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 07/01/2015 and ending 06/30/2016

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
CLIFFORD FUEL CO., INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 07/01/1987

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)
CLIFFORD FUEL COMPANY, INC.

PO BOX 378
MARCY, NY 13403

2b Employer Identification Number (EIN)
15-0620960

2c Plan Sponsor's telephone number
315-797-2240

2d Business code (see instructions)
424700

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.	01/06/2017	MICHAEL ABRAHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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**	162
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)**	151
a(2) Total number of active participants at the end of the plan year	**6a(2)**	139
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	40
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	179
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	180
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	142
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 07/01/2015 and ending 06/30/2016

A Name of plan
CLIFFORD FUEL CO., INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
CLIFFORD FUEL COMPANY, INC.

D Employer Identification Number (EIN)
15-0620960

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
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
15-0274455	62103	C001001587	1	07/01/2015	06/30/2016

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ FLEX PREMIUM-ADJUSTABLE LIFE

b	Premiums paid to carrier	6b	287
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] 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 ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

A Name of plan
CLIFFORD FUEL CO., INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
CLIFFORD FUEL COMPANY, INC.

D Employer Identification Number (EIN)
15-0620960

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MORGANSTANLEYSMITHBARNEY

106 BUSINESS PARK DRIVE
UTICA, NY 13502

26-4310632

(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?
50 49 27 63 72	NONE	33558	Yes [X] No [ ]	Yes [ ] No [X]	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

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(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 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 07/01/2015 and ending 06/30/2016

A Name of plan
CLIFFORD FUEL CO., INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
CLIFFORD FUEL COMPANY, INC.

D Employer Identification Number (EIN)
15-0620960

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	5956	753
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	281560	306976
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15127	5294
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	480959	627486
(2) U.S. Government securities	1c(2)	645366	673475
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	504952	475237
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1354584	1445541
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1768503	1769300
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5057007	5304062
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	691	5150
k	Total liabilities (add all amounts in lines 1g through1j)	1k	691	5150
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5056316	5298912

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)	306976	
	(B) Participants	2a(1)(B)		
	(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)		306976
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	118167	
	(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)		118167
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	-1525	
	(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)		-1525
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-57037	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-57037

		(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)		
(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		366581
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	90140	
(2) To insurance carriers for the provision of benefits	2e(2)	287	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		90427
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	33558	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		33558
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		123985
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		242596
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
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 07/01/2015 and ending 06/30/2016

A Name of plan
CLIFFORD FUEL CO., INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
CLIFFORD FUEL COMPANY, INC.

D Employer Identification Number (EIN)
15-0620960

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): 16-1065416

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: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN

Financial Statements as of
June 30, 2016 and 2015
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

December 7, 2016

To the Plan Administrator of
Clifford Fuel Co., Inc. Employees' 401(k) Savings and Profit Sharing Plan:

Report on the Financial Statements
We have audited the accompanying financial statements of Clifford Fuel Co., Inc. Employees' 401(k) Savings and Profit Sharing Plan, which comprise the statements of net assets available for benefits as of June 30, 2016 and 2015, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Clifford Fuel Co., Inc. Employees' 401(k) Savings and Profit Sharing Plan as of June 30, 2016 and 2015, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

432 North Franklin Street, Suite 60
Syracuse, New York 13204
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(Continued)

INDEPENDENT AUDITOR'S REPORT
(Continued)

Report on Supplemental Information
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of schedule H, line 4i - schedule of assets (held at end of year) as of June 30, 2016 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bonadio & Co., LLP

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2016 AND 2015

	2016	2015
INVESTMENTS, AT FAIR VALUE:		
Money market fund	$ 627,486	$ 480,959
Mutual funds	1,769,300	1,768,503
Common stocks	1,445,541	1,354,584
Corporate bonds	475,237	504,952
Government and agency obligations	673,475	645,366
Total investments, at fair value	4,991,039	4,754,364
RECEIVABLES:		
Company contributions	306,976	281,560
Accrued interest and dividends	5,294	6,230
Other	-	8,897
Total receivables	312,270	296,687
CASH	753	5,265
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,304,062	$ 5,056,316

The accompanying notes are an integral part of these statements.

