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|---|--|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|  |  |   |   |
|--|--|---|---|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>  |   |   |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |  |   |   |
| <b>A</b>   | This return/report is for:   | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)               |   |
|  | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |   |   |
| <b>B</b>   | This return/report is:   | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |   |
| <b>C</b>   | If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>               |   |   |
| <b>D</b>   | Check box if filing under:   | <input checked="" type="checkbox"/> Form 5558<br><input type="checkbox"/> special extension (enter description)   | <input type="checkbox"/> automatic extension<br><input type="checkbox"/> the DFVC program |

|                |   |           |   |
|----------------|---|-----------|---|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information  |           |   |
| <b>1a</b>      | Name of plan<br><u>STATEWIDE HARVESTING AND HAULING SAVINGS PLAN</u>  | <b>1b</b> | Three-digit plan number (PN) ► <u>001</u>                 |
|                |   | <b>1c</b> | Effective date of plan<br><u>01/01/2008</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>STATEWIDE HARVESTING AND HAULING, L.L.C.</u><br><br><u>P O BOX 1804</u><br><u>DUNDEE, FL 33838-1804</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>59-3666466</u> |
|                |   | <b>2c</b> | Plan Sponsor's telephone number<br><u>863-439-4225</u>    |
|                |   | <b>2d</b> | Business code (see instructions)<br><u>115110</u>         |
|                |   |           |   |

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

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

|   |   |            |  |
|---|---|------------|--|
| <b>SIGN HERE</b>  | Filed with authorized/valid electronic signature. | 10/04/2017 | MICHAEL INGRAM   |
|   | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>  |   |            |  |
|   | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>  |   |            |  |
|   | 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                                  |
|   |   |            |  |

|   |  |
|---|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>   |
| <b>4</b> 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:<br><b>a</b> Sponsor's name   | <b>4b</b> EIN<br><br><b>4c</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b> 199   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 187<br><b>6a(2)</b> 144<br><b>6b</b> 0<br><b>6c</b> 16<br><b>6d</b> 160<br><b>6e</b> 0<br><b>6f</b> 160<br><b>6g</b> 54<br><b>6h</b> 0  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....   | <b>7</b>   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2T 2K 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:   |  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor   |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)   |  |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary   | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 \_\_\_\_\_

|  |   |   |
|--|---|---|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2016</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--|---|---|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>STATEWIDE HARVESTING AND HAULING SAVINGS PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
|  |  |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>STATEWIDE HARVESTING AND HAULING, L.L.C.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>59-3666466</u> |            |

|               |   |
|---------------|---|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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

LINCOLN NATIONAL LIFE INSURANCE COMPANY

| (b) EIN           | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |                   |
|-------------------|---------------|---------------------------------------|---|-------------------------|-------------------|
|                   |               |                                       |   | (f) From                | (g) To            |
| <u>35-0472300</u> | <u>65676</u>  | <u>39391</u>                          | <u>54</u>   | <u>01/01/2016</u>       | <u>12/31/2016</u> |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| <u>1271</u>                                 | <u>0</u>                             |

**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

RICHARD M ROMAN  
P O BOX 522  
VALRICO, FL 33595-0522

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| <u>1271</u>                                   |                                 |             | <u>4</u>              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> 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.

|  |          |         |
|--|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 1116834 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
 (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY WITH GUAR FUND

**b** Balance at the end of the previous year ..... **7b** 166164

|   |              |       |
|---|--------------|-------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 21073 |
| (2) Dividends and credits.....  | <b>7c(2)</b> |       |
| (3) Interest credited during the year.....                            | <b>7c(3)</b> | 2425  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 11641 |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 2079  |

▶ MAY INCLUDE - LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS

(6) Total additions ..... **7c(6)** 37218**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d** 203382**e** Deductions:

|   |              |       |
|---|--------------|-------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 63610 |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> | 459   |
| (3) Transferred to separate account .....                                 | <b>7e(3)</b> | 1283  |
| (4) Other (specify below) .....   | <b>7e(4)</b> | 14817 |

