| Form 5500 | • | t of Employee Benefit Plan | | OMB Nos. 12 | 10-0110 | |
|---|---|---|------|---|---------|--|
| Department of the Treasury Internal Revenue Service | 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). | | | 2017 | | |
| Department of Labor Complete all entries in accordance with Employee Benefits Security the instructions to the Form 5500. | | | | | | |
| Pension Benefit Guaranty Corporation | | | This | Form is Open to Pu Inspection | ıblic | |
| | entification Information | | | | | |
| For calendar plan year 2017 or fisca | plan year beginning 01/01/2017 | and ending 12/31/20 | 017 | | | |
| A This return/report is for: | | | | · | | |
| | X a single-employer plan | a DFE (specify) | | | | |
| B This return/report is: | the first return/report | the final return/report | | | | |
| | an amended return/report | a short plan year return/report (less than 12 months) | | | | |
| C If the plan is a collectively-bargain | ned plan. check here | | · | • 🗆 | | |
| | | | | | | |
| D Check box if filing under: | Form 5558 | automatic extension | the | e DFVC program | | |
| | special extension (enter description) | | | | | |
| Part II Basic Plan Inform | ation-enter all requested information | | | | | |
| 1a Name of plan STATEWIDE HARVESTING AND F | AULING SAVINGS PLAN | | 1b | Three-digit plan number (PN) ► | 001 | |
| | | | 1c | Effective date of pla 01/01/2008 | an | |
| City or town, state or province, o | apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code (i | if foreign, see instructions) | 2b | Employer Identifica Number (EIN) 59-3666466 | tion | |
| STATEWIDE HARVESTING AND H | AULING, L.L.C. | | 2c | Plan Sponsor's tele number 863-439-4225 | ephone | |
| P O BOX 1804 DUNDEE, FL 33838-1804 | 201 CENTER DUNDEE, FL | | 2d | Business code (see instructions) 115110 | 9 | |
| | | | | | | |

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

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

| SIGN HERE | Filed with authorized/valid electronic signature. | 08/27/2018 Date | MICHAEL INGRAM |
|--------------|---|--------------------|--|
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| NERE | Signature of DFE | Date | Enter name of individual signing as DFE |

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

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| | Form 5500 (2017) Page 2 | | |
|--------|---|--------------|---------------------------------|
| 3a | Plan administrator's name and address 🗙 Same as Plan Sponsor | 3b Ad | ministrator's EIN |
| | | | ministrator's telephone mber |
| | | | |
| 4 | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | 4b EI | Ν |
| a c | Sponsor's name Plan Name | 4d P | ١ |
| 5 | Total number of participants at the beginning of the plan year | 5 | 204 |
| 6 | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). | | |
| a(| 1) Total number of active participants at the beginning of the plan year | 6a(1) | 192 |
| a(| 2) Total number of active participants at the end of the plan year | 6a(2) | 136 |
| b | Retired or separated participants receiving benefits | 6b | 1 |
| С | Other retired or separated participants entitled to future benefits | 6c | 12 |
| d | Subtotal. Add lines 6a(2), 6b, and 6c | 6d | 149 |
| е | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | . 6e | С |
| f | Total. Add lines 6d and 6e. | 6f | 149 |
| g | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | 47 |
| h | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | 8 |
| 7 | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | . 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 2K 3D

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

| 9a | Plan fun | nding | arrangement (check all that apply) | 9b | Plan be | enefit | arrangement (check all that apply) |
|----|---|-------|---|----|---------|--------|---|
| | (1) | X | Insurance | | (1) | × | Insurance |
| | (2) | | Code section 412(e)(3) insurance contracts | | (2) | | Code section 412(e)(3) insurance contracts |
| | (3) | X | Trust | | (3) | × | Trust |
| | (4) | | General assets of the sponsor | | (4) | | General assets of the sponsor |
| 10 | 0 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) | | | | | | |
| а | Pension | n Sc | hedules | b | Genera | al Sc | hedules |
| | (1) | X | R (Retirement Plan Information) | | (1) | X | H (Financial Information) |
| | (2) | П | MB (Multiemployer Defined Benefit Plan and Certain Money | | (2) | | I (Financial Information – Small Plan) |
| | (-) | | Purchase Plan Actuarial Information) - signed by the plan | | (3) | X | A (Insurance Information) |
| | | | actuary | | (4) | X | C (Service Provider Information) |
| | (3) | Π | SB (Single-Employer Defined Benefit Plan Actuarial | | (5) | X | D (DFE/Participating Plan Information) |
| | | | Information) - signed by the plan actuary | | (6) | | G (Financial Transaction Schedules) |
| | | | | | | | |

Page 3

| Part III Form M-1 Compliance Information (to be completed by welfare benefit plans) | | | | |
|---|---|--|--|--|
| 1a 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.) | | | | |
| 11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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_____