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

	2016	2015
ADDITIONS:		
Investment income:		
Interest and dividend income	$ 118,167	$ 152,650
Net depreciation in fair value of investments	(58,562)	(51,660)
	59,605	100,990
Investment expenses	(33,558)	(33,376)
Total investment income, net	26,047	67,614
Company contributions	306,976	281,560
Total additions	333,023	349,174
DEDUCTIONS:		
Benefits paid to participants	84,990	132,295
Premiums paid to insurance carrier	287	287
Total deductions	85,277	132,582
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	247,746	216,592
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	5,056,316	4,839,724
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 5,304,062	$ 5,056,316

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of the Clifford Fuel Co., Inc. (the Company) Employees' 401(k) Savings and Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who meet certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees are eligible to receive employer contributions after the attainment of age twenty-one and have completed one year of service.

Contributions

Each year, the Company may make a discretionary contribution which is not conditioned on profits. The discretionary contribution is allocated based on each participant's compensation and a classification group. In order to receive an allocation of a discretionary contribution, participants must have completed a minimum of 1,000 hours of service during the Plan year and be employed on the last day of the Plan year. Contributions are subject to certain limitations.

Effective July 1, 1995, elective contributions are no longer allowed under the Plan. Any elective contributions made prior to this date have been maintained in a separate elective contribution account.

Participant Accounts

Each participant's account is credited with an allocation of the Company's discretionary contribution, Plan earnings/losses and investment expenses. Allocations are based on participant compensation 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

Vesting in the Company's discretionary contribution portion of their accounts plus earnings/losses thereon is based on years of continuous service as follows:

Years of Service	Percent Vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump sum amount, or in monthly, quarterly, or annual cash installments over a period to be determined by the participant or his beneficiary. The period over which such a payment is to be made shall not extend beyond the participant's life expectancy or the life expectancy of the participant and his designated beneficiary. Options for a life annuity or a joint life and last survivor annuity are also available. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as an automatic rollover IRA unless the participant elects otherwise.

Hardship withdrawals are permitted by the Plan for the purchase of a principal residence, tuition and related expenses for post-secondary education, medical expenses not covered by insurance, to prevent eviction from or foreclosure on a principal residence, for certain burial or funeral expenses, and for the repair to a principal residence resulting from a casualty. Participants may withdraw employee contributions plus their respective earnings subject to certain limitations.

Forfeited Accounts

Forfeited accounts are used to reduce employer contributions. The Company used $3,339 and $8,049 in forfeited funds to reduce the Company contribution for the Plan years ending June 30, 2016 and 2015, respectively. There was no forfeited non-vested account balance as of June 30, 2016 or 2015.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

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

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) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least reasonably possible that changes in risks in the near-term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Allocated Contract

The Plan has a contract with an insurance company for an individual life insurance policy on a key employee. The insurance benefits are fully guaranteed by the insurance company. Therefore, the allocated contract and related benefit obligation are excluded from the Plan's financial statements.

Administrative and Investment Expenses

All expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Expenses related to investment management are netted with investment income.

Accounting Changes

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient*. Parts I and III are not applicable to the Plan. Part II eliminates the requirements to disclose the individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also requires all investments be disaggregated only based on general type, eliminating disaggregation by nature, characteristics and risk. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Management has elected to adopt Part II early, with retrospective application to all periods presented.

Fair Value Measurement - Definition and Hierarchy

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

- *Level 2*: Inputs to the valuation methodology include:

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

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement - Definition and Hierarchy (Continued)
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.

A description of where the Plan's investments fall within the ASC 820 hierarchy is provided in Note 3. There were no transfers between levels of the fair value hierarchy during 2016 or 2015.

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 certain reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

3. FAIR VALUE MEASUREMENTS

The following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at June 30, 2016 and 2015.

- *Money market account:* valued at cost plus accrued interest, which approximates fair value.
- *Mutual funds:* valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Common stocks:* valued at closing price reported in the active market on which the individual securities are traded.
- *Corporate bonds and government and agency obligations:* valued using a combination of the quoted closing price reported on the active market on which the individual securities are traded and an evaluation of the expected yield relative to similar securities or, in the absence of an active market, a broker quote.

The preceding methods described 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 tables set forth by level, within the fair value hierarchy, the Plan's fair value measurement at June 30, 2016 and 2015.

