Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NEWSTEAD/KREHER POULTRY FARMS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NEWSTEAD / KREHER POULTRY FARMS

PO BOX 410
CLARENCE, NY 14031

2b Employer Identification Number (EIN)
16-1350390

2c Plan Sponsor's telephone number
716-759-6802

2d Business code (see instructions)
112300

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.	08/01/2016	BRETT KREHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2016	BRETT KREHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	212
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	196
a(2) Total number of active participants at the end of the plan year	**6a(2)**	202
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	228
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	228
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	214
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[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]	2	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
NEWSTEAD/KREHER POULTRY FARMS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEWSTEAD / KREHER POULTRY FARMS

D Employer Identification Number (EIN)
16-1350390

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
LINCOLIN LIFE & ANNUITY COMPANY OF NEW YORK

(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
22-0832760	62057	GP 29198	204	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
27224	30

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
27224	30		4

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

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

(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	3173
5	Current value of plan's interest under this contract in separate accounts at year end	5	5162726

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	0
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	0

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 VAR ANNUITY W/ GUAR FUND

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	1058		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	55		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	7788		
	▶ LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS				
	(6) Total additions			7c(6)	8901
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	8901
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1		
	(2) Administration charge made by carrier	7e(2)	5		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	5722		
	▶ LOAN ISSUES/FORF/FEES/CORRECTIVES/ADJUSTMENTS/ INS PREM				
	(5) Total deductions			7e(5)	5728
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3173

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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
NEWSTEAD/KREHER POULTRY FARMS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEWSTEAD / KREHER POULTRY FARMS

D Employer Identification Number (EIN)
16-1350390

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
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

(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
93-1225432	60214	380435-01	0	01/01/2015	03/23/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3489	0

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

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

TIMOTHY VEAZEY
LINCOLN FINANCIAL ADVISORS CORP
200 MERIDIAN CENTRE STE 150
ROCHESTER, NY 14618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2334	0		3

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

TIMOTHY VEAZEY
AXA NETWORK LLC
175 CORPORATE WOODS STE 250
ROCHESTER, NY 14623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1154	0		3

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

AXA NETWORK LLC
4135 N FRONT STREET
HARRISBURG, PA 17110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1	0		3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	46080
c	Additions: (1) Contributions deposited during the year	7c(1)	1281		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	99		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	381		
	▶ LOAN REPAYMENTS/FORFEITURES				
	(6) Total additions			7c(6)	1761
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	47841
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1		
	(2) Administration charge made by carrier	7e(2)	6		
	(3) Transferred to separate account	7e(3)	47834		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	47841
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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 Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan NEWSTEAD/KREHER POULTRY FARMS 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWSTEAD / KREHER POULTRY FARMS	**D** Employer Identification Number (EIN) 16-1350390

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

LINCOLN NATIONAL CORPORATION

1300 S CLINTON STREET
PO BOX 2248
FORT WAYNE, IN 46801-2248

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	7624	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
NEWSTEAD/KREHER POULTRY FARMS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NEWSTEAD / KREHER POULTRY FARMS

D Employer Identification Number (EIN)
16-1350390

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: LNY SEPARATE ACCOUNT 401 FOR GROUP

b Name of sponsor of entity listed in (a): LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

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)
22-0832760-401	P	5162726

a Name of MTIA, CCT, PSA, or 103-12 IE: FUTUREFUNDS SERIES ACCOUNT II OF GR

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

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)
93-1225432-001	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
NEWSTEAD/KREHER POULTRY FARMS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEWSTEAD / KREHER POULTRY FARMS

D Employer Identification Number (EIN)
16-1350390

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	23188	484109
(2) Participant contributions	1b(2)	33600	63618
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	149087	169857
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	4700943	5162726
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	46080	3173
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	4952898	5883483
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4952898	5883483

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)	542215	
	(B) Participants	2a(1)(B)	545141	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1087356
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	154	
	(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)	6168	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6322
	(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)		
	(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)		
	(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)		

		(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)		45352
(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		1139030
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	185031	
(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)		185031
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		15050
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	8364	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8364
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		208445
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		930585
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: GRANA & TEIBEL, CPAS P.C. **(2)** EIN: 16-1381171

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

			Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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			495290
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	X			
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

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

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

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

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
NEWSTEAD/KREHER POULTRY FARMS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEWSTEAD / KREHER POULTRY FARMS

D Employer Identification Number (EIN)
16-1350390

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): 22-0832760 93-1225432

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

NEWSTEAD/KREHER FARMS 401(k) PLAN

FINANCIAL STATEMENTS
(Audited)

DECEMBER 31, 2015 AND 2014

GRANA & TEIBEL, CPAs, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

NEWSTEAD/KREHER FARMS 401(k) PLAN

FINANCIAL STATEMENTS
(Audited)

DECEMBER 31, 2015 AND 2014

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2015 and 2014	3
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2015 and 2014	4
Notes to the Financial Statements	5 - 13
Supplementary Schedule:	
Schedule H line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015	14
Schedule H line 4j - Schedule of Reportable Transactions for the year ended December 31, 2015	15

GRANA & TEIBEL, CPAs, P.C.