| | | | | | | | | 1 | |
|---|---|--------------------|--|-------|--|-------------------------|----------------------------|-----------------------|-------------------------------------|
| | HEDULE | | Insurar | nc | e Information | า | | О | MB No. 1210-0110 |
| (Form 5500) Department of the Treasury | | | This schedule is required to be filed under section 104 of the | | | | | | |
| Inter | nal Revenue Serv | ice | | | | | 2017 | | |
| Employee Be | epartment of Labor enefits Security Ad | ministration | File as an | at | tachment to Form 55 | 00. | | | |
| | | | | | e required to provide tl RISA section 103(a)(2) | | tion | This Fo | orm is Open to Public Inspection |
| - | , , | 17 or fiscal plar | n year beginning 01/01/2017 | | | and e | 0 | 31/2017 | |
| A Name of plan STATEWIDE HARVESTING AND HAULING SAVINGS PLAN | | | | | | e-digit n number (Pl | N) 🕨 | 001 | |
| | | | | | | | | | |
| | C Plan sponsor's name as shown on line 2a of Form 5500 STATEWIDE HARVESTING AND HAULING, L.L.C. | | | | | • | oyer Identific -3666466 | cation Number | r (EIN) |
| Part I | | | ning Insurance Contract | | | | | | |
| 1 Coverage | Information: | | | | | | | | |
| () | insurance ca | rrier INSURANCE | COMPANY | | | | | | |
| | | (c) NAIC | (d) Contract or identification number | | (e) Approximate number of persons covered at end o policy or contract year | | mber of | | contract year |
| (b) | EIN | code | | | | | (f) | From | (g) To |
| 35-0472300 | | 65676 | 39391 | | 47 | | 01/01/201 | 7 | 12/31/2017 |
| | e fee and coming order of the | | ation. Enter the total fees and to | otal | l commissions paid. Li | st in line 3 | the agents, | brokers, and | other persons in |
| | (a) Total a | amount of com | nissions paid | | | (b) T | otal amount | of fees paid | |
| | | | 1187 | | | | | | 0 |
| 3 Persons r | receiving com | missions and fe | ees. (Complete as many entrie | es a | is needed to report all | persons). | | | |
| | | (a) Name a | nd address of the agent, broke | , | | n commis | sions or fees | s were paid | |
| RICHARD M | ROMAN | | P O B VALR | | x 522 O, FL 33595-0522 | | | | |
| (b) Amou | unt of sales ar | nd base | Fe | ees | and other commissior | ns paid | | | |
| cor | mmissions pai | | (c) Amount | | | (d) Purpose | | | (e) Organization code |
| 1187 | | | | | | | | 4 | |
| | | (a) Name a | nd address of the agent, broke | er, o | or other person to whor | n commis | sions or fees | s were paid | |
| | | | | | | | | | |
| (b) Amor | unt of sales ar | nd base | Fe | ees | and other commissior | ns paid | | | |
| • • | mmissions pai | | (c) Amount | | (d) Purpose | | | (e) Organization code | |

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

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

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

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

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

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

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

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

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

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

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

| Ş | Schedule A (Form 5500) 2017 | Page 3 | | |
|---------------|--|---------------------------|-------------------------------------|-----------------|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report. | vidual contracts with eac | ch carrier may be treated as a unit | for purposes of |
| 4 Current | value of plan's interest under this contract in the general account at year | end | | |
| | value of plan's interest under this contract in separate accounts at year e | | | 131282 |
| | ts With Allocated Funds: | | | |
| a Sta | ate the basis of premium rates | | | |
| | | | | |
| b Pre | emiums paid to carrier | | | |
| | emiums due but unpaid at the end of the year | | | |
| | he carrier, service, or other organization incurred any specific costs in co | | aition or | |
| | ention of the contract or policy, enter amount | | | |
| | ecify nature of costs | | | |
| | | | | |
| е Ту | pe of contract: (1) individual policies (2) group deferre | ed annuity | | |
| | | | | |
| (3) | other (specify) | | | |
| | | | | |
| | contract purchased, in whole or in part, to distribute benefits from a termi | ÷. | | |
| 7 Contrac | ts With Unallocated Funds (Do not include portions of these contracts ma | • | | |
| а Ту | pe of contract: (1) deposit administration (2) immedi | ate participation guarant | tee | |
| | (3) guaranteed investment (4) 🗙 other | GROUP VARIABLE A | NNUITY WITH GUAR FUND | |
| | | | | |
| | | | | |
| b Ba | lance at the end of the provinus year | | 7b | 12321 |
| | lance at the end of the previous year Iditions: (1) Contributions deposited during the year | | 19086 | 12321 |
| | | - (2) | 10000 | |
| () | Dividends and credits | - (0) | 1700 | |
| . , | Interest credited during the year | | 1798 | |
| () | Transferred from separate account | | 12256 | |
| | Other (specify below) | | 2686 | |
| • | MAY INCLUDE LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS | | | |
| | | | | |
| | | | | |
| (6) | Total additions | | | 3582 |
| d Tota | al of balance and additions (add lines 7b and 7c(6)) | <u></u> | 7d | 15903 |
| e Dec | ductions: | | | |
| (1) | Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 26764 | |
| | Administration charge made by carrier | | 336 | |
| | Transferred to separate account | | | |
| | Other (specify below) | | 7084 | |
| · · · | MAY INCLUDE LOAN ISSUES/FORF/FEES/CORRECTIVES/ADJUSTMENTS/INS PREM | | | |
| • | ISSUES/FORF/FEES/CORRECTIVES/ADJUSTMENTS/INS PREM | | | |
| | | | | |
| | | | | |
| · · · | Total deductions | | | 3418 |
| f Ba | lance at the end of the current year (subtract line 7e(5) from line 7d) | | 7f | 12485 |