3. FAIR VALUE MEASUREMENTS (Continued)

Fair value measurement at June 30, 2016:

	Level 1	Level 2	Level 3	Total
Money market account	$ 627,486	$ -	$ -	$ 627,486
Mutual funds	1,769,300	-	-	1,769,300
Common stocks	1,445,541	-	-	1,445,541
Corporate bonds	475,237	-	-	475,237
Government and agency obligations	673,475	-	-	673,475
Total investments, at fair value	$ 4,991,039	$ -	$ -	$ 4,991,039

Fair value measurement at June 30, 2015:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 480,959	$ -	$ -	$ 480,959
Mutual funds	1,768,503	-	-	1,768,503
Common stocks	1,354,584	-	-	1,354,584
Corporate bonds	504,952	-	-	504,952
Government and agency obligations	645,366	-	-	645,366
Total investments, at fair value	$ 4,754,364	$ -	$ -	$ 4,754,364

4. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Morgan Stanley Smith Barney (MSSB), who acts as the custodian and investment advisor of the Plan; therefore, transactions qualify as party-in-interest transactions. Fees paid to MSSB by the Plan for investment management services amounted to $33,558 and $33,376 for the years ended June 30, 2016 and 2015, respectively.

5. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 16, 2010 that the Plan is in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

6. PLAN TERMINATION

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

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2016, to Form 5500:

Net assets available for benefits per the financial statements	$ 5,304,062
Amounts allocated to withdrawing participants at June 30, 2016	(5,150)
Net assets available for benefits per the Form 5500	$ 5,298,912

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended June 30, 2016, to Form 5500:

Benefits paid to participants per the financial statements	$ 84,990
Plus: Amounts allocated to withdrawing participants at June 30, 2016	5,150
Benefits paid to participants per the Form 5500	$ 90,140

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date.

There were no reconciling items for the year ended June 30, 2015.

8. SUBSEQUENT EVENTS

Subsequent events have been evaluated through December 7, 2016, the date the financial statements were available to be issued.

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN

EIN #15-0620960
PLAN #005, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2016

