | BlackRock Energy & Resources | ** | 60,103 |
| * | Lincoln National Life Ins. Co. | BlackRock Flexible Equity | ** | 371,493 |
| * | Lincoln National Life Ins. Co. | Columbia Acorn | ** | 62,657 |
| * | Lincoln National Life Ins. Co. | Delaware Limited Term Dividend Income | ** | 40,604 |
| * | Lincoln National Life Ins. Co. | Delaware VIP Diversified Income | ** | 48,189 |
| * | Lincoln National Life Ins. Co. | Delaware VIP Small Cap Value | ** | 627,079 |
| * | Lincoln National Life Ins. Co. | Delaware VIP Value | ** | 27,858 |
| * | Lincoln National Life Ins. Co. | Federated Government Ultrashort Duration Fund | ** | 701,544 |
| * | Lincoln National Life Ins. Co. | Fidelity VIP Contrafund | ** | 336,177 |
| * | Lincoln National Life Ins. Co. | Fidelity VIP Mid Cap | ** | 146,738 |
| * | Lincoln National Life Ins. Co. | Franklin Growth | ** | 124,806 |
| * | Lincoln National Life Ins. Co. | Franklin High Income | ** | 187,756 |
| * | Lincoln National Life Ins. Co. | Guaranteed Fixed | ** | 593,282 |
| * | Lincoln National Life Ins. Co. | Invesco Sm-Cap Discovery | ** | 2,579 |
| * | Lincoln National Life Ins. Co. | Invesco Growth & Income | ** | 57,847 |
| * | Lincoln National Life Ins. Co. | Janus Aspen Enterprise | ** | 1,918 |
| * | Lincoln National Life Ins. Co. | LVIP Baron Growth Opportunities | ** | 85,281 |
| * | Lincoln National Life Ins. Co. | LVIP BlackRock Inflation Protected | ** | 42,613 |
| * | Lincoln National Life Ins. Co. | LVIP Clarion Global REIT | ** | 249,317 |
| * | Lincoln National Life Ins. Co. | LVIP Delaware Foundation Aggressive Profile | ** | 23,246 |
| * | Lincoln National Life Ins. Co. | LVIP Delaware Foundation Conservative Profile | ** | 15,874 |
| * | Lincoln National Life Ins. Co. | LVIP Delaware Foundation Moderate Profile | ** | 111,087 |
| * | Lincoln National Life Ins. Co. | LVIP Delaware Growth & Income | ** | 143,361 |
| * | Lincoln National Life Ins. Co. | LVIP Delaware Bond | ** | 392,574 |
| * | Lincoln National Life Ins. Co. | LVIP Delaware Social Awareness | ** | 110,172 |
| * | Lincoln National Life Ins. Co. | LVIP Delaware Special Opportunities | ** | 12,292 |
| * | Lincoln National Life Ins. Co. | LVIP Dimension US Equity | ** | 362,104 |
| * | Lincoln National Life Ins. Co. | LVIP Managed Risk 2010 | ** | 1,390 |
| * | Lincoln National Life Ins. Co. | LVIP Managed Risk 2020 | ** | 63,276 |
| * | Lincoln National Life Ins. Co. | LVIP Managed Risk 2030 | ** | 170,279 |
| * | Lincoln National Life Ins. Co. | LVIP Managed Risk 2040 | ** | 81,497 |
| * | Lincoln National Life Ins. Co. | LVIP Mon Int'l Value | ** | 203,828 |
| * | Lincoln National Life Ins. Co. | LVIP SSgA Bond Index | ** | 20,673 |
| * | Lincoln National Life Ins. Co. | LVIP SSgA S&P 500 Index | ** | 286,753 |
| * | Lincoln National Life Ins. Co. | LVIP SSgA Small Cap Index | ** | 349,029 |
| * | Lincoln National Life Ins. Co. | LVIP Templeton Growth Securities | ** | 2,698 |
| * | Lincoln National Life Ins. Co. | LVIP Vanguard Domestic Equities | ** | 221,305 |
| * | Lincoln National Life Ins. Co. | LVIP Vanguard International Equities | ** | 24,523 |