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Independent Auditor's Report

To the Trustees and Administrators of
Newstead/Kreher Farms 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Newstead/Kreher Farms 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the 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 7, which was certified by Great-West Life & Annuity Insurance Company of New York (and certain affiliates) (Great West) and Lincoln Financial Group, the custodians 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 Lincoln Financial Group held the Plan's investment assets and executed investment

transactions from March 24, 2015 to December 31, 2015, and that Great West held the Plan's investment assets and executed investment transactions as of December 31 ,2014, and for the period January 1, 2015 to March 23, 2015. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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 - Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of December 31, 2015 and the schedule of reportable transactions for the year ended December 31, 2015 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 matters 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 custodians, 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.

Grana & Teibel, CPAs, P.C.

Buffalo, New York
May 17, 2016

NEWSTEAD/KREHER FARMS 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2015	2014
ASSETS		
Investments at fair value:		
Pooled separate accounts	$ 5,162,726	$ 4,700,943
General fixed account	3,173	46,080
Total investments	5,165,899	4,747,023
Receivables:		
Participant contributions	63,618	33,600
Employer matching contributions	15,785	3,068
Employer profit sharing contributions	468,324	20,120
Notes receivable from participants	169,857	149,087
Total receivables	717,584	205,875
Net assets available for benefits	$ 5,883,483	$ 4,952,898

See accompanying notes.

NEWSTEAD/KREHER FARMS 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED

	December 31, 2015	December 31, 2014
Additions to net assets:		
Participant contributions	$ 545,141	$ 480,240
Employer matching contributions	73,891	57,336
Employer profit sharing contributions	468,324	231,031
Interest and dividend income	154	418
Interest income on notes receivable from participants	6,168	5,546
Net appreciation in fair value of investments	45,352	251,432
Total sources of net assets	1,139,030	1,026,003
Deductions from net assets:		
Benefits paid to participants	200,081	222,480
Administrative expenses	8,364	1,041
Total deductions from net assets	208,445	223,521
Increase in net assets	930,585	802,482
Net assets available for benefits:		
Beginning of year	4,952,898	4,150,416
End of year	$ 5,883,483	$ 4,952,898

See accompanying notes.

NEWSTEAD/KREHER FARMS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. **Description of Plan**

The following description of the Newstead/Kreher Farms 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan with salary reduction features as permitted under Section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor is Newstead Farms, Inc., and the Plan has been adopted by other related companies as follows: Kreher's Farm Fresh Eggs, LLC, Kreher Enterprises, LLC, Kreher Sunrise Farm LLC, Kreher's Poultry Farms, Wayne County Eggs, LLC and Wayne County Farms, LLC. The trustees are responsible for oversight of the Plan, and the Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance and reports to the trustees.

Administration - Effective March 2015 Lincoln Financial Group is the custodian of the Plan, and effective January 1, 2015 Freed Maxick CPAs, P.C. is the third party administrator replacing Great-West Life & Annuity Insurance Company of New York and F.P. Kessler, Jr. & Associates, TPA, LLC, respectively.

Eligibility - Employees are eligible to participate in the Plan once they have completed one year of service, worked 1,000 hours and attained age eighteen.

Participant Contributions - The Plan provides for participant pre-tax contributions of compensation, as defined, up to the maximum annual limitation allowed by the Internal Revenue Service (IRS). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Employer Contributions - The Plan allows the Company to make a discretionary matching contribution determined annually by the Company's board of directors. For the years ended December 31, 2015 and 2014, the Company made a matching contribution of 20% on employee deferrals up to 6% of compensation.

The Plan allows the Company to make a discretionary profit sharing contribution in an amount determined each year by the Company's Board of Directors. The profit sharing contribution is allocated to eligible participants based on their percentage of compensation to total eligible participants' compensation. To be eligible for the profit

Note 1. **Description of Plan** *(Continued)*

sharing contribution, the participant is required to be employed on the last day of the Plan year. For the year ended December 31, 2015, the Company made a discretionary profit sharing contribution equal to 5% of eligible compensation for all eligible participants (3% - 2014).

Contribution Direction - Participants direct both participant and employer contributions into various investment options offered by the Plan. The Plan has a group annuity contract that offers over 25 pooled separate accounts (30 - 2014) and a guaranteed interest fund. Participants may change their investment allocation on a daily basis.

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

Vesting - Participants are immediately vested in their salary deferral contributions and matching contributions plus actual earnings as thereon. Vesting in the Company's profit sharing contribution portion of their account is as follows:

Years of Service	Percentage Vested
After 1	20%
After 2	40%
After 3	60%
After 4	80%
After 5	100%

Notes Receivable from Participants - Participants may borrow from their vested accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Participants are limited to one outstanding loan at a time. The loans, which must be repaid within five years (unless used to purchase a principal residence), are secured by the balance in the participant's account and bear interest at a rate commensurate with commercial loans of the same type - generally prime plus 2%. Principal and interest are paid ratably through payroll deductions.