(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
*	Morgan Stanley Smith Barney - Mutual Fund	2,253.272 SHS	AB SEL US LG/SHT ADV	$ 26,772	$ 25,935
*	Morgan Stanley Smith Barney - Mutual Fund	4,721.435 SHS	AMER BEACON AHL MNGD FUT STR Y	50,000	50,236
*	Morgan Stanley Smith Barney - Mutual Fund	2,829.738 SHS	AMERICAN EUROPACIFIC GRW F2	131,902	124,622
*	Morgan Stanley Smith Barney - Mutual Fund	3,343.236 SHS	AQR MANAGED FUTURES STRATEGY I	37,081	34,770
*	Morgan Stanley Smith Barney - Mutual Fund	875.334 SHS	BARON SMALL CAP INSTL	17,408	25,717
*	Morgan Stanley Smith Barney - Mutual Fund	2,367.451 SHS	BLACKROCK GLB LONG/SHORT EQ I	27,507	24,787
*	Morgan Stanley Smith Barney - Mutual Fund	5,594.847 SHS	BLACKROCK GLOBAL ALLOCATION I	108,128	100,595
*	Morgan Stanley Smith Barney - Mutual Fund	4,351.61 SHS	BLACKROCK GLOBAL DIV PORT INST	50,000	52,785
*	Morgan Stanley Smith Barney - Mutual Fund	4,198.113 SHS	BLACKROCK INFLAT PROT BOND I	45,046	45,592
*	Morgan Stanley Smith Barney - Mutual Fund	2,549.691 SHS	BLACKROCK SECURED CREDIT INST	25,922	25,420
*	Morgan Stanley Smith Barney - Mutual Fund	7,759.294 SHS	BLACKROCK STRATEGIC INC OPP I	78,202	75,420
*	Morgan Stanley Smith Barney - Mutual Fund	1,740.947 SHS	CLEARBRIDGE APPRECIATION I	25,000	35,794
*	Morgan Stanley Smith Barney - Mutual Fund	1,357.958 SHS	DELAWARE VALUE INSTL	25,000	26,236
*	Morgan Stanley Smith Barney - Mutual Fund	1,708.129 SHS	FIDELITY ADV BIOTECHNOLOGY I	38,012	34,521
*	Morgan Stanley Smith Barney - Mutual Fund	5,237.292 SHS	FIRST EAGLE OVERSEAS I	119,861	124,229
*	Morgan Stanley Smith Barney - Mutual Fund	4,621.072 SHS	FORUM ABSOLUTE STRATEGIES INST	50,000	49,538
*	Morgan Stanley Smith Barney - Mutual Fund	6,671.595 SHS	FRANKLIN UTILITIES ADVISOR	87,627	126,227
*	Morgan Stanley Smith Barney - Mutual Fund	1,372.872 SHS	INVESCO DIVERSIFIED DIVIDEND Y	25,000	26,098
*	Morgan Stanley Smith Barney - Mutual Fund	230.84 SHS	JANUS ENTERPRISE I	20,000	21,078
*	Morgan Stanley Smith Barney - Mutual Fund	2,148.228 SHS	JANUS PERKINS SM CAP VALUE I	40,000	42,105
*	Morgan Stanley Smith Barney - Mutual Fund	592.868 SHS	JP MORGAN MID CAP VALUE S	15,464	21,219
*	Morgan Stanley Smith Barney - Mutual Fund	888.889 SHS	JP MORGAN SMALL CAP EQTY SEL	40,000	42,222
*	Morgan Stanley Smith Barney - Mutual Fund	3,319.973 SHS	LOCORR MARKET TREND I	41,840	41,068
*	Morgan Stanley Smith Barney - Mutual Fund	907.28 SHS	MFS INTERNATIONAL NEW DISC I	25,726	25,812