| Ρ | art | | Welfare Benefit Contract Informa | tion | | | | | |
|----|---|--------|---|---------------------------|------------------------|-------------------------|------------|----------------------------|---|
| | | | If more than one contract covers the same of the information may be combined for reporti employees, the entire group of such individu | ng purposes if such conti | racts are exp | erience-rated as a unit | . Where co | ntracts cover individual | |
| 8 | Ben | efit a | nd contract type (check all applicable boxes) | | | | | | |
| Ū | a | _ | ealth (other than dental or vision) | b Dental | c | Vision | | d Life insurance | |
| | | | | | | | | | |
| | e | | mporary disability (accident and sickness) | f Long-term disabilit | y g | Supplemental unemp | ployment | h Prescription drug | |
| | i | Sto | op loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract | |
| | m | Ot | her (specify) | | | | | | |
| 9 | Expe | erienc | ce-rated contracts: | | | | | | |
| | a | Prem | iums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Ir | ncrease (decrease) in amount due but unpaid | | 9a(2) | | | | |
| | | (3) Ir | ncrease (decrease) in unearned premium res | erve | 9a(3) | | • | | |
| | | (4) E | arned ((1) + (2) - (3)) | | | | 9a(4) | | 0 |
| | b | Ben | efit charges (1) Claims paid | | ~ / | | | | |
| | | (2) Ir | ncrease (decrease) in claim reserves | | 9b(2) | | 1 | | |
| | | (3) Ir | ncurred claims (add (1) and (2)) | | | | 9b(3) | | C |
| | | ` ' | Claims charged | | | | 9b(4) | | |
| | С | Rem | nainder of premium: (1) Retention charges (or | n an accrual basis) | | | | | |
| | | (| (A) Commissions | | 9c(1)(A) | | | _ | |
| | | (| (B) Administrative service or other fees | | 9c(1)(B) | | | _ | |
| | | | (C) Other specific acquisition costs | | 9c(1)(C) | | | _ | |
| | | (| (D) Other expenses | | 9c(1)(D) | | | _ | |
| | | | (E) Taxes | | 9c(1)(E) | | | _ | |
| | | | (F) Charges for risks or other contingencies | | 9c(1)(F) | | | _ | |
| | | | (G) Other retention charges | | | | | | |
| | | | (H) Total retention | _ | _ | | 9c(1)(H) | | C |
| | | | Dividends or retroactive rate refunds. (These | | | | | | |
| | d | Stat | us of policyholder reserves at end of year: (1) | Amount held to provide | benefits after | r retirement | 9d(1) | | |
| | | (2) (| Claim reserves | | | | 9d(2) | | |
| | | · · | Other reserves | | | | 9d(3) | | |
| | | | dends or retroactive rate refunds due. (Do no | t include amount entered | l in line 9c(2) | .) | . 9e | | |
| 10 | | • | erience-rated contracts: | | | | r | | |
| | а | Tota | al premiums or subscription charges paid to c | arrier | | | 10a | | |
| | b | | e carrier, service, or other organization incurre | , , | | • | | | |
| | retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | | | | | | |

Specify nature of costs.

| Part IV | Provision of Information | | | |
|--------------|--|-----|------|--|
| 11 Did the | nsurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |
| 12 If the ar | swer to line 11 is "Yes," specify the information not provided. | | | |

| A Name of plan B Three-digit 001 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) STATEWIDE HARVESTING AND HAULING, L.L.C. D Employer Identification Number (EIN) 59-3666466 59-3666466 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 and conditions) 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 definitions and conditions) | SCHEDULE C Service Provider Information | | | | OMB No. 1210-0110 |
|---|---|---|---|---------------------|-------------------|
| Intervent of the Treasury memory throwno Sonce Prevent Board Hubbre Coll and Science 11 and Sci | (Form 5500) | (Form 5500) | | | |
| Employee Bordits Security Administration Piele as an attachment to Portm SSOU. This Form is Open to Public Inspection. Previous needed subarty Copyonal 01/01/2017 and ending 12/31/2017 A Name of plan B Three-digit plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 A Name of plan B Three-digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form S500 D Employee Identification Number (EIN) STATEWIDE HARVESTING AND HAULING, LLC. D Employee Identification Number (EIN) Statewide ta comparation (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 tecevide of the plan the person's position with the plan tecevide only eligible indirect compensation for which the plan tecevide 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 for which the plan received only eligible indirect compensation for which the plan received the required disclosures for the service providers who received only eligible indirect compensation for which the plan received the required disclosures for the service providers who received only eligible indirect compensation. C Noch 'Tes' or 'No' to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indire | | | | | 2017 |
| Provide and plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 A Name of plan B Three-digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) STATEWIDE HARVESTING AND HAULING, LLC. D Employer Identification Number (EIN) 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 received only escillate that person when completing the remainder of this Part. 1 Information on Persons Receiving Only Eligible Indirect Compensation for which the plan received only eligible indirect was person from the remainder of this Part. 2 No answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received name and EIN or address of person who provided you disclosures on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation | Employee Benefits Security Administration | File as an attachment | to Form 5500. | This | • |
| A Name of plan STATEWIDE HARVESTING AND HAULING SAVINGS PLAN B Three-digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 59-3666466 Part I Service Provider Information (see instructions) D Employer Identification Number (EIN) 59-3666466 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 neceived only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions) | · · · · | an year beginning 01/01/2017 | and ending 12/3 | 1/2017 | |
| STATEWIDE HARVESTING AND HAULING SAVINGS PLAN plan number (PN) ▶ 001 C Plan sponsor's name as shown on line 2a of Form 5500 Employer Identification Number (EIN) STATEWIDE HARVESTING AND HAULING, L.L.C. D Employer Identification Number (EIN) STATEWIDE HARVESTING AND HAULING, L.L.C. D Employer Identification Number (EIN) StateWIDE HARVESTING AND HAULING, L.L.C. D Employer Identification Number (EIN) StateWIDE HARVESTING AND HAULING, L.L.C. D Employer Identification Number (EIN) StateWIDE HARVESTING AND HAULING, L.L.C. D Employer Identification Number (EIN) StateWIDE HARVESTING AND HAULING, L.L.C. D Employer Identification Number (EIN) StateWIDE HARVESTING ON Provider Information (see instructions) Or anything leads of monetary value) in connection with services rendered to the plan or the person's position with the plan or the person's position with the plan or the person's position with the plan received on provided that person when completing the remainder of this Part. 1 Information on Persons Receiving Only Eligible Indirect Compensation | | | | 11/2011 | |
| STATEWIDE HARVESTING AND HAULING, LLC. 99-3666466 Part I Service Provider Information (see instructions) You must complete this Part, in accordance with the instructions, to report the information required for each person who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received only eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part. Information on Persons Receiving Only Eligible Indirect Compensation Compensation for which the plan received the required disclosures (see instructions for definitions and conditions) | • | ULING SAVINGS PLAN | | • | 001 |
| 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) | • | | | on Number | (EIN) |
| 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) | Part I Service Provider Inf | ormation (see instructions) | | | |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation | answer line 1 but are not required to 1 Information on Persons Re a Check "Yes" or "No" to indicate wheth indirect compensation for which the p b If you answered line 1a "Yes," enter | include that person when completing the rema ceiving Only Eligible Indirect Comp her you are excluding a person from the remain plan received the required disclosures (see inst r the name and EIN or address of each person | ninder of this Part. pensation nder of this Part because they recein tructions for definitions and condition providing the required disclosures | ived only el ns) | igible Yes ⊠No |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation | (b) Enter na | me and EIN or address of person who provide | d vou disclosures on eligible indirec | t compens | ation |
| | | | | | |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation | (b) Enter na | me and EIN or address of person who provide | d you disclosures on eligible indired | ct compens | ation |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation | | | | | |
| (D) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation | //-> | | | | <i></i> |
| | (D) Enter na | me and EIN or address of person who provide | d you disclosures on eligible indirec | ct compens | ation |
| | | | | | |
| | | | | | |