Forfeitures - Forfeiture amounts are used to reduce employer matching contributions. The Company used $7,937 and $9,618 to reduce employer matching contributions for the years ended December 31, 2015 and 2014, respectively.

Payment of Benefits - Unless a participant elects otherwise, distributions will be made as soon as practical after a participant's normal retirement date, actual retirement date, upon experiencing financial hardship or attaining the age of 59½. The normal retirement date is the date upon which a participant reaches age 65. The normal form of distribution at termination is a lump sum payment. Participants may receive their

Note 1. **Description of Plan** *(Continued)*

accumulated vested benefits held by the Plan's trustee upon termination of employment or elect to keep their vested balance in the Plan until the earlier of normal retirement age or death if their account balance exceeds $1,000. If the participant elects to keep their vested interest in the Plan, the participant's account will continue to receive its share of earnings/losses and will be charged a portion of administrative expenses.

Note 2. **Summary of Significant Accounting Policies**

Basis of Accounting - The Plan prepares its financial statements on the accrual basis of accounting and presents the fair value of net assets available for benefits and changes in those net assets in conformity with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a group annuity contract. The Statements of Net Assets Available for Benefits presents the fair value of the group annuity contract which approximates contract value. The Statements of Changes in net Assets Available for Benefits are prepared on a fair value basis for fully benefit-responsive investment contracts.

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

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. The Plan's investments consist of pooled separate accounts and a general fixed account. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisor and custodian. See Note 4 for discussion of fair value measurements.

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

Note 2. **Summary of Significant Accounting Policies** *(Continued)*

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 and 2014. If a participant ceases to make loan repayments, and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits - Benefits payments to participants are recorded when paid.

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

Subsequent Events - These financial statements have not been updated for subsequent events occurring after May 17, 2016 which is the date these financial statements were available to be issued.

Note 3. **Investments**

The following investments, stated at fair value, comprised five percent or more of the Plan's net assets at December 31:

	2015	2014
Pooled separate accounts:		
Great-West Lifetime 2025 Fund II T1	$ -*	$ 1,893,964
Great-West Lifetime 2015 Fund II T1	$ -*	$ 839,959
Great-West Lifetime 2035 Fund II T1	$ -*	$ 564,980
American Funds 2020 Target Date Retire R4	$ 2,308,642	$ -*
American Funds 2030 Target Date Retire R4	$ 918,265	$ -*
American Funds 2010 Target Date Retire R4	$ 584,255	$ -*
American Funds 2040 Target Date Retire R4	$ 325,298	$ -*

* Presented for comparative purposes.

During the years ended December 31, 2015 and 2014, the Plan's investments (including investments bought, sold, and held during the year), appreciated in value as follows:

	2015	2014
Pooled separate accounts	$ 45,352	$ 251,432

Note 4. **Fair Value Measurements**

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

General Fixed Account - Valued at fair value that approximates contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Pooled Separate Accounts - Valued at the net asset value (NAV) of units held by the Plan at year end. The NAV is based on the market value of its underlying investments and is not a quoted price in an active market. The investment strategy related to pooled separate accounts is to mirror the similar fund in the active market place and to achieve a reasonable rate of return.

Note 4. **Fair Value Measurements** *(Continued)*

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	Assets at Fair Value as of December 31, 2015			
	(Level 1)	(Level 2)	(Level 3)	Total
Pooled separate accounts:				
Asset Allocation	$ -	$ 4,338,229	$ -	$ 4,338,229
Growth and income	-	611,553	-	611,553
Bond	-	150,901	-	150,901
Balanced	-	62,043	-	62,043
	-	5,162,726	-	5,162,726
General fixed account	-	3,173	-	3,173
Total assets at fair value	$ -	$ 5,165,899	$ -	$ 5,165,899

	Assets at Fair Value as of December 31, 2014			
	(Level 1)	(Level 2)	(Level 3)	Total
Pooled separate accounts:				
Asset allocation	$ -	$ 3,772,287	$ -	$ 3,772,287
Growth and income	-	785,829	-	785,829
Balanced	-	110,164	-	110,164
Bond	-	32,663	-	32,663
	-	4,700,943	-	4,700,943
General fixed account	-	46,080	-	46,080
Total assets at fair value	$ -	$ 4,747,023	$ -	$ 4,747,023

Note 4. **Fair Value Measurements** *(Continued)*

Fair Value of Investments in Entities that Use Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV's) per share as of December 31, 2015 and 2014, respectively:

December 31, 2015	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled separate accounts	$ 5,162,726	N/A	Daily	1 day

December 31, 2014	Fair Value	Unfunded Commitments	Redemption Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled separate accounts	$ 4,700,943	N/A	Daily	1 day

Note 5. **Group Annuity Contract**

The Plan has entered into a fully benefit-responsive investment contract through its group annuity contract. The group annuity contract maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value that approximates contract value as reported to the Plan by group annuity contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. If an event occurs that may impair the ability of the contract issuer to perform in accordance with the contract terms, fair value may be less than contract value. For the years ended December 31, 2015 and 2014, the average yield utilized was 2% and 1.25% respectively, and the crediting interest rate to the fund was 1.50% and 1.25%, respectively. The guaranteed minimum interest rate is 1% for 2015 (0% - 2014).