▶ MAY INCLUDE - LOAN ISSUES/FORF/FEEES/CORRECTIVES/ADJUSTMENTS/INS PREM

(5) Total deductions ..... **7e(5)** 80169**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 123213

**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:

|  |                 |                 |   |
|--|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....   | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |   |
| (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|   |            |  |
|---|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|   |  |  |
|---|--|--|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|   |  | <b>2016</b>                                    |
|   |  | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>STATEWIDE HARVESTING AND HAULING SAVINGS PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|  |  |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>STATEWIDE HARVESTING AND HAULING, L.L.C.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>59-3666466</b> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|---|

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|---|

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|---|

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures 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

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

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

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

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**(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)

DEAROLF & MERENESS LLP

15425 NORTH FLORIDA AVE  
TAMPA, FL 33613

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27                     | SERVICE PROVIDER  | 9700   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LINCOLN NATIONAL CORPORATION

35-1140070

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13                     | SERVICE PROVIDER  | 6711   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

STADION MONEY MANAGEMENT

58-2099805

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26                     | SERVICE PROVIDER  | 5123   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>STATEWIDE HARVESTING AND HAULING SAVINGS PLAN</u>   | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>STATEWIDE HARVESTING AND HAULING, L.L.C.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>59-3666466</u>         |            |

| Part I   | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |   |  |
|--|---|---|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA14 FEDERATED GOVERNMENT ULTRA</u>    |   |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u> |   |   |  |
| <b>c</b> EIN-PN <u>35-0472300-114</u>  | <b>d</b> Entity code <u>P</u>   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>6169</u></span>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA20 FRANKLIN HIGH INCOME</u>          |   |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u> |   |   |  |
| <b>c</b> EIN-PN <u>35-0472300-120</u>  | <b>d</b> Entity code <u>P</u>   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>22699</u></span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA21 VANGUARD LIFESTRATEGY MODE</u>    |   |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u> |   |   |  |
| <b>c</b> EIN-PN <u>35-0472300-121</u>  | <b>d</b> Entity code <u>P</u>   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>4175</u></span>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA27 LVIP SSGA S&amp;P 500 INDEX</u>   |   |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u> |   |   |  |
| <b>c</b> EIN-PN <u>35-0472300-127</u>  | <b>d</b> Entity code <u>P</u>   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>684</u></span>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA28 INVESCO GROWTH AND INCOME</u>     |   |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u> |   |   |  |
| <b>c</b> EIN-PN <u>35-0472300-128</u>  | <b>d</b> Entity code <u>P</u>   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>46085</u></span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA30 VANGUARD LIFESTRATEGY CONS</u>    |   |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u> |   |   |  |
| <b>c</b> EIN-PN <u>35-0472300-130</u>  | <b>d</b> Entity code <u>P</u>   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>0</u></span>     |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA32 VANGUARD LIFESTRATEGY GROW</u>    |   |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u> |   |   |  |
| <b>c</b> EIN-PN <u>35-0472300-132</u>  | <b>d</b> Entity code <u>P</u>   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>45583</u></span> |  |