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

Page 2- 1

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

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

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

DEAROLF & MERENESS LLP

15425 NORTH FLORIDA AVE TAMPA, FL 33613

| (b) Service Code(s) | (C) Relationship to employer, employee organization, or person known to be a party-in-interest | by the plan. If none, | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0 | (h) Did the service provider give you a formula instead of an amount or estimated amount? | | | |
|--|---|-----------------------|--|--|---|--|--|--|--|
| 27 | SERVICE PROVIDER | 12300 | Yes 🗌 No 🔀 | Yes No | | Yes 🗌 No 🗍 | | | |
| (a) Enter name and EIN or address (see instructions) | | | | | | | | | |

LINCOLN NATIONAL CORPORATION

35-1140070

| (b) Service Code(s) | (C) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0 | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | | | | |
|--|---|---|--|--|---|------------|--|--|
| 13 | SERVICE PROVIDER | 6596 | Yes 🛛 No 🗌 | Yes 🛛 No 🗌 | 0 | Yes 🗌 No 🗙 | | |
| (a) Enter name and EIN or address (see instructions) | | | | | | | | |

| (b) | (c) | (d) | (e) | (f) | (g) | (h) |
|--------------------|-------------------------------------|---|------------|------------------------------------|---|------------|
| Service Code(s) | organization, or person known to be | ip to ployeeEnter direct compensation paid by the plan. If none, | | formula instead of an amount or | | |
| | a party-in-interest | | sponsor) | disclosures? | compensation for which you answered "Yes" to element (f). If none, enter -0 | |
| | | | Yes 🗌 No 🗌 | Yes 🗌 No 🗌 | | Yes 🗌 No 🗍 |

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

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

| (b) Service Code(s) | (C) Relationship to employer, employee organization, or person known to be a party-in-interest | by the plan. If none, | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0 | | | | | |
|---|---|-----------------------|--|--|---|--------|--|--|--|--|
| Yes No Yes No Yes Yes | | | | | | Yes No | | | | |
| | (a) Enter name and EIN or address (see instructions) | | | | | | | | | |

| (b) Service Code(s) | (C) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0 | | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0 | | | | |
|----------------------------------|---|---|--|--|---|--|--|--|--|
| Yes 🗌 No 🗍 Yes 🗍 No 🗍 | | | | | | | | | |
| | (a) Enter name and EIN or address (see instructions) | | | | | | | | |

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

| Part I Service Provider Information (continued) | | | |
|--|---|---|--|
| 3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation or provides contract administrator, consulting, custodial, investment advisory, investment mana questions for (a) each source from whom the service provider received \$1,000 or more in indire provider gave you a formula used to determine the indirect compensation instead of an amount many entries as needed to report the required information for each source. | agement, broker, or recordkeepin ect compensation and (b) each s | g services, answer the following ource for whom the service | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (C) Enter amount of indirect compensation | |
| | | Johnponouton | |
| (d) Enter name and EIN (address) of source of indirect compensation | formula used to determine | compensation, including any e the service provider's eligibility the indirect compensation. | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (C) Enter amount of indirect compensation | |
| (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation formula used to determine the servi for or the amount of the indirect | | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (C) Enter amount of indirect compensation | |
| (d) Enter name and EIN (address) of source of indirect compensation | formula used to determine | compensation, including any e the service provider's eligibility the indirect compensation. | |
| | | | |

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| Pa | Part II Service Providers Who Fail or Refuse to Provide Information | | | | | | | | |
|----|--|-------------------------------------|---|--|--|--|--|--|--|
| 4 | 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 | (b) Nature of | (C) Describe the information that the service provider failed or refused to | | | | | | |
| | instructions) | Service Code(s) | 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 | | | | | | |

Page 6 - 1

e Telephone:

| Part III Termination Information on Accountants and Enrolled Actuaries (s (complete as many entries as needed) | Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed) | | | | | |
|---|--|--|--|--|--|--|
| a Name: | b EIN: | | | | | |
| C Position: | | | | | | |
| d Address: | e Telephone: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Explanation: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| a Name: | b EIN: | | | | | |
| C Position: | | | | | | |

Explanation:

| а | Name: | b EIN: |
|---|-----------|--------------|
| С | Position: | |
| d | Address: | e Telephone: |
| | | |
| | | |
| | | |

Explanation:

| а | Name: | b EIN: |
|---|-----------|--------------|
| С | Position: | |
| d | Address: | e Telephone: |
| | | |
| | | |
| | | |

Explanation:

| а | Name: | b EIN: |
|---|-----------|---------------------|
| С | Position: | |
| d | Address: | e Telephone: |
| | | |
| | | |
| | | |