*	Morgan Stanley Smith Barney - Mutual Fund	2,185.41 SHS	MFS INTERNATIONAL VALUE I	77,416	81,822
*	Morgan Stanley Smith Barney - Mutual Fund	876.889 SHS	OPPENHEIMER DEVELOPING MKTS Y	29,194	27,298
*	Morgan Stanley Smith Barney - Mutual Fund	2,029.939 SHS	OPPENHEIMER INTL SMLL-MID CO Y	67,463	73,606
*	Morgan Stanley Smith Barney - Mutual Fund	1,824.401 SHS	PRINCIPAL MIDCAP P	42,252	39,626
*	Morgan Stanley Smith Barney - Mutual Fund	1,143.284 SHS	PRUDENTIAL GLB REAL ESTATE Z	26,659	28,559
*	Morgan Stanley Smith Barney - Mutual Fund	3,553.299 SHS	SCHRODER ABS RET EMD&CURR INV	35,000	35,959
*	Morgan Stanley Smith Barney - Mutual Fund	16.942 SHS	THORNBURG INV INC BUILDER I	320	330
*	Morgan Stanley Smith Barney - Mutual Fund	1,919.826 SHS	TORTOISE MLP & PIPELINE INST	26,119	24,363
*	Morgan Stanley Smith Barney - Mutual Fund	3,202.196 SHS	TRANSAMERICA MIDCAP VAL OPP A	35,000	36,825
*	Morgan Stanley Smith Barney - Mutual Fund	3,308.824 SHS	VANGUARD INFLAT PROT SEC INV	45,000	45,199
*	Morgan Stanley Smith Barney - Mutual Fund	4,871.286 SHS	VANGUARD SH TM INVT GR INV	52,124	52,464
*	Morgan Stanley Smith Barney - Mutual Fund	5,392.905 SHS	VIRTUS INSIGHT EMERG MKTS I	54,322	52,527
*	Morgan Stanley Smith Barney - Mutual Fund	1,477.651 SHS	VIRTUS FOREIGN OPPORT I	40,000	42,349
*	Morgan Stanley Smith Barney - Mutual Fund	1,179.903 SHS	VOYA REAL ESTATE I	23,708	26,347
*	Morgan Stanley Smith Barney - Common Stk	255 SHS	ABBOTT LABORATORIES	9,514	10,024
*	Morgan Stanley Smith Barney - Common Stk	41 SHS	AETNA INC (NEW)(CT)	5,031	5,007
*	Morgan Stanley Smith Barney - Common Stk	98 SHS	AGILENT TECHNOLOGIES	3,033	4,347
*	Morgan Stanley Smith Barney - Common Stk	66 SHS	ALEXION PHARM INC	9,519	7,706
*	Morgan Stanley Smith Barney - Common Stk	47 SHS	ALLERGAN PLC SHS	11,908	10,861
*	Morgan Stanley Smith Barney - Common Stk	190 SHS	ALLSTATE CORP	11,619	13,291
*	Morgan Stanley Smith Barney - Common Stk	26 SHS	ALPHABET INC CL A	8,397	18,292
*	Morgan Stanley Smith Barney - Common Stk	20 SHS	ALPHABET INC CL C	5,703	13,842
*	Morgan Stanley Smith Barney - Common Stk	32 SHS	AMAZON COM INC	7,816	22,900
*	Morgan Stanley Smith Barney - Common Stk	153 SHS	AMERICAN TOWER REIT COM	6,693	17,382
*	Morgan Stanley Smith Barney - Common Stk	419 SHS	APPLE INC	35,823	40,056

(Continued)

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN

EIN #15-0620960
PLAN #005, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2016