|   |  |  |
|---|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LNL SA54 AMERICAN FUNDS EUROPACIFIC</a>    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">LINCOLN NATIONAL LIFE INSURANCE CO.</a> |  |  |
| <b>c</b> EIN-PN <a href="#">35-0472300-154</a>  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">22278</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LNL SA55 LVIP CLARION GLOBAL REAL E</a>    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">LINCOLN NATIONAL LIFE INSURANCE CO.</a> |  |  |
| <b>c</b> EIN-PN <a href="#">35-0472300-155</a>  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">311</a>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LNL SA65 MFS VIT GROWTH SERIES</a>         |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">LINCOLN NATIONAL LIFE INSURANCE CO.</a> |  |  |
| <b>c</b> EIN-PN <a href="#">35-0472300-165</a>  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">66182</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LNL SA94 OPPENHEIMER DEVELOPING MAR</a>    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">LINCOLN NATIONAL LIFE INSURANCE CO.</a> |  |  |
| <b>c</b> EIN-PN <a href="#">35-0472300-194</a>  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">39918</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LNL SAL1 LVIP MANAGED RISK PROFILE</a>     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">LINCOLN NATIONAL LIFE INSURANCE CO.</a> |  |  |
| <b>c</b> EIN-PN <a href="#">35-0472300-701</a>  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">788</a>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LNL SAL2 LVIP MANAGED RISK PROFILE</a>     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">LINCOLN NATIONAL LIFE INSURANCE CO.</a> |  |  |
| <b>c</b> EIN-PN <a href="#">35-0472300-702</a>  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">7222</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LNL SATC STADION MANAGED CONSERVATI</a>    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">LINCOLN NATIONAL LIFE INSURANCE CO.</a> |  |  |
| <b>c</b> EIN-PN <a href="#">35-0472300-705</a>  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1056</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LNL SATM STADION MANAGED MODERATE</a>      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">LINCOLN NATIONAL LIFE INSURANCE CO.</a> |  |  |
| <b>c</b> EIN-PN <a href="#">35-0472300-706</a>  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">199756</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LNL SATG STADION MANAGED GROWTH</a>        |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">LINCOLN NATIONAL LIFE INSURANCE CO.</a> |  |  |
| <b>c</b> EIN-PN <a href="#">35-0472300-707</a>  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">422959</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LNL SAL6 LVIP SSGA BOND INDEX</a>          |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">LINCOLN NATIONAL LIFE INSURANCE CO.</a> |  |  |
| <b>c</b> EIN-PN <a href="#">35-0472300-709</a>  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">18001</a>  |



**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SALA SSGA S&P MIDCAP INDEX NON-](#)

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

|  |  |   |
|--|--|---|
| <b>c</b> EIN-PN <a href="#">35-0472300-713</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">63098</a> |
|--|--|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SALB SSGA RUSSELL SMALL CAP VAL](#)

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

|  |  |   |
|--|--|---|
| <b>c</b> EIN-PN <a href="#">35-0472300-714</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">28113</a> |
|--|--|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SALC SSGA RUSSELL SMALL CAP GRO](#)

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

|  |  |   |
|--|--|---|
| <b>c</b> EIN-PN <a href="#">35-0472300-715</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">695</a> |
|--|--|---|

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

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

|  |  |   |
|--|--|---|
| <b>c</b> EIN-PN <a href="#">35-0472300-717</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">13960</a> |
|--|--|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SALL LVIP MANAGED RISK PROFILE](#)

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

|  |  |   |
|--|--|---|
| <b>c</b> EIN-PN <a href="#">35-0472300-719</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|--|--|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SATB STADION MANAGED BALANCED](#)

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

|  |  |   |
|--|--|---|
| <b>c</b> EIN-PN <a href="#">35-0472300-722</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">55274</a> |
|--|--|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SATT STADION MANAGED MAXIMUM GR](#)

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

|  |  |   |
|--|--|---|
| <b>c</b> EIN-PN <a href="#">35-0472300-724</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">37922</a> |
|--|--|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SALE BLACKROCK GLOBAL ALLOCATIO](#)

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

|  |  |   |
|--|--|---|
| <b>c</b> EIN-PN <a href="#">35-0472300-735</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">13906</a> |
|--|--|---|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|   |  |  |
|---|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

|  |  |            |
|--|--|------------|
| For calendar plan year 2016 or fiscal plan year beginning <b>01/01/2016</b> and ending <b>12/31/2016</b>         |  |            |
| <b>A</b> Name of plan<br><b>STATEWIDE HARVESTING AND HAULING SAVINGS PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>STATEWIDE HARVESTING AND HAULING, L.L.C.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>59-3666466</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....  | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....   | <b>1c(8)</b>    | 50266                 | 93472           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 1176672               | 1116834         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 166164                | 123213          |
| <b>(15)</b> Other.....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities .....  | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1393102               | 1333519         |

**Liabilities**

|   |           |   |   |
|---|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....   | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....  | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|   |           |         |         |
|---|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1393102 | 1333519 |
|---|-----------|---------|---------|