Explanation:

| SCHEDULE D DFE/Participating Plan Information (Form 5500) | | | | | ı | OMB No. 1210-0110 | | | |
|---|----------------------|---------|---|-------|--------------------------|--|-----------|---------------|--|
| Department of the Treasury Internal Revenue Service | This sche | | s required to be filed under section 104 of the ement Income Security Act of 1974 (ERISA) | | ployee | 2017 | | | |
| Department of Labor Employee Benefits Security Administration | | | File as an attachment to Form 5500. | | | This Form is Open to Public Inspection. | | | |
| For calendar plan year 2017 or fiscal p | blan year beginr | ning | 01/01/2017 and | d end | ling 12/31 | /2017 | mopeour | | |
| A Name of plan STATEWIDE HARVESTING AND HAN | ULING SAVING | S PLA | Ν | В | Three-digit plan numb | er (PN) | • | 001 | |
| C Plan or DFE sponsor's name as she STATEWIDE HARVESTING AND HAR | | of Form | 1 5500 | D | Employer Id 59-366646 | entification N 6 | umber (E | IN) | |
| | | | Ts, PSAs, and 103-12 IEs (to be co | mpl | eted by pla | ans and DF | Es) | | |
| a Name of MTIA, CCT, PSA, or 103- | | | to report all interests in DFEs) | | | | | | |
| b Name of sponsor of entity listed in | LINCO | | TIONAL LIFE INSURANCE CO. | | | | | | |
| C EIN-PN 35-0472300-114 | d Entity code | Ρ | e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction | | or | | | 4249 | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SA | 20 FR | ANKLIN HIGH INCOME | | | | | | |
| b Name of sponsor of entity listed in | (a): LINCO | LN NA | TIONAL LIFE INSURANCE CO. | | | | | | |
| C EIN-PN 35-0472300-120 | d Entity code | Ρ | e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction | | or | | | 0 | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SA | 21 VA | NGUARD LIFESTRATEGY MODE | | | | | | |
| b Name of sponsor of entity listed in | (a): LINCO | LN NA | TIONAL LIFE INSURANCE CO. | | | | | | |
| C EIN-PN 35-0472300-121 | d Entity code | Ρ | e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction | | or | | | 23061 | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SA | \27 LV | IP SSGA S&P 500 INDEX | | | | | | |
| b Name of sponsor of entity listed in | (a): LINCO | LN NA | TIONAL LIFE INSURANCE CO. | | | | | | |
| C EIN-PN 35-0472300-127 | d Entity code | Р | e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction | | or | | | 1400 | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SA | 28 IN | VESCO GROWTH AND INCOME | | | | | | |
| b Name of sponsor of entity listed in | (a): LINCO | LN NA | TIONAL LIFE INSURANCE CO. | | | | | | |
| C EIN-PN 35-0472300-128 | d Entity code | Р | Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction) | | or | | | 53989 | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SA | \32 VA | NGUARD LIFESTRATEGY GROW | | | | | | |
| b Name of sponsor of entity listed in | (a): LINCO | LN NA | TIONAL LIFE INSURANCE CO. | | | | | | |
| C EIN-PN 35-0472300-132 | d Entity code | Р | Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction) | | or | | 1 | 103641 | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SA | \54 AN | IERICAN FUNDS EUROPACIFIC | | | | | | |
| b Name of sponsor of entity listed in | (a): | LN NA | TIONAL LIFE INSURANCE CO. | | | | | | |
| C EIN-PN 35-0472300-154 | d Entity code | Ρ | Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction) | | or | | | 29020 | |
| For Paperwork Reduction Act Notic | e, see the Instr | uctior | ns for Form 5500. | | | Sched | ule D (Fo | rm 5500) 2017 | |

v.170203

| Schedule D (Form 5500) 201 | 17 | Page 2 - 1 | | | | | |
|---|--|---|--------|--|--|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 | 2 IE: LNL SA55 LVI | P CLARION GLOBAL REAL E | | | | | |
| b Name of sponsor of entity listed in (a | a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | | |
| C EIN-PN 35-0472300-155 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 620 | | | | |
| a Name of MTIA, CCT, PSA, or 103-12 | 2 IE: LNL SA65 MF | S VIT GROWTH SERIES | | | | | |
| b Name of sponsor of entity listed in (a | a): | FIONAL LIFE INSURANCE CO. | | | | | |
| C EIN-PN 35-0472300-165 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 86602 | | | | |
| a Name of MTIA, CCT, PSA, or 103-12 | 2 IE: LNL SA94 OP | PENHEIMER DEVELOPING MAR | | | | | |
| b Name of sponsor of entity listed in (a | Name of sponsor of entity listed in (a): | | | | | | |
| C EIN-PN 35-0472300-194 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 54512 | | | | |
| a Name of MTIA, CCT, PSA, or 103-12 | 2 IE: LNL SAL1 LVI | P T. ROWE PRICE 2010 FU | | | | | |
| b Name of sponsor of entity listed in (a | a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | | |
| C EIN-PN 35-0472300-701 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 | | | | |
| a Name of MTIA, CCT, PSA, or 103-12 | 2 IE: LNL SAL 2 LV | IP T. ROWE PRICE 2020 F | | | | | |
| b Name of sponsor of entity listed in (a | a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | | |
| C EIN-PN 35-0472300-702 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 11948 | | | | |
| a Name of MTIA, CCT, PSA, or 103-12 | 2 IE: LNL SATC ST | ADION MANAGED CONSERVATI | | | | | |
| b Name of sponsor of entity listed in (a | a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | | |
| C EIN-PN 35-0472300-705 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 | | | | |
| a Name of MTIA, CCT, PSA, or 103-12 | 2 IE: LNL SATM ST | ADION MANAGED MODERATE | | | | | |
| b Name of sponsor of entity listed in (a | a): | TIONAL LIFE INSURANCE CO. | | | | | |
| C EIN-PN 35-0472300-706 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 160671 | | | | |
| a Name of MTIA, CCT, PSA, or 103-12 | 2 IE: LNL SATG ST | ADION MANAGED GROWTH | | | | | |
| b Name of sponsor of entity listed in (a | a): | FIONAL LIFE INSURANCE CO. | | | | | |
| C EIN-PN 35-0472300-707 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 485179 | | | | |
| a Name of MTIA, CCT, PSA, or 103-12 | 2 IE: LNL SAL6 LVI | P SSGA BOND INDEX | | | | | |
| b Name of sponsor of entity listed in (a | a): | FIONAL LIFE INSURANCE CO. | | | | | |
| C EIN-PN 35-0472300-709 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 25454 | | | | |
| a Name of MTIA, CCT, PSA, or 103-12 | 2 IE: LNL SALA SS | GA S&P MIDCAP INDEX NON- | | | | | |
| b Name of sponsor of entity listed in (a | a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | | |
| C EIN-PN 35-0472300-713 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 81555 | | | | |