Note 6. **Party-In-Interest Transactions**

Plan investments were managed by Great-West Life & Annuity Insurance Company of New York, the former custodian of the Plan, and Lincoln Financial Group, the current custodian of the Plan, and, therefore, these transactions qualify as party-in-interest. Investment income on assets invested with the custodians amounted to $45,506 and $251,850 for the years ended December 31, 2015 and 2014, respectively. Notes receivable from participants are considered party-in-interest. Interest income from notes receivable from participants amounted to $6,168 and $5,546 for the years ended

Note 6. **Party-In-Interest Transactions** *(Continued)*

December 31, 2015 and 2014, respectively. Fees paid by the Plan for administrative services amounted to $8,364 and $1,041 for the years ended December 31, 2015 and 2014, respectively.

Note 7. **Financial Certification**

The following financial information relating to the Plan's assets at December 31, 2015 and 2014 as well as income and transactions for the years then ended have been derived from information provided by Great-West Life & Annuity Insurance Company of New York (and certain affiliates), the former custodian of the Plan, and Lincoln Financial Group, the current custodian of the Plan, and has been certified by them as complete and accurate. The incorporation of this financial information in the accompanying financial statements is based solely on their certification and has not been audited by independent accountants.

	2015	2014
Assets:		
Pooled separate accounts	$ 5,162,726	$ 4,700,943
Notes receivable from participants	$ 169,857	$ 149,087
General fixed account	$ 3,173	$ 46,080
Transactions for the year ended:		
Net appreciation on investments	$ 45,352	$ 251,432
Interest and dividend income	$ 154	$ 418
Interest income on notes receivable from participants	$ 6,168	$ 5,546

Note 8. **Reconciliation to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2015	2014
Net assets available for benefits per the Financial statements	$ 5,883,483	$ 4,952,898
Differences in:		
Investments	169,857	$ 149,087
Notes receivable from participants	(169,857)	(149,087)
Net assets available for benefits per Form 5500	$ 5,883,483	$ 4,952,898

Note 9. **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer profit sharing contributions.

Note 10. **Tax Status**

Effective March 31, 2008 and through December 31, 2014, the Plan adopted a standardized form of a prototype plan sponsored by Metropolitan Life Insurance Company. The prototype plan received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. On January 1, 2015, the Plan adopted a standardized form of a prototype plan sponsored by Retirement Essentials, Inc. The prototype plan received a positive opinion letter from the IRS on March 31, 2014. The opinion relates only to the acceptability of the form of the plan under the Internal Revenue Code. The Plan Administrator believes the Plan is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2012.

Note 11. **Risks and Uncertainties**

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

SUPPLEMENTAL SCHEDULE

Newstead/Kreher Farms 401(k) Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

EIN 16-1350390
Plan Number 001
Form 5500 - Schedule H, line 4i

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost Participant directed plan (not applicable)	(e) Current Value
	Pooled separate accounts	Variable annuities:		
*	Lincoln-NY Director	American Funds 2020 Target Date Retire R4		2,308,642
*	Lincoln-NY Director	American Funds 2030 Target Date Retire R4		918,265
*	Lincoln-NY Director	American Funds 2010 Target Date Retire R4		584,255
*	Lincoln-NY Director	American Funds 2040 Target Date Retire R4		325,298
*	Lincoln-NY Director	American Funds 2050 Target Date Retire R4		201,769
*	Lincoln-NY Director	LVIP SSgA S&P 500 Index Std		164,903
*	Lincoln-NY Director	American Funds Invmt Co Amer		147,572
*	Lincoln-NY Director	Pimco Income A		103,659
*	Lincoln-NY Director	Oppenhimer Developing Markets A		54,547
*	Lincoln-NY Director	Vanguard REIT Index Adm		52,115
*	Lincoln-NY Director	MFS International Value R3		49,089
*	Lincoln-NY Director	American Funds Europacific Growth R4		42,186
*	Lincoln-NY Director	DFA US Target Value I		38,496
*	Lincoln-NY Director	Janus Aspen Enterprise Svc		35,790
*	Lincoln-NY Director	American Funds Washington Mutual R4		32,899
*	Lincoln-NY Director	American Funds American Balanced R4		19,857
*	Lincoln-NY Director	Eaton Vance Income Fund of Boston A		17,540
*	Lincoln-NY Director	Templeton Global Bond VIP 1		17,484
*	Lincoln-NY Director	American Funds Capital World Gr & Inc R4		17,296
*	Lincoln-NY Director	Invesco American Value Y		12,725
*	Lincoln-NY Director	JPMorgan Core Bond A		7,499
*	Lincoln-NY Director	Oppenheimer Developing Markets A		5,360
*	Lincoln-NY Director	American Century Infl Adj Bond A		3,613
*	Lincoln-NY Director	Federated Gov Ultrashort Duration InSvc		1,106
*	Lincoln-NY Director	Fidelity Advisor New Insights I		761
	General fixed account:	Fixed annuity:		
*	Lincoln-NY Director	Guaranteed Stable Value Account		3,173
*	Notes receivable from participants	Interest rate - 5.25%		169,857
				5,335,756

* indicates party-in-interest to the Plan

The above information is based soley upon information which has been certified by Lincoln Financial Group, the custodian, as complete and accurate.