**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 |
|--|-----------------|------------|-----------|
| <b>a</b> <b>Contributions:</b>   |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> | 95166      |           |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> | 84276      |           |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....  | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 179442    |
| <b>b</b> <b>Earnings on investments:</b>   |                 |            |           |
| (1) Interest:  |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> | 2774       |           |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> | 2425       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 5199      |
| (2) Dividends: <b>(A)</b> Preferred stock .....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....  | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....  | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|  |        | (a) Amount | (b) Total |
|--|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (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) |            | 122441    |
| c Other income.....  | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 307082    |

**Expenses**

|  |       |        |        |
|--|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 336655 |        |
| (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) |        | 336655 |
| f Corrective distributions (see instructions) .....                                  | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |        | 8476   |
| h Interest expense.....  | 2h    |        |        |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |        |        |
| (2) Contract administrator fees.....   | 2i(2) | 16411  |        |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 5123   |        |
| (4) Other .....  | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |        | 21534  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 366665 |

**Net Income and Reconciliation**

|  |       |  |        |
|--|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -59583 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan.....                                    | 2l(1) |  |        |
| (2) From this plan.....                                  | 2l(2) |  |        |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: DEAROLF & MERENESS LLP

(2) EIN: 59-3042376

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|   |           | Yes | No | Amount |
|---|-----------|-----|----|--------|
| <b>c</b> 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.) .....  | <b>4c</b> |     | X  |        |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....  | <b>4e</b> | X   |    | 139311 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....  | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....  | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....  | <b>4i</b> | X   |    |        |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....   | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....  | <b>4m</b> |     | X  |        |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |        |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |        |

**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  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

## Part V Trust Information

|  |   |
|--|---|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|   |   |  |
|---|---|--|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>► <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|---|--|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|  |  |
|--|--|
| <b>A</b> Name of plan<br><u>STATEWIDE HARVESTING AND HAULING SAVINGS PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ►<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>STATEWIDE HARVESTING AND HAULING, L.L.C.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>59-3666466</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|  |          |          |
|--|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....   | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>35-0472300</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | <b>3</b> |          |

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.  |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....  | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.   |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|  |                                   |                                   |                               |                             |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016  
v. 160205

**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): \_\_\_\_\_



|           |  |            |  |
|-----------|--|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:  |            |  |
|           | <b>a</b> The current year .....  | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....   | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....  | <b>14c</b> |  |
| <b>15</b> | 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:   |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....  | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....   | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:   |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....   | <b>16a</b> |  |
|           | <b>b</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 .....   | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |   |
|----------------|---|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---|

|           |   |
|-----------|---|
| <b>18</b> | 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 .....  |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)<br><b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%<br><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more<br><b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____ |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|  |   |
|--|---|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....   | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....   | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A   |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____. |   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.                                    |   |

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION**  
**YEARS ENDED DECEMBER 31, 2016 AND 2015**  
**TOGETHER WITH**  
**INDEPENDENT AUDITORS' REPORT**

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN  
INDEX TO FINANCIAL STATEMENTS  
DECEMBER 31, 2016 AND 2015**

|  | <b>PAGE</b> |
|--|-------------|
| Independent Auditors' Report                               | 1 - 2       |
| Financial Statements:                                      |             |
| Statements of Net Assets Available for Benefits            | 3           |
| Statements of Changes in Net Assets Available for Benefits | 4           |
| Notes to Financial Statements                              | 5 - 11      |
| Schedule of Assets Held for Investment Purposes            | 12          |



To the Administrative Committee of the  
Statewide Harvesting & Hauling Savings Plan  
Dundee, Florida

## **INDEPENDENT AUDITORS' REPORT**

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of Statewide Harvesting & Hauling Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 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.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting our audits 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 5, which was certified by Lincoln National Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedule of assets held for investment purposes as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule 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 schedule, other than that derived from the information certified by the trustee, 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.