| Schedule D (Form 5500) 20 | 017 | Page 2 - 2 | | | | |
|--|---|---|-------|--|--|--|
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SALB SS | GA RUSSELL SMALL CAP VAL | | | | |
| b Name of sponsor of entity listed in | (a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | |
| C EIN-PN 35-0472300-714 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 36723 | | | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SALC SS | GA RUSSELL SMALL CAP GRO | | | | |
| b Name of sponsor of entity listed in | (a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | |
| C EIN-PN 35-0472300-715 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2928 | | | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SA1E AM | IERICAN FUNDS BOND FUND O | | | | |
| b Name of sponsor of entity listed in | (a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | |
| C EIN-PN 35-0472300-717 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 | | | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SALL LVI | P T. ROWE PRICE 2050 FU | | | | |
| b Name of sponsor of entity listed in | (a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | |
| C EIN-PN 35-0472300-719 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 759 | | | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SATB ST | ADION MANAGED BALANCED | | | | |
| b Name of sponsor of entity listed in | (a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | |
| C EIN-PN 35-0472300-722 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 72590 | | | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SATT ST | ADION MANAGED MAXIMUM GR | | | | |
| b Name of sponsor of entity listed in | (a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | |
| C EIN-PN 35-0472300-724 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 39892 | | | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LNL SALE BL | ACKROCK GLOBAL ALLOCATIO | | | | |
| b Name of sponsor of entity listed in | (a): LINCOLN NAT | TIONAL LIFE INSURANCE CO. | | | | |
| C EIN-PN 35-0472300-735 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10856 | | | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: LINCOLN LIFE | E SEPARATE ACCOUNT F9 | | | | |
| b Name of sponsor of entity listed in | (a): LINCOLN NAT | FIONAL LIFE INSURANCE CO. | | | | |
| C EIN-PN 35-0472300-752 | d Entity P code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 27168 | | | |
| a Name of MTIA, CCT, PSA, or 103- | 12 IE: | | | | | |
| b Name of sponsor of entity listed in | (a): | | | | | |
| C EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | | | | |
| a Name of MTIA, CCT, PSA, or 103- | a Name of MTIA, CCT, PSA, or 103-12 IE: | | | | | |
| b Name of sponsor of entity listed in | (a): | | | | | |
| C EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | | | | |

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| Ρ | Part II | Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans) | |
|---|--------------------|--|----------|
| а | Plan na | ne | |
| b | Name o plan spo | | C EIN-PN |
| а | Plan na | ne | |
| b | Name o plan spo | | C EIN-PN |
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| b | Name o plan spo | | C EIN-PN |