Newstead/Kreher Farms 401(k) Plan
Schedule H, line 4j - Schedule of Reportable Transactions
For The Year Ended 12/31/2015

EIN 16-1350390
Plan Number 001
Form 5500 - Schedule H, line 4i

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Great-West	Great-West Lifetime 2015 Fund II T1	n/a	$ 875,360	n/a	n/a	$ 769,005	$ 875,360	$ 106,355
Great-West	Great-West Lifetime 2025 Fund II T1	n/a	$ 1,988,572	n/a	n/a	$ 1,665,557	$ 1,988,572	$ 323,015
Great-West	Great-West Lifetime 2035 Fund II T1	n/a	$ 537,947	n/a	n/a	$ 448,982	$ 537,947	$ 88,965
Lincoln-NY Director	American Funds 2010 Target Date Retire R4	$ 838,749	n/a	n/a	n/a	$ 838,749	$ 838,749	n/a
Lincoln-NY Director	American Funds 2020 Target Date Retire R4	$ 2,500,245	n/a	n/a	n/a	$ 2,500,245	$ 2,500,245	n/a
Lincoln-NY Director	American Funds 2030 Target Date Retire R4	$ 680,455	n/a	n/a	n/a	$ 680,455	$ 680,455	n/a
Lincoln-NY Director	American Funds 2040 Target Date Retire R4	$ 293,305	n/a	n/a	n/a	$ 293,305	$ 293,305	n/a

The above information is based soley upon information
which has been certified by Great-West Life and Annuity Insurance Company of New York and Lincoln Financial Group,
the custodians, as complete and accurate.

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2015** and ending **12/31/2015**

Name of plan
Newstead/Kreher Poultry Farms 401(k) Plan

Employer Identification Number
16-1350390

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	See Accountant's Report			

NEWSTEAD/KREHER FARMS 401(k) PLAN

FINANCIAL STATEMENTS
(Audited)

DECEMBER 31, 2015 AND 2014

GRANA & TEIBEL, CPAs, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

NEWSTEAD/KREHER FARMS 401(k) PLAN

FINANCIAL STATEMENTS
(Audited)

DECEMBER 31, 2015 AND 2014

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2015 and 2014	3
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2015 and 2014	4
Notes to the Financial Statements	5 - 13
Supplementary Schedule:	
Schedule H line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015	14
Schedule H line 4j - Schedule of Reportable Transactions for the year ended December 31, 2015	15

GRANA & TEIBEL, CPAs, P.C.

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Independent Auditor's Report

To the Trustees and Administrators of
Newstead/Kreher Farms 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Newstead/Kreher Farms 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the 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 7, which was certified by Great-West Life & Annuity Insurance Company of New York (and certain affiliates) (Great West) and Lincoln Financial Group, the custodians 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 Lincoln Financial Group held the Plan's investment assets and executed investment

transactions from March 24, 2015 to December 31, 2015, and that Great West held the Plan's investment assets and executed investment transactions as of December 31 ,2014, and for the period January 1, 2015 to March 23, 2015. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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 - Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of December 31, 2015 and the schedule of reportable transactions for the year ended December 31, 2015 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 matters 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 custodians, 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.

Grana & Teibel, CPAs, P.C.

Buffalo, New York
May 17, 2016

NEWSTEAD/KREHER FARMS 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2015	2014
ASSETS		
Investments at fair value:		
Pooled separate accounts	$ 5,162,726	$ 4,700,943
General fixed account	3,173	46,080
Total investments	5,165,899	4,747,023
Receivables:		
Participant contributions	63,618	33,600
Employer matching contributions	15,785	3,068
Employer profit sharing contributions	468,324	20,120
Notes receivable from participants	169,857	149,087
Total receivables	717,584	205,875
Net assets available for benefits	$ 5,883,483	$ 4,952,898

See accompanying notes.

NEWSTEAD/KREHER FARMS 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED

	December 31, 2015	December 31, 2014
Additions to net assets:		
Participant contributions	$ 545,141	$ 480,240
Employer matching contributions	73,891	57,336
Employer profit sharing contributions	468,324	231,031
Interest and dividend income	154	418
Interest income on notes receivable from participants	6,168	5,546
Net appreciation in fair value of investments	45,352	251,432
Total sources of net assets	1,139,030	1,026,003
Deductions from net assets:		
Benefits paid to participants	200,081	222,480
Administrative expenses	8,364	1,041
Total deductions from net assets	208,445	223,521
Increase in net assets	930,585	802,482
Net assets available for benefits:		
Beginning of year	4,952,898	4,150,416
End of year	$ 5,883,483	$ 4,952,898

See accompanying notes.