*Dearolf & Mereness LLP*

Tampa, Florida

July 26, 2017

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2016 AND 2015**

|                                    | <u>2 0 1 6</u>             | <u>2 0 1 5</u>             |
|------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                      |                            |                            |
| Investments                        |                            |                            |
| Pooled separate accounts           | \$ 1,116,834               | \$ 1,176,672               |
| Guaranteed investment contract     | <u>123,213</u>             | <u>166,164</u>             |
| TOTAL INVESTMENTS                  | <u>1,240,047</u>           | <u>1,342,836</u>           |
| Receivables                        |                            |                            |
| Employer contributions             | 43,458                     | 49,412                     |
| Participant contributions          | 878                        | 944                        |
| Notes receivable from participants | <u>93,472</u>              | <u>50,266</u>              |
| TOTAL RECEIVABLES                  | <u>137,808</u>             | <u>100,622</u>             |
| TOTAL ASSETS                       | 1,377,855                  | 1,443,458                  |
| <b>LIABILITIES</b>                 |                            |                            |
| Accrued expense                    | <u>1,200</u>               | <u>-</u>                   |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u><u>\$ 1,376,655</u></u> | <u><u>\$ 1,443,458</u></u> |

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS**  
**AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31, 2016 AND 2015**

|  | <u>2 0 1 6</u>             | <u>2 0 1 5</u>             |
|--|----------------------------|----------------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>                |                            |                            |
| <b>INVESTMENT INCOME</b>                                     |                            |                            |
| Net appreciation (depreciation) - pooled separate accounts   | \$ 122,437                 | \$ (59,132)                |
| Earnings - guaranteed investment contract                    | <u>2,425</u>               | <u>5,075</u>               |
| TOTAL INVESTMENT INCOME (LOSS)                               | 124,862                    | (54,057)                   |
| Less investment expenses                                     | <u>5,123</u>               | <u>6,195</u>               |
| NET INVESTMENT INCOME (LOSS)                                 | <u>119,739</u>             | <u>(60,252)</u>            |
| <b>INTEREST ON NOTES RECEIVABLE FROM PARTICIPANTS</b>        | <u>2,774</u>               | <u>1,417</u>               |
| <b>CONTRIBUTIONS</b>   |                            |                            |
| Employer   | 89,312                     | 107,204                    |
| Participant  | 84,114                     | 105,772                    |
| Rollovers  | <u>-</u>                   | <u>22,484</u>              |
| TOTAL CONTRIBUTIONS  | <u>173,426</u>             | <u>235,460</u>             |
| TOTAL ADDITIONS TO NET ASSETS                                | <u>295,939</u>             | <u>176,625</u>             |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>             |                            |                            |
| Benefits paid  | 345,131                    | 583,655                    |
| Administrative and other fees                                | <u>17,611</u>              | <u>9,558</u>               |
| TOTAL DEDUCTIONS FROM NET ASSETS                             | <u>362,742</u>             | <u>593,213</u>             |
| NET DECREASE IN ASSETS AVAILABLE FOR BENEFITS                | (66,803)                   | (416,588)                  |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR</b> | <u>1,443,458</u>           | <u>1,860,046</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR</b>       | <u><u>\$ 1,376,655</u></u> | <u><u>\$ 1,443,458</u></u> |

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**Note 1 - Description of Plan**

The following description of the Statewide Harvesting & Hauling (Company) Savings Plan (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 covering all employees with 1,000 hours of service within a 12-month computation period who are at least 21 years of age. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended effective January 1, 2016, to change the period for calculating the discretionary matching contribution from the Plan year to the payroll period basis.

**Contributions** - The Company matches 100% of employee contributions up to 3% of compensation plus 50% of employee contributions that exceed 3% but not 5% of compensation. The Company may additionally make a discretionary matching contribution limited to 4% of the employee's total plan compensation. Participants may contribute up to 100% of their annual compensation, up to statutory limits. The Company makes contributions to the Plan in the amounts withheld on behalf of participants and the related matching contributions each payroll date. The discretionary contribution is made annually.

**Participant Accounts** - Each participant account is credited with the participant's contributions and withdrawals, as applicable, and allocation of the Company's contributions and Plan earnings and expenses. Plan earnings and most expenses are allocated pro rata within each investment on a daily basis based on the participant's account balance. Annual audit fees paid by the Plan are allocated on a per capita basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

**Notes Receivable from Participants** - Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at 4.25% - 4.50% for loans outstanding at December 31, 2016 and 2015. Principal and interest are paid through payroll deductions each pay period, and the loans become due through 2026. The loans are reported at their unpaid principal balances plus any accrued but unpaid interest.