| (Form 5500) Determine the Timure Internet Native Berster Determine I date Encrement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and section 6058(a) of the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Native Security Act of 1974 (ERISA), and the Internet Nate of Act of 1974 (ERISA), and the Internet Nating Security Act | SCHEDULE H Financial Information | | | | | | OMB No. 1210-0110 | | | |
|--|--|---|--------------|--------------|----------------|-------------|-----------------------------|-------------------|--|--|
| Determine of the Tensory Retirement income Security Act of 1974 (ENISA), and section 8058(a) of the Internal Revenue Code (itte Code). This Form is Open to Public Inspection Percent enter & South, Administration > File as an attachment to Form 5500. This Form is Open to Public Inspection For calendar plan year 2017 of fiscal plan year beginning. 0.01012017 and ending. 12312017 A Name of plan B Three-digit plan number (PN) 0.01 C Plan sponsor's name as shown on line 2a of Form 5500 D Emptyper Identification Number (EIN) STATEWIDE HARVESTING AND HAULING SAVINGS PLAN B Three-digit plan number (PN) 0.01 C Plan sponsor's name as shown on line 2a of Form 5500 D Emptyper Identification Number (EIN) 50-3606466 Tournet 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 plan on a line-by-line basis unless the value is reportable on lines 1(3) in 1032. TTRS, PLAN, PLAN, end 1032-1125 and puest, to pay a specific dolar basis to a do to complete lines 10(1), 16(2), 1(5(1), 1(1), | (Form 5500) | | | 2017 | | | | | | |
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| (A) Preferred1c(4)(A)(B) Common1c(4)(A)(5) Partnership/joint venture interests1c(4)(B)(6) Real estate (other than employer real property)1c(6)(7) Loans (other than to participants)1c(7)(8) Participant loans1c(8)(9) Value of interest in common/collective trusts1c(8)(10) Value of interest in pooled separate accounts1c(10)(11) Value of interest in master trust investment accounts1c(10)(12) Value of interest in registered investment entities1c(11)(13) Value of interest in registered investment companies (e.g., mutual funds)1c(13)(14) Value of funds held in insurance company general account (unallocated contracts)1c(14)12(14)12321312(45)12(45) | () | | 1C(3)(B) | | | | | | | |
| (B) Common1c(4)(B)(5) Partnership/joint venture interests1c(5)(6) Real estate (other than employer real property)1c(6)(7) Loans (other than to participants)1c(6)(7) Loans (other than to participants)1c(7)(8) Participant loans1c(8)(9) Value of interest in common/collective trusts1c(9)(10) Value of interest in pooled separate accounts1c(10)(11) Value of interest in master trust investment accounts1c(10)(12) Value of interest in registered investment companies (e.g., mutual funds)1c(12)(14) Value of funds held in insurance company general account (unallocated contracts)1c(14)(12) Value of funds held in insurance company general account (unallocated contracts)1c(14)(14) Value of funds held in insurance company general account (unallocated contracts)1c(14)(15)1c(14)123213(16)1c(15) | | , , | 10(4)(A) | | | | | | | |
| (5) Partnership/joint venture interests1c(5)(6) Real estate (other than employer real property)1c(6)(7) Loans (other than to participants)1c(7)(8) Participant loans1c(8)(9) Value of interest in common/collective trusts1c(9)(10) Value of interest in pooled separate accounts1c(10)(11) Value of interest in master trust investment accounts1c(10)(12) Value of interest in registered investment companies (e.g., mutual funds)1c(13)(14) Value of funds held in insurance company general account (unallocated contracts)1c(14)(12) Value of funds held in insurance company general account (unallocated contracts)1c(14)(14) Value of funds held in insurance company general account (unallocated contracts)1c(14)(15)1c(15) | | | | | | | | | | |
| 1c(r)(6) Real estate (other than employer real property)(7) Loans (other than to participants)(8) Participant loans(9) Value of interest in common/collective trusts(10) Value of interest in pooled separate accounts(11) Value of interest in naster trust investment accounts(12) Value of interest in registered investment companies (e.g., mutual funds)(14) Value of funds held in insurance company general account (unallocated contracts) | | | | | | | | | | |
| (1) Note outed (end) that on pricipants) | | | | | | | | | | |
| (8) Participant loans1c(8)9347291756(9) Value of interest in common/collective trusts1c(9)11(10) Value of interest in pooled separate accounts1c(10)11168341312817(11) Value of interest in master trust investment accounts1c(11)11(12) Value of interest in 103-12 investment entities1c(12)11(13) Value of interest in registered investment companies (e.g., mutual funds)1c(13)11(14) Value of funds held in insurance company general account (unallocated contracts)1c(14)123213124855 | | | . , | | | | | | | |
| (9) Value of interest in common/collective trusts1c(9)(10) Value of interest in pooled separate accounts1c(10)(11) Value of interest in master trust investment accounts1c(10)(12) Value of interest in 103-12 investment entities1c(11)(13) Value of interest in registered investment companies (e.g., mutual funds)1c(13)(14) Value of funds held in insurance company general account (unallocated contracts)1c(14)(15) Value of of under trust investment companies (e.g., mutual funds)1c(14)(14) Value of funds held in insurance company general account (unallocated contracts)1c(14)(15) Value of funds held in insurance company general account (unallocated contracts)1c(14)(14) Value of funds held in insurance company general account (unallocated contracts)1c(14)(15) Value of funds held in insurance company general account (unallocated contracts)1c(14) | | , | | | | 93472 | | 91756 | | |
| (10) Value of interest in pooled separate accounts 1c(10) 1116834 1312817 (11) Value of interest in master trust investment accounts 1c(11) 1c(11) (12) Value of interest in 103-12 investment entities 1c(12) 1c(12) (13) Value of funds held in insurance company general account (unallocated contracts) 1c(14) 123213 124855 | | | | | | | | | | |
| (11) Value of interest in master trust investment accounts 1c(11) (12) Value of interest in 103-12 investment entities 1c(12) (13) Value of interest in registered investment companies (e.g., mutual funds) 1c(13) (14) Value of funds held in insurance company general account (unallocated contracts) 1c(14) 123213 (15) Value of funds held in insurance company general account (unallocated contracts) 1c(14) 123213 | ., | | | | 11 | 16834 | | 1312817 | | |
| (12) Value of interest in 103-12 investment entities 1c(12) (13) Value of interest in registered investment companies (e.g., mutual funds) 1c(13) (14) Value of funds held in insurance company general account (unallocated contracts) 1c(14) | | | | | | | | | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) 1c(13) (14) Value of funds held in insurance company general account (unallocated contracts) 1c(14) 123213 124855 | | | | | | | | | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) 1c(14) 123213 124855 | (13) Value of interest in registered in | vestment companies (e.g., mutual | 1c(13) | | | | | | | |
| (15) Other 1c(15) | (14) Value of funds held in insurance | e company general account (unallocated | 1c(14) | | 1 | 23213 | | 124855 | | |
| | (15) Other | | 1c(15) | | | | | | | |

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

Schedule H (Form 5500) 2017 v.170203

| 1d | Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|----|---|----------|-----------------------|-----------------|
| | (1) Employer securities | 1d(1) | | |
| | (2) Employer real property | 1d(2) | | |
| е | Buildings and other property used in plan operation | 1e | | |
| f | Total assets (add all amounts in lines 1a through 1e) | 1f | 1333519 | 1529428 |
| | Liabilities | | | |
| g | Benefit claims payable | 1g | | |
| h | Operating payables | 1h | | |
| i | Acquisition indebtedness | 1i | | |
| j | Other liabilities | 1j | | |
| k | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | Net Assets | | | |
| I | Net assets (subtract line 1k from line 1f) | 11 | 1333519 | 1529428 |
| 2 | rt II Income and Expense Statement Plan income, expenses, and changes in net assets for the year. Include all i fund(s) and any payments/receipts to/from insurance carriers. Round off arr complete lines 2a, 2b(1)(E), 2e, 2f, and 2g. | | | |
| | Income | ſ | (a) Amount | (b) Total |
| а | Contributions: | - | | |
| | (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | 91469 | |
| | (B) Participants | 2a(1)(B) | 83879 | |
| | (C) Others (including rollovers) | 2a(1)(C) | | |
| | (2) Noncash contributions | . (1) | | |
| | (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) | 2a(3) | | 175348 |
| b | Earnings on investments: | | | |