NEWSTEAD/KREHER FARMS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. **Description of Plan**

The following description of the Newstead/Kreher Farms 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan with salary reduction features as permitted under Section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor is Newstead Farms, Inc., and the Plan has been adopted by other related companies as follows: Kreher's Farm Fresh Eggs, LLC, Kreher Enterprises, LLC, Kreher Sunrise Farm LLC, Kreher's Poultry Farms, Wayne County Eggs, LLC and Wayne County Farms, LLC. The trustees are responsible for oversight of the Plan, and the Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance and reports to the trustees.

Administration - Effective March 2015 Lincoln Financial Group is the custodian of the Plan, and effective January 1, 2015 Freed Maxick CPAs, P.C. is the third party administrator replacing Great-West Life & Annuity Insurance Company of New York and F.P. Kessler, Jr. & Associates, TPA, LLC, respectively.

Eligibility - Employees are eligible to participate in the Plan once they have completed one year of service, worked 1,000 hours and attained age eighteen.

Participant Contributions - The Plan provides for participant pre-tax contributions of compensation, as defined, up to the maximum annual limitation allowed by the Internal Revenue Service (IRS). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Employer Contributions - The Plan allows the Company to make a discretionary matching contribution determined annually by the Company's board of directors. For the years ended December 31, 2015 and 2014, the Company made a matching contribution of 20% on employee deferrals up to 6% of compensation.

The Plan allows the Company to make a discretionary profit sharing contribution in an amount determined each year by the Company's Board of Directors. The profit sharing contribution is allocated to eligible participants based on their percentage of compensation to total eligible participants' compensation. To be eligible for the profit

Note 1. **Description of Plan** *(Continued)*

sharing contribution, the participant is required to be employed on the last day of the Plan year. For the year ended December 31, 2015, the Company made a discretionary profit sharing contribution equal to 5% of eligible compensation for all eligible participants (3% - 2014).

Contribution Direction - Participants direct both participant and employer contributions into various investment options offered by the Plan. The Plan has a group annuity contract that offers over 25 pooled separate accounts (30 - 2014) and a guaranteed interest fund. Participants may change their investment allocation on a daily basis.

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

Vesting - Participants are immediately vested in their salary deferral contributions and matching contributions plus actual earnings as thereon. Vesting in the Company's profit sharing contribution portion of their account is as follows:

Years of Service	Percentage Vested
After 1	20%
After 2	40%
After 3	60%
After 4	80%
After 5	100%

Notes Receivable from Participants - Participants may borrow from their vested accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Participants are limited to one outstanding loan at a time. The loans, which must be repaid within five years (unless used to purchase a principal residence), are secured by the balance in the participant's account and bear interest at a rate commensurate with commercial loans of the same type - generally prime plus 2%. Principal and interest are paid ratably through payroll deductions.

Forfeitures - Forfeiture amounts are used to reduce employer matching contributions. The Company used $7,937 and $9,618 to reduce employer matching contributions for the years ended December 31, 2015 and 2014, respectively.

Payment of Benefits - Unless a participant elects otherwise, distributions will be made as soon as practical after a participant's normal retirement date, actual retirement date, upon experiencing financial hardship or attaining the age of 59½. The normal retirement date is the date upon which a participant reaches age 65. The normal form of distribution at termination is a lump sum payment. Participants may receive their

Note 1. **Description of Plan** *(Continued)*

accumulated vested benefits held by the Plan's trustee upon termination of employment or elect to keep their vested balance in the Plan until the earlier of normal retirement age or death if their account balance exceeds $1,000. If the participant elects to keep their vested interest in the Plan, the participant's account will continue to receive its share of earnings/losses and will be charged a portion of administrative expenses.

Note 2. **Summary of Significant Accounting Policies**

Basis of Accounting - The Plan prepares its financial statements on the accrual basis of accounting and presents the fair value of net assets available for benefits and changes in those net assets in conformity with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a group annuity contract. The Statements of Net Assets Available for Benefits presents the fair value of the group annuity contract which approximates contract value. The Statements of Changes in net Assets Available for Benefits are prepared on a fair value basis for fully benefit-responsive investment contracts.

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

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. The Plan's investments consist of pooled separate accounts and a general fixed account. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisor and custodian. See Note 4 for discussion of fair value measurements.

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

Note 2. **Summary of Significant Accounting Policies** *(Continued)*

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 and 2014. If a participant ceases to make loan repayments, and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits - Benefits payments to participants are recorded when paid.

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

Subsequent Events - These financial statements have not been updated for subsequent events occurring after May 17, 2016 which is the date these financial statements were available to be issued.