(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
*	Morgan Stanley Smith Barney - Common Stk	232 SHS	ARCHER DANIELS MIDLAND	$ 11,742	$ 9,950
*	Morgan Stanley Smith Barney - Common Stk	37 SHS	ASHLAND INC NEW	4,722	4,246
*	Morgan Stanley Smith Barney - Common Stk	332 SHS	AT&T INC	11,623	14,346
*	Morgan Stanley Smith Barney - Common Stk	304 SHS	BANK OF NEW YORK MELLON CORP	11,763	11,810
*	Morgan Stanley Smith Barney - Common Stk	315 SHS	BB&T CORP	11,751	11,217
*	Morgan Stanley Smith Barney - Common Stk	165 SHS	BLACKSTONE GROUP LP	5,084	4,049
*	Morgan Stanley Smith Barney - Common Stk	27 SHS	BOEING CO	3,809	3,506
*	Morgan Stanley Smith Barney - Common Stk	389 SHS	CA INCORPORATED	11,684	12,771
*	Morgan Stanley Smith Barney - Common Stk	154 SHS	CARDINAL HEALTH INC	11,735	12,014
*	Morgan Stanley Smith Barney - Common Stk	61 SHS	CELGENE CORP	6,060	6,016
*	Morgan Stanley Smith Barney - Common Stk	132 SHS	CERNER CORP	7,438	7,735
*	Morgan Stanley Smith Barney - Common Stk	195 SHS	CHEVRON CORP	19,613	20,442
*	Morgan Stanley Smith Barney - Common Stk	7 SHS	CHIPOTLE MEXICAN GRILL INC COM	2,946	2,819
*	Morgan Stanley Smith Barney - Common Stk	478 SHS	CISCO SYS INC	10,022	13,714
*	Morgan Stanley Smith Barney - Common Stk	305 SHS	COCA COLA CO	13,112	13,826
*	Morgan Stanley Smith Barney - Common Stk	247 SHS	COMCAST CORP (NEW) CLASS A	13,996	16,102
*	Morgan Stanley Smith Barney - Common Stk	242 SHS	CONOCOPHILLIPS	16,359	10,551
*	Morgan Stanley Smith Barney - Common Stk	551 SHS	CONS STAPLES SEL SECT SPDR FD	25,850	30,388
*	Morgan Stanley Smith Barney - Common Stk	108 SHS	COSTCO WHOLESALE CORP NEW	5,882	16,960
*	Morgan Stanley Smith Barney - Common Stk	114 SHS	CVS CAREMARK CORP	3,650	10,914
*	Morgan Stanley Smith Barney - Common Stk	79 SHS	DANAHER CORPORATION	4,476	7,979
*	Morgan Stanley Smith Barney - Common Stk	205 SHS	DU PONT EI DE NEMOURS & CO	13,580	13,284
*	Morgan Stanley Smith Barney - Common Stk	209 SHS	EDISON INTERNATIONAL	11,719	16,233
*	Morgan Stanley Smith Barney - Common Stk	116 SHS	ELECTRONIC ARTS INC	7,885	8,788
*	Morgan Stanley Smith Barney - Common Stk	136 SHS	ELI LILLY & CO	10,210	10,710
*	Morgan Stanley Smith Barney - Common Stk	39 SHS	EQUINIX INC COM PAR $0.001	7,673	15,121
*	Morgan Stanley Smith Barney - Common Stk	140 SHS	EXPRESS SCRIPTS HLDG CO COM	12,225	10,612
*	Morgan Stanley Smith Barney - Common Stk	257 SHS	FACEBOOK INC CL-A	16,264	29,370
*	Morgan Stanley Smith Barney - Common Stk	85 SHS	FIDELITY NATL INFORMATION SE	5,404	6,263
*	Morgan Stanley Smith Barney - Common Stk	46 SHS	FIRST REPUBLIC BANK	2,167	3,220
*	Morgan Stanley Smith Barney - Common Stk	2,091 SHS	FIRST TRUST NORTH AMERICAN E	47,063	51,606
*	Morgan Stanley Smith Barney - Common Stk	42 SHS	FLEETCOR TECHNOLOGIES	5,612	6,011
*	Morgan Stanley Smith Barney - Common Stk	98 SHS	FORTUNE BRANDS HOME & SEC INC	4,610	5,681
*	Morgan Stanley Smith Barney - Common Stk	112 SHS	GILEAD SCIENCE	10,717	9,343
*	Morgan Stanley Smith Barney - Common Stk	461 SHS	HALLIBURTON CO	25,632	20,879
*	Morgan Stanley Smith Barney - Common Stk	94 SHS	HOME DEPOT INC	7,846	12,003
*	Morgan Stanley Smith Barney - Common Stk	120 SHS	HONEYWELL INTERNATIONAL INC	8,712	13,958
*	Morgan Stanley Smith Barney - Common Stk	346 SHS	INTEL CORP	11,746	11,349
*	Morgan Stanley Smith Barney - Common Stk	38 SHS	INTERCONTINENTALEXCHANGE GROUP	7,225	9,726
*	Morgan Stanley Smith Barney - Common Stk	83 SHS	INTUIT INC	7,818	9,264
*	Morgan Stanley Smith Barney - Common Stk	300 SHS	ISHARES COHEN&STEERS REIT ETF	29,613	32,460
*	Morgan Stanley Smith Barney - Common Stk	436 SHS	ISHARES EDGE MSCI US QLTY FAC	29,070	28,776
*	Morgan Stanley Smith Barney - Common Stk	358 SHS	ISHARES SELECT DIVIDEND ETF	29,113	30,530
*	Morgan Stanley Smith Barney - Common Stk	241 SHS	ISHARES 7-10 YR TREASURY BD ETF	26,000	27,222
*	Morgan Stanley Smith Barney - Common Stk	263 SHS	JOHNSON CONTROLS INCORPORATED	11,748	11,640
*	Morgan Stanley Smith Barney - Common Stk	109 SHS	JOHNSON & JOHNSON	11,678	13,222
*	Morgan Stanley Smith Barney - Common Stk	67 SHS	KANSAS CY SOUTHN IND NEW	6,865	6,036
*	Morgan Stanley Smith Barney - Common Stk	208 SHS	KATE SPADE & CO COM	4,654	4,287
*	Morgan Stanley Smith Barney - Common Stk	157 SHS	KRAFT HEINZ CO	9,174	13,891