**Vesting and Forfeitures** - Employees are immediately vested in their voluntary contributions, employer matching contributions, and allocated earnings and expenses thereon. The retirement contribution is vested 20% after one year of credited service and an additional 20% vested for each additional year of service until fully vested after five years. Unvested forfeitures of withdrawn participants may be used to offset subsequent employer contributions.



**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**Note 1 - Description of Plan - continued**

**Payment of Benefits** - Distributions are available upon death, disability, retirement, termination of employment or financial hardship, subject to certain restrictions and limitations. Distributions are payable in lump sum or installment payments. If a participant's vested benefit in the Plan does not exceed \$5,000, then the benefit must be distributed in a single lump sum payment as soon as administratively feasible.

**Note 2 - Date of Management's Review**

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through July 26, 2017, the date the financial statements were available to be issued.

**Note 3 - Summary of Significant Accounting Policies**

**Basis of Accounting** - The accompanying financial statements are presented on the accrual basis of accounting. Benefits are recorded as distributions to participants when paid.

**Investment Valuation and Income Recognition** - Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

In 2016, the Plan adopted Accounting Standards Update 2015-07, *Fair Value Measurements: Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share(or Its Equivalent)* (ASU 2015-07). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the Net Asset Value ("NAV") per share (or its equivalent). The amendment was retrospectively applied resulting in the removal of the investments for which fair value is measured using the NAV per share practical expedient from Level 2 in the fair value table in Note 4. The adoption of this standard had no impact on the financial position or change in net assets of the Plan.

In 2015, the Plan adopted Accounting Standards Update 2015-12, *Plan Accounting: Defined Benefit Pension Plans, Defined Contribution Pension Plans, and Health and Welfare Benefit Plans: Part I - Fully Benefit-Responsive Investment Contracts, Part II - Plan Investment Disclosures, and Part III - Measurement Date Practical Expedient* (ASU 2015-12). This standard simplifies certain financial statement reporting and disclosure requirements for employee benefit plans. Under ASU 2015-12, fully benefit-responsive investment contracts are measured and disclosed at contract value. The adoption of this standard had no impact on the financial position or change in net assets of the Plan. Contract value is the relevant measure 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan.

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**Note 3 - Summary of Significant Accounting Policies - continued**

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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**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 disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

**Operating Expenses** - Recordkeeping, trustee, and audit fees are allocated to Plan participants.

**Note 4 - Fair Value Measurements**

FASB *Accounting Standards Codification 820, Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy 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 are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.                                    |
| Level 3 | Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk. |

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.

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**Note 4 - Fair Value Measurements - continued**

Following is a description of the valuation methodology used for the asset measured at fair value. There have been no changes in the methodology used at December 31, 2016 and 2015.

*Pooled Separate Accounts* : Investments in pooled separate accounts are represented by a "unit of account" and per unit values whose value is the result of the accumulated values of the underlying investments. These underlying investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the mutual fund investments. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The Plan's investment has no restrictions on the net asset value per share or its equivalent. There are no known or anticipated redemptions, no unfunded commitments, and no notice is required to sell the shares/units at any given time.

The preceding method 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 method is 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, 2016 and 2015:

|                           | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|---------------------------|----------------|----------------|----------------|---------------------|
| <b>December 31, 2016</b>  |                |                |                |                     |
| Pooled separate accounts* | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 1,116,834</u> |
| <b>December 31, 2015</b>  |                |                |                |                     |
| Pooled separate accounts* | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 1,176,672</u> |

\*The investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts included above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**Note 5 - Data Certified by Trustee**

For 2016 and 2015, substantially all of the Plan's investments were held by Lincoln National Life Insurance Company held in trust by Delaware Management Trust Company. The plan administrator has elected the method of compliance permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, the plan administrator instructed the independent certified public accountants not to perform any auditing procedures with respect to information certified by the trustee, except for comparing certified information to information included in the financial statements. The following reconciles the certified information to the investment accounts:

|                                    | <u>2016</u>           | <u>2015</u>            |
|------------------------------------|-----------------------|------------------------|
| Investment accounts                |                       |                        |
| Certified by trustee               | <u>\$ 1,240,047</u>   | <u>\$ 1,342,836</u>    |
| Investment income (loss) - net     |                       |                        |
| Income (loss) certified by trustee | \$ 124,862            | \$ (54,057)            |
| Investment expenses                | <u>(5,123)</u>        | <u>(6,195)</u>         |
| <br>TOTAL                          | <br><u>\$ 119,739</u> | <br><u>\$ (60,252)</u> |