Note 3. **Investments**

The following investments, stated at fair value, comprised five percent or more of the Plan's net assets at December 31:

	2015	2014
Pooled separate accounts:		
Great-West Lifetime 2025 Fund II T1	$ -*	$ 1,893,964
Great-West Lifetime 2015 Fund II T1	$ -*	$ 839,959
Great-West Lifetime 2035 Fund II T1	$ -*	$ 564,980
American Funds 2020 Target Date Retire R4	$ 2,308,642	$ -*
American Funds 2030 Target Date Retire R4	$ 918,265	$ -*
American Funds 2010 Target Date Retire R4	$ 584,255	$ -*
American Funds 2040 Target Date Retire R4	$ 325,298	$ -*

* Presented for comparative purposes.

During the years ended December 31, 2015 and 2014, the Plan's investments (including investments bought, sold, and held during the year), appreciated in value as follows:

	2015	2014
Pooled separate accounts	$ 45,352	$ 251,432

Note 4. **Fair Value Measurements**

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

General Fixed Account - Valued at fair value that approximates contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Pooled Separate Accounts - Valued at the net asset value (NAV) of units held by the Plan at year end. The NAV is based on the market value of its underlying investments and is not a quoted price in an active market. The investment strategy related to pooled separate accounts is to mirror the similar fund in the active market place and to achieve a reasonable rate of return.

Note 4. **Fair Value Measurements** *(Continued)*

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	Assets at Fair Value as of December 31, 2015			
	(Level 1)	(Level 2)	(Level 3)	Total
Pooled separate accounts:				
Asset Allocation	$ -	$ 4,338,229	$ -	$ 4,338,229
Growth and income	-	611,553	-	611,553
Bond	-	150,901	-	150,901
Balanced	-	62,043	-	62,043
	-	5,162,726	-	5,162,726
General fixed account	-	3,173	-	3,173
Total assets at fair value	$ -	$ 5,165,899	$ -	$ 5,165,899

	Assets at Fair Value as of December 31, 2014			
	(Level 1)	(Level 2)	(Level 3)	Total
Pooled separate accounts:				
Asset allocation	$ -	$ 3,772,287	$ -	$ 3,772,287
Growth and income	-	785,829	-	785,829
Balanced	-	110,164	-	110,164
Bond	-	32,663	-	32,663
	-	4,700,943	-	4,700,943
General fixed account	-	46,080	-	46,080
Total assets at fair value	$ -	$ 4,747,023	$ -	$ 4,747,023

Note 4. **Fair Value Measurements** *(Continued)*

Fair Value of Investments in Entities that Use Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV's) per share as of December 31, 2015 and 2014, respectively:

December 31, 2015	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled separate accounts	$ 5,162,726	N/A	Daily	1 day

December 31, 2014	Fair Value	Unfunded Commitments	Redemption Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled separate accounts	$ 4,700,943	N/A	Daily	1 day

Note 5. **Group Annuity Contract**

The Plan has entered into a fully benefit-responsive investment contract through its group annuity contract. The group annuity contract maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value that approximates contract value as reported to the Plan by group annuity contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. If an event occurs that may impair the ability of the contract issuer to perform in accordance with the contract terms, fair value may be less than contract value. For the years ended December 31, 2015 and 2014, the average yield utilized was 2% and 1.25% respectively, and the crediting interest rate to the fund was 1.50% and 1.25%, respectively. The guaranteed minimum interest rate is 1% for 2015 (0% - 2014).

Note 6. **Party-In-Interest Transactions**

Plan investments were managed by Great-West Life & Annuity Insurance Company of New York, the former custodian of the Plan, and Lincoln Financial Group, the current custodian of the Plan, and, therefore, these transactions qualify as party-in-interest. Investment income on assets invested with the custodians amounted to $45,506 and $251,850 for the years ended December 31, 2015 and 2014, respectively. Notes receivable from participants are considered party-in-interest. Interest income from notes receivable from participants amounted to $6,168 and $5,546 for the years ended

Note 6. **Party-In-Interest Transactions** *(Continued)*

December 31, 2015 and 2014, respectively. Fees paid by the Plan for administrative services amounted to $8,364 and $1,041 for the years ended December 31, 2015 and 2014, respectively.

Note 7. **Financial Certification**

The following financial information relating to the Plan's assets at December 31, 2015 and 2014 as well as income and transactions for the years then ended have been derived from information provided by Great-West Life & Annuity Insurance Company of New York (and certain affiliates), the former custodian of the Plan, and Lincoln Financial Group, the current custodian of the Plan, and has been certified by them as complete and accurate. The incorporation of this financial information in the accompanying financial statements is based solely on their certification and has not been audited by independent accountants.

	2015	2014
Assets:		
Pooled separate accounts	$ 5,162,726	$ 4,700,943
Notes receivable from participants	$ 169,857	$ 149,087
General fixed account	$ 3,173	$ 46,080
Transactions for the year ended:		
Net appreciation on investments	$ 45,352	$ 251,432
Interest and dividend income	$ 154	$ 418
Interest income on notes receivable from participants	$ 6,168	$ 5,546

Note 8. **Reconciliation to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2015	2014
Net assets available for benefits per the Financial statements	$ 5,883,483	$ 4,952,898
Differences in:		
Investments	169,857	$ 149,087
Notes receivable from participants	(169,857)	(149,087)
Net assets available for benefits per Form 5500	$ 5,883,483	$ 4,952,898

Note 9. **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer profit sharing contributions.