(Continued)

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN

EIN #15-0620960
PLAN #005, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2016

(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
*	Morgan Stanley Smith Barney - Common Stk	209 SHS	LOWES COMPANIES INC	$ 11,127	$ 16,547
*	Morgan Stanley Smith Barney - Common Stk	691 SHS	MARATHON OIL CO	18,233	10,372
*	Morgan Stanley Smith Barney - Common Stk	227 SHS	MARSH & MCLENNAN COS INC	11,789	15,540
*	Morgan Stanley Smith Barney - Common Stk	148 SHS	MASTERCARD INC CL A	13,597	13,033
*	Morgan Stanley Smith Barney - Common Stk	77 SHS	MC CORMICK AND CO NON VOTING	5,485	8,214
*	Morgan Stanley Smith Barney - Common Stk	125 SHS	MC DONALDS CORP	14,427	15,043
*	Morgan Stanley Smith Barney - Common Stk	47 SHS	MCKESSON CORP	6,981	8,773
*	Morgan Stanley Smith Barney - Common Stk	196 SHS	MERCK & CO INC NEW COM	11,731	11,292
*	Morgan Stanley Smith Barney - Common Stk	372 SHS	MICROSOFT CORP	15,139	19,035
*	Morgan Stanley Smith Barney - Common Stk	54 SHS	MOBILEYE N.V.	2,535	2,492
*	Morgan Stanley Smith Barney - Common Stk	40 SHS	MOLSON COORS BREWING CO CL B	4,029	4,045
*	Morgan Stanley Smith Barney - Common Stk	339 SHS	MONDELEZ INTL INC COM	11,770	15,428
*	Morgan Stanley Smith Barney - Common Stk	65 SHS	NETFLIX INC	3,261	5,946
*	Morgan Stanley Smith Barney - Common Stk	194 SHS	NIKE INC B	4,661	10,709
*	Morgan Stanley Smith Barney - Common Stk	73 SHS	NORTHROP GRUMMAN CP (HLDG CO)	9,404	16,226
*	Morgan Stanley Smith Barney - Common Stk	77 SHS	NXP SEMICONDUCTORS NV	6,853	6,032
*	Morgan Stanley Smith Barney - Common Stk	238 SHS	OCCIDENTAL PETROLEUM CORP DE	17,900	17,984
*	Morgan Stanley Smith Barney - Common Stk	235 SHS	ORACLE CORP	7,637	9,619
*	Morgan Stanley Smith Barney - Common Stk	30 SHS	PALO ALTO NETWORKS INC	5,278	3,679
*	Morgan Stanley Smith Barney - Common Stk	300 SHS	PFIZER INC	5,953	10,563
*	Morgan Stanley Smith Barney - Common Stk	37 SHS	PHILIP MORRIS INTL INC	3,535	3,764
*	Morgan Stanley Smith Barney - Common Stk	725 SHS	POWERSHARES DB GOLD FUND	29,699	31,298
*	Morgan Stanley Smith Barney - Common Stk	2,179 SHS	POWERSHARES HI YLD EQ DIV	29,824	33,883
*	Morgan Stanley Smith Barney - Common Stk	764 SHS	POWERSHARES S&P 500 LOW VOLA	28,032	32,684
*	Morgan Stanley Smith Barney - Common Stk	6 SHS	PRICELINE GRP INC COM NEW	6,202	7,490
*	Morgan Stanley Smith Barney - Common Stk	130 SHS	PROLOGIS INC COM	4,961	6,375
*	Morgan Stanley Smith Barney - Common Stk	60 SHS	PVH CORPORATION	4,597	5,654
*	Morgan Stanley Smith Barney - Common Stk	192 SHS	QUEST DIAGNOSTICS INC	11,723	15,631
*	Morgan Stanley Smith Barney - Common Stk	117 SHS	RAYTHEON CO (NEW)	7,951	15,906
*	Morgan Stanley Smith Barney - Common Stk	172 SHS	REYNOLDS AMERICAN INC	8,279	9,276
*	Morgan Stanley Smith Barney - Common Stk	27 SHS	ROPER TECHNOLOGIES, INC.	4,875	4,605
*	Morgan Stanley Smith Barney - Common Stk	276 SHS	ROSS STORES INC	14,669	15,646
*	Morgan Stanley Smith Barney - Common Stk	179 SHS	SABRE CORPORATION	5,068	4,795
*	Morgan Stanley Smith Barney - Common Stk	85 SHS	SALESFORCE.COM,INC.	6,342	6,750
*	Morgan Stanley Smith Barney - Common Stk	28 SHS	SHERWIN WILLIAMS COMPANY OHIO	7,748	8,223
*	Morgan Stanley Smith Barney - Common Stk	343 SHS	SPDR S&P DIVIDEND	28,356	28,785
*	Morgan Stanley Smith Barney - Common Stk	268 SHS	STARBUCKS CORP WASHINGTON	12,721	15,308
*	Morgan Stanley Smith Barney - Common Stk	69 SHS	STRYKER CORP	6,841	8,268
*	Morgan Stanley Smith Barney - Common Stk	42 SHS	THERMO FISHER SCIENTIFIC	4,968	6,206
*	Morgan Stanley Smith Barney - Common Stk	43 SHS	TRACTOR SUPPLY CO	3,613	3,921
*	Morgan Stanley Smith Barney - Common Stk	58 SHS	UNION PACIFIC CORP	4,950	5,061
*	Morgan Stanley Smith Barney - Common Stk	634 SHS	UTILITIES SEL SECT SPDR FUND	29,158	33,266
*	Morgan Stanley Smith Barney - Common Stk	235 SHS	VERIZON COMMUNICATIONS	11,647	13,122
*	Morgan Stanley Smith Barney - Common Stk	69 SHS	VERTEX PHARMACEUTICALS	8,928	5,935
*	Morgan Stanley Smith Barney - Common Stk	103 SHS	WALGREENS BOOTS ALLIANCE INC	7,719	8,577
*	Morgan Stanley Smith Barney - Common Stk	248 SHS	WASTE MGMT INC (DELA)	11,650	16,435
*	Morgan Stanley Smith Barney - Common Stk	144 SHS	WHOLE FOODS MARKETS INC	4,683	4,611
*	Morgan Stanley Smith Barney - Common Stk	1,067 SHS	XEROX CORP	13,390	10,126
*	Morgan Stanley Smith Barney - Common Stk	160 SHS	XYLEM INC COM	5,617	7,144

(Continued)

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN

EIN #15-0620960
PLAN #005, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2016