**Note 6 - Investment Contract with Insurance Company**

For 2016 and 2015, the Plan entered into a benefit-responsive investment contract with Lincoln National Life Insurance Company (Lincoln). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 3, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2016 and 2015, was \$123,213 and \$166,164, respectively. The crediting interest rate is discretionary to Lincoln Financial Group and the method used to determine the rate may be changed at any time. Such interest rates are reviewed on a quarterly basis for resetting.

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**Note 6 - Investment Contract with Insurance Company - continued**

The average gross credited rate for the Guaranteed Account of the Lincoln Director product is as follows:

| <u>YEAR</u> | <u>PERCENT</u> |
|-------------|----------------|
| 2015        | 2.64           |
| 2016        | 2.65           |

Certain events, such as market value adjustments and surrender charges, could limit the ability of the Plan to initiate or complete a transaction at contract value with Lincoln. Furthermore, certain events would allow Lincoln to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (a) contract owner breach of contract, (b) failure of the Plan to meet the requirements of appropriate Internal Revenue Code sections, or (c) failure of the account to grow sufficiently after a reasonable amount of time. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

**Note 7 - Forfeited Accounts**

The Plan's forfeited nonvested accounts totaled \$4,593 and \$8,893 at December 31, 2016 and 2015, respectively. These accounts may be used to reduce future employer contributions. During 2016, \$8,800 of the 2015 discretionary matching contribution was paid from forfeited nonvested accounts. During 2015, \$10,119 of the 2014 discretionary matching contribution was paid from the forfeited nonvested accounts.

**Note 8 - 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 will become 100% vested in their accounts.

**Note 9 - Related Party/Party-in-Interest Transactions**

Plan investments are issued by Lincoln National Life Insurance Company, the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Administrative fees related to these investments paid by the Plan totaled \$6,711 and \$9,558 for the years ended December 31, 2016 and 2015, respectively.

During 2016, there was a loan to a related party/party-in-interest of the Plan. The party in question is a trustee of the Plan. The note receivable balance at December 31, 2016 was \$35,993. The interest rate was 4.50%, and \$793 in interest was earned for the year ended December 31, 2016.

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2016 AND 2015**

**Note 10 - Income Tax Status**

The Plan did not obtain a Plan specific determination letter as it is operating under a volume submitter plan document. The Internal Revenue Service has advised that the volume submitter plan is acceptable under Section 401(a) of the Internal Revenue Code. Therefore, the Plan is exempt from federal income tax under Section 501(a). The Plan has been amended since the advisory letter date. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

**Note 11 - Form 5500 Reconciliation**

Form 5500, Schedule H, Financial Information, may be reconciled to these financial statements as follows:

|                                   | 2016<br>Net<br>Assets<br>Available<br>for Benefits | 2016<br>Changes in<br>Net Assets<br>Available<br>for Benefits | 2015<br>Net<br>Assets<br>Available<br>for Benefits | 2015<br>Changes in<br>Net Assets<br>Available<br>for Benefits |
|-----------------------------------|--|---|--|---|
| Per Form 5500, Schedule H         | \$ 1,333,519                                       | \$ (59,583)   | \$ 1,393,102                                       | \$ (417,348)  |
| Reconciling items                 |  |   |  |   |
| Employer contributions receivable | 43,458   | 43,458  | 49,412   | 49,412  |
| Employee contributions receivable | 878  | 878   | 944  | 944   |
| Accrued expense                   | (1,200)  | (1,200)   | -  | -   |
| Prior year accruals               | -  | (50,356)  | -  | (49,596)  |
| Per financial statements          | <u>\$ 1,376,655</u>                                | <u>\$ (66,803)</u>  | <u>\$ 1,443,458</u>                                | <u>\$ (416,588)</u>   |