Note 10. **Tax Status**

Effective March 31, 2008 and through December 31, 2014, the Plan adopted a standardized form of a prototype plan sponsored by Metropolitan Life Insurance Company. The prototype plan received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. On January 1, 2015, the Plan adopted a standardized form of a prototype plan sponsored by Retirement Essentials, Inc. The prototype plan received a positive opinion letter from the IRS on March 31, 2014. The opinion relates only to the acceptability of the form of the plan under the Internal Revenue Code. The Plan Administrator believes the Plan is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2012.

Note 11. **Risks and Uncertainties**

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

SUPPLEMENTAL SCHEDULE

Newstead/Kreher Farms 401(k) Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

EIN 16-1350390
Plan Number 001
Form 5500 - Schedule H, line 4i

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost Participant directed plan (not applicable)	(e) Current Value
	Pooled separate accounts	Variable annuities:		
*	Lincoln-NY Director	American Funds 2020 Target Date Retire R4		2,308,642
*	Lincoln-NY Director	American Funds 2030 Target Date Retire R4		918,265
*	Lincoln-NY Director	American Funds 2010 Target Date Retire R4		584,255
*	Lincoln-NY Director	American Funds 2040 Target Date Retire R4		325,298
*	Lincoln-NY Director	American Funds 2050 Target Date Retire R4		201,769
*	Lincoln-NY Director	LVIP SSgA S&P 500 Index Std		164,903
*	Lincoln-NY Director	American Funds Invmt Co Amer		147,572
*	Lincoln-NY Director	Pimco Income A		103,659
*	Lincoln-NY Director	Oppenhimer Developing Markets A		54,547
*	Lincoln-NY Director	Vanguard REIT Index Adm		52,115
*	Lincoln-NY Director	MFS International Value R3		49,089
*	Lincoln-NY Director	American Funds Europacific Growth R4		42,186
*	Lincoln-NY Director	DFA US Target Value I		38,496
*	Lincoln-NY Director	Janus Aspen Enterprise Svc		35,790
*	Lincoln-NY Director	American Funds Washington Mutual R4		32,899
*	Lincoln-NY Director	American Funds American Balanced R4		19,857
*	Lincoln-NY Director	Eaton Vance Income Fund of Boston A		17,540
*	Lincoln-NY Director	Templeton Global Bond VIP 1		17,484
*	Lincoln-NY Director	American Funds Capital World Gr & Inc R4		17,296
*	Lincoln-NY Director	Invesco American Value Y		12,725
*	Lincoln-NY Director	JPMorgan Core Bond A		7,499
*	Lincoln-NY Director	Oppenheimer Developing Markets A		5,360
*	Lincoln-NY Director	American Century Infl Adj Bond A		3,613
*	Lincoln-NY Director	Federated Gov Ultrashort Duration InSvc		1,106
*	Lincoln-NY Director	Fidelity Advisor New Insights I		761
	General fixed account:	Fixed annuity:		
*	Lincoln-NY Director	Guaranteed Stable Value Account		3,173
*	Notes receivable from participants	Interest rate - 5.25%		169,857
				5,335,756

* indicates party-in-interest to the Plan

The above information is based soley upon information which has been certified by Lincoln Financial Group, the custodian, as complete and accurate.

Newstead/Kreher Farms 401(k) Plan
Schedule H, line 4j - Schedule of Reportable Transactions
For The Year Ended 12/31/2015

EIN 16-1350390
Plan Number 001
Form 5500 - Schedule H, line 4i

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Great-West	Great-West Lifetime 2015 Fund II T1	n/a	$ 875,360	n/a	n/a	$ 769,005	$ 875,360	$ 106,355
Great-West	Great-West Lifetime 2025 Fund II T1	n/a	$ 1,988,572	n/a	n/a	$ 1,665,557	$ 1,988,572	$ 323,015
Great-West	Great-West Lifetime 2035 Fund II T1	n/a	$ 537,947	n/a	n/a	$ 448,982	$ 537,947	$ 88,965
Lincoln-NY Director	American Funds 2010 Target Date Retire R4	$ 838,749	n/a	n/a	n/a	$ 838,749	$ 838,749	n/a
Lincoln-NY Director	American Funds 2020 Target Date Retire R4	$ 2,500,245	n/a	n/a	n/a	$ 2,500,245	$ 2,500,245	n/a
Lincoln-NY Director	American Funds 2030 Target Date Retire R4	$ 680,455	n/a	n/a	n/a	$ 680,455	$ 680,455	n/a
Lincoln-NY Director	American Funds 2040 Target Date Retire R4	$ 293,305	n/a	n/a	n/a	$ 293,305	$ 293,305	n/a

The above information is based soley upon information
which has been certified by Great-West Life and Annuity Insurance Company of New York and Lincoln Financial Group,
the custodians, as complete and accurate.