(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
*	Morgan Stanley Smith Barney - Common Stk	112 SHS	ZOETIS INC CLASS-A	$ 5,296	$ 5,316
*	Morgan Stanley Smith Barney - Common Stk	82 SHS	3M COMPANY	13,469	14,360
*	Morgan Stanley Smith Barney - Corp Bonds	$35,000	BERKSHIRE HATHAWAY FIN 10/15/2020 2.9%	36,887	37,161
*	Morgan Stanley Smith Barney - Corp Bonds	$25,000	THE COCA-COLA CO 11/1/2020 2.45%	25,822	26,078
*	Morgan Stanley Smith Barney - Corp Bonds	$30,000	GENERAL ELECTRIC CAPITAL CORP 1/9/2017 2.9%	30,535	30,330
*	Morgan Stanley Smith Barney - Corp Bonds	$35,000	GENERAL ELECTRIC CAPITAL CORP 12/20/2016 .966%	34,584	34,986
*	Morgan Stanley Smith Barney - Corp Bonds	$20,000	GOLDMAN SACHS GROUP INC 1/31/2019 2.625%	20,235	20,469
*	Morgan Stanley Smith Barney - Corp Bonds	$25,000	HOME DEPOT INC 6/15/2019 2.0%	25,674	25,702
*	Morgan Stanley Smith Barney - Corp Bonds	$40,000	JOHN DEERE CAPITAL CORP 3/15/2017 1.4%	40,174	40,153
*	Morgan Stanley Smith Barney - Corp Bonds	$25,000	JP MORGAN CHASE & CO 1/23/2020 2.25%	24,831	25,344
*	Morgan Stanley Smith Barney - Corp Bonds	$25,000	NATIONAL RURAL UTIL CORP 1/27/2020 2.0%	24,996	25,515
*	Morgan Stanley Smith Barney - Corp Bonds	$45,000	ORACLE CORP 10/15/2017 1.2%	45,004	45,159
*	Morgan Stanley Smith Barney - Corp Bonds	$25,000	UNITEDHEALTH GROUP INC 7/15/2020 2.7%	25,723	26,038
*	Morgan Stanley Smith Barney - Corp Bonds	$40,000	US BANCORP 11/15/2018 1.95%	39,934	40,840
*	Morgan Stanley Smith Barney - Corp Bonds	$40,000	VISA INC 12/14/2020 2.2%	40,000	41,243
*	Morgan Stanley Smith Barney - Corp Bonds	$25,000	WELLS FARGO & COMPANY 3/5/2019 1.18%	24,625	24,327
*	Morgan Stanley Smith Barney - Corp Bonds	$30,000	WELLS FARGO CO 12/11/2017 5.625%	33,883	31,892
*	Morgan Stanley Smith Barney - Govt Obligtn	$50,000	FED NATL MTG ASSN 9/28/2016 1.25%	50,692	50,099
*	Morgan Stanley Smith Barney - Govt Obligtn	$51,000	FED HOME LN MTG CORP 3/7/2018 .875%	50,916	51,094
*	Morgan Stanley Smith Barney - Govt Obligtn	$36,000	FED HOME LN MTG CORP 8/25/2016 2.000%	37,940	36,084
*	Morgan Stanley Smith Barney - Govt Obligtn	$40,000	UNITED STATES TREASURY NOTE 5/15/2017 4.500%	41,812	41,374
*	Morgan Stanley Smith Barney - Govt Obligtn	$27,000	UNITED STATES TREASURY NOTE 12/31/2019 1.125%	26,556	27,290
*	Morgan Stanley Smith Barney - Govt Obligtn	$75,000	UNITED STATES TREASURY NOTE 7/31/2016 1.50%	76,530	75,081
*	Morgan Stanley Smith Barney - Govt Obligtn	$47,000	UNITED STATES TREASURY NOTE 2/15/2022 2.000%	45,161	49,229
*	Morgan Stanley Smith Barney - Govt Obligtn	$40,000	UNITED STATES TREASURY NOTE 11/15/2020 2.625%	37,369	42,856
*	Morgan Stanley Smith Barney - Govt Obligtn	$75,000	UNITED STATES TREASURY NOTE 1/31/2019 1.25%	75,657	76,108
*	Morgan Stanley Smith Barney - Govt Obligtn	$75,000	UNITED STATES TREASURY NOTE 12/31/2018 1.5%	75,691	76,547
*	Morgan Stanley Smith Barney - Govt Obligtn	$20,000	UNITED STATES TREASURY NOTE 11/15/2024 2.25%	19,909	21,334
*	Morgan Stanley Smith Barney - Govt Obligtn	$75,000	UNITED STATES TREASURY NOTE 5/15/2019 3.125%	79,966	80,162
*	Morgan Stanley Smith Barney - Govt Obligtn	$42,000	UNITED STATES TREASURY NOTE 2/15/2020 3.625%	48,375	46,217
*	Morgan Stanley Smith Barney - MMF		MS LIQUID ASSET FUND	627,486	627,486
				$ 4,717,739	$ 4,991,039

* Indicates a party-in-interest to the Plan

The accompanying notes are an integral part of this schedule.

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN

EIN #15-0620960
PLAN #005, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2016

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