**Note 12 - Risks and Uncertainties**

The Plan provides for various investments in pooled separated accounts and a guaranteed investment contract. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**STATEWIDE HARVESTING & HAULING SAVINGS PLAN**  
**SCHEDULE H, LINE 4(I) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**  
**EMPLOYER IDENTIFICATION NUMBER 59-3666466**  
**PLAN NUMBER 001**  
**AS OF PLAN YEAR ENDED DECEMBER 31, 2016**

| (A)                 | (B)<br>Identity of issuer, borrower,<br>lessor or similar party | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value | (E)<br>Current<br>Value    |
|---------------------|---|--|----------------------------|
| *                   | Lincoln Nat'l Life - Director                                   | Fed Gov Ultrashort Dur SA14  | \$ 6,169                   |
| *                   | Lincoln Nat'l Life - Director                                   | Franklin High Income SA20  | 22,699                     |
| *                   | Lincoln Nat'l Life - Director                                   | VG LifeStrategy Mod Grw SA21   | 4,175                      |
| *                   | Lincoln Nat'l Life - Director                                   | Investco Growth & Income SA28  | 46,085                     |
| *                   | Lincoln Nat'l Life - Director                                   | VG LifeStrategy Growth SA32  | 45,583                     |
| *                   | Lincoln Nat'l Life - Director                                   | Guaranteed Account   | 32,485                     |
| *                   | Lincoln Nat'l Life - Director                                   | AmerFunds EuroPac Growth SA54  | 22,278                     |
| *                   | Lincoln Nat'l Life - Director                                   | MFS VIT Growth SA65  | 66,182                     |
| *                   | Lincoln Nat'l Life - Director                                   | BlackRock GblAlAllocation SALE   | 13,906                     |
| *                   | Lincoln Nat'l Life - Director                                   | Mgd Prin Protect Portfolio   | 90,728                     |
| *                   | Lincoln Nat'l Life - Director                                   | AmerFunds Bond America SA1E  | 13,960                     |
| *                   | Lincoln Nat'l Life - Director                                   | LVIP SSgA S&P 500 Index SA27   | 684                        |
| *                   | Lincoln Nat'l Life - Director                                   | LVIP Clarion Gbl Real Est SA55   | 311                        |
| *                   | Lincoln Nat'l Life - Director                                   | Oppenheimer Dvlping Mrkts SA94   | 39,918                     |
| *                   | Lincoln Nat'l Life - Director                                   | LVIP Managed Risk Pr 2010 SAL1   | 788                        |
| *                   | Lincoln Nat'l Life - Director                                   | LVIP Managed Risk Pr 2020 SAL2   | 7,222                      |
| *                   | Lincoln Nat'l Life - Director                                   | LVIP SSgA Bond Index SAL6  | 18,001                     |
| *                   | Lincoln Nat'l Life - Director                                   | SSgA S&P MidCp Idx Non-Ln SALA   | 63,098                     |
| *                   | Lincoln Nat'l Life - Director                                   | SSgA Russ SC VI Ix Non-Ln SALB   | 28,113                     |
| *                   | Lincoln Nat'l Life - Director                                   | SSgA Russ SC Gr Ix Non-Ln SALC   | 695                        |
| *                   | Lincoln Nat'l Life - Director                                   | Stadion Managed Balanced SATB  | 55,274                     |
| *                   | Lincoln Nat'l Life - Director                                   | Stadion Mgd Conservative SATC  | 1,056                      |
| *                   | Lincoln Nat'l Life - Director                                   | Stadion Managed Growth SATG  | 422,959                    |
| *                   | Lincoln Nat'l Life - Director                                   | Stadion Managed Moderate SATM  | 199,756                    |
| *                   | Lincoln Nat'l Life - Director                                   | Stadion Mgd Max Growth SATT  | 37,922                     |
|                     | Participant loans   | Various Maturities; Interest Rates from 4.25% - 4.50%  | 93,472                     |
| TOTAL CURRENT VALUE |   |  | <u><u>\$ 1,333,519</u></u> |