**Stahls' Inc. Employees' Salary Savings Plan**
**EIN: 38-1897812 Plan No: 001**
**Schedule of Assets (Held at End of Year)**
**Schedule H, Line 4i**
**December 31, 2013**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of Issuer, Borrower, Lessor or Similar Party | Description of Investment | Cost | Current Value |
| * | Lincoln National Life Ins. Co. | Managed Principle Protect Portfolio | ** | 1,016,834 |
| * | Lincoln National Life Ins. Co. | MFS VIT Emerging Growth | ** | 1,192 |
| * | Lincoln National Life Ins. Co. | MFS VIT Utilities Series | ** | 209,278 |
| * | Lincoln National Life Ins. Co. | PIMCO Total Return | ** | 64,513 |
| * | Lincoln National Life Ins. Co. | Oppenheimer Developing Markets | ** | 22,694 |
| * | Lincoln National Life Ins. Co. | SATB Stadion Managed Balanced | ** | 847,656 |
| * | Lincoln National Life Ins. Co. | SATC Stadion Managed Conservative | ** | 181,679 |
| * | Lincoln National Life Ins. Co. | SATG Stadion Managed Growth | ** | 3,765,792 |
| * | Lincoln National Life Ins. Co. | SATM Stadion Managed Moderate | ** | 2,655,436 |
| * | Lincoln National Life Ins. Co. | SSgA Russell All Cap Index | ** | 190,882 |
| * | Lincoln National Life Ins. Co. | SSgA Russell Small Mid Cap Index | ** | 353,166 |
| * | Lincoln National Life Ins. Co. | SSgA Russell Small Cap Growth Index | ** | 122,564 |
| * | Lincoln National Life Ins. Co. | SSgA Russell Small Cap Value Index | ** | 8,443 |
| * | Lincoln National Life Ins. Co. | SSgA Russell Large Cap Value Index | ** | 4,217 |
| * | Lincoln National Life Ins. Co. | Templeton Global Bond Securities | ** | 48,099 |
| * | Lincoln National Life Ins. Co. | VG LifeStrategy Moderate Growth | ** | 118,808 |
| * | Lincoln National Life Ins. Co. | VG LifeStrategy Conservative Growth | ** | 141,911 |
| * | Lincoln National Life Ins. Co. | VG LifeStrategy Growth | ** | 56,555 |
| * | Lincoln National Life Ins. Co. | WF Advantage Discovery | ** | 77,654 |
| * | Participant Loans | Maturing at various dates through 2018, interest between 4.75% and 7.5% | - | 547,676 |
| | | | | $ 18,222,555 |

* Represents party-in-interest
** Cost Information Not Required

The information included in Schedule H, Line 4i has been prepared from information provided by the Plan's custodian.

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**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 Stahls', Inc. Employees' Salary Savings Plan

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1985

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
STAHLS Inc.

20600 Stephens Street

St. Clair Shores MI 48080-1084

**2b** Employer Identification Number (EIN) 38-1897812

**2c** Sponsor's telephone number (586) 772-6161

**2d** Business code (see instructions) 314000

**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** | * [signature] | *10.9.14 | Jon Deimel |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | * [signature] | *10.9.14 | Jon Deimel |
| | **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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 450 |
| **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** | 445 |
| **b** | Retired or separated participants receiving benefits | **6b** | 2 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 26 |
| **d** | Subtotal. Add lines **6a, 6b,** and **6c** | **6d** | 473 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 473 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 280 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| (1) | [X] Insurance | (1) | [ ] Insurance |
| (2) | [ ] Code section 412(e)(3) insurance contracts | (2) | [ ] Code section 412(e)(3) insurance contracts |
| (3) | [X] Trust | (3) | [X] Trust |
| (4) | [ ] General assets of the sponsor | (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** | | **b General Schedules** | | |
|---|---|---|---|---|
| (1) | [X] **R** (Retirement Plan Information) | (1) | [X] | **H** (Financial Information) |
| (2) | [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) | [ ] | **I** (Financial Information – Small Plan) |
| | | (3) | [X] 1 | **A** (Insurance Information) |
| | | (4) | [X] | **C** (Service Provider Information) |
| (3) | [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (5) | [X] | **D** (DFE/Participating Plan Information) |
| | | (6) | [ ] | **G** (Financial Transaction Schedules) |

Included with Accountants Opinion

Included with Accountants Opinion