| | (3) Total contributions. Add lines 2a(1)(A) | , (B), (C), and line 2a(2) | 2a(3) | | |
|---|---|----------------------------|----------|------|--|
| C | Earnings on investments: | | | | |
| | (1) Interest: | | | | |
| | (A) Interest-bearing cash (including r certificates of deposit) | noney market accounts and | 2b(1)(A) | | |
| | (B) U.S. Government securities | | 2b(1)(B) | | |
| | (C) Corporate debt instruments | | 2b(1)(C) | | |
| | (D) Loans (other than to participants) | | 2b(1)(D) | | |
| | (E) Participant loans | | 2b(1)(E) | 4253 | |
| | (F) Other | | 2b(1)(F) | 1798 | |
| | (G) Total interest. Add lines 2b(1)(A) | through (F) | 2b(1)(G) | | |
| | (2) Dividends: (A) Preferred stock | | 2b(2)(A) | | |
| | (B) Common stock | | 2b(2)(B) | | |
| | (C) Registered investment company | shares (e.g. mutual funds) | 2b(2)(C) | | |
| | (D) Total dividends. Add lines 2b(2)(A | A), (B), and (C) | 2b(2)(D) | | |
| | (3) Rents | | 2b(3) | | |
| | (4) Net gain (loss) on sale of assets: (A) | Aggregate proceeds | 2b(4)(A) | | |
| | (B) Aggregate carrying amount (see | instructions) | 2b(4)(B) | | |
| | (C) Subtract line 2b(4)(B) from line 2 | b(4)(A) and enter result | 2b(4)(C) | | |
| | (5) Unrealized appreciation (depreciation) of a | assets: (A) Real estate | 2b(5)(A) | | |
| | (B) Other | | 2b(5)(B) | | |
| | (C) Total unrealized appreciation of a Add lines 2b(5)(A) and (B) | | 2b(5)(C) | | |
| | | | | | |

| | | | (a | a) Am | ount | | | (b) ⁻ | Total |
|----------|--|------------------------------------|----------------|--------------|-----------|---------|-----------|------------------|-------------------|
| | (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | | | | | | |
| | (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | | | | | | 221524 |
| | (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | | | | | | |
| | (9) Net investment gain (loss) from 103-12 investment entities | al (a) | | | | | | | |
| | (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | | | | | | |
| С | Other income | 2c | | | | | | | 161 |
| d | Total income. Add all income amounts in column (b) and enter total | 2d | | | | | | | 403084 |
| | Expenses | | | | | | | | |
| е | Benefit payment and payments to provide benefits: | | | | | | | | |
| | (1) Directly to participants or beneficiaries, including direct rollovers | | | | 13 | 9045 | | | |
| | (2) To insurance carriers for the provision of benefits | a (a) | | | | | - | | |
| | (3) Other | - (-) | | | | | - | | |
| | (4) Total benefit payments. Add lines 2e(1) through (3) | | | | | | | | 139045 |
| £ | | | | | | | | | 139043 |
| і П | Corrective distributions (see instructions) | | | | | | | | |
| g b | Certain deemed distributions of participant loans (see instructions) | - | | | | | | | 24911 |
| h : | Interest expense | | | | | | - | | |
| | Administrative expenses: (1) Professional fees | 0:(0) | | | | | - | | |
| | (2) Contract administrator fees | 0:(0) | | | 1 | 8889 | _ | | |
| | (3) Investment advisory and management fees | | | | | 4522 | _ | | |
| | (4) Other | | | | | | | | |
| | (5) Total administrative expenses. Add lines 2i(1) through (4) | | | | | | <u> </u> | | 23411 |
| J | Total expenses. Add all expense amounts in column (b) and enter total | 2 j | | | | | | | 187367 |
| | Net Income and Reconciliation | 01 | | | | | _ | | |
| k | Net income (loss). Subtract line 2j from line 2d | 2k | | | | | | | 215717 |
| I | Transfers of assets: | 21(4) | | | | | | | |
| | (1) To this plan | | | | | | <u> </u> | | 10016 |
| | (2) From this plan | 2I(2) | | | | | | | 29824 |
| Pa | rt III Accountant's Opinion | | | | | | | | |
| 3 | Complete lines 3a through 3c if the opinion of an independent qualified public attached. | c accountant i | s attached to | o this | Form 5 | 500. Co | omplete l | ine 3d if a | an opinion is not |
| a | The attached opinion of an independent qualified public accountant for this pl | lan is (see ins | tructions): | | | | | | |
| | (1) Ungualified (2) Qualified (3) Disclaimer (4 | n Ì | , | | | | | | |
| h | Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10 | $^{\prime}$ \square | 13-12(d)2 | | | | X | Yes | No |
| | Enter the name and EIN of the accountant (or accounting firm) below: | | 55-12(u) ! | | | | · · · | 100 | |
| 0 | (1) Name: DEAROLF & MERENESS LLP | | (2) EIN: | 50-3 | 042376 | | | | |
| <u>н</u> | The opinion of an independent qualified public accountant is not attached be | 2020160. | (=) = 111. | - 33-3 | 042370 | , | | | |
| | (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be atta | | ext Form 55 | i00 pu | ursuant | to 29 C | FR 2520 | .104-50. | |
| Ра | rt IV Compliance Questions | | | | | | | | |
| 4 | CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. | | e lines 4a, 4e | e, 4f, 4 | 4g, 4h, - | 4k, 4m, | 4n, or 5. | | |
| | During the plan year: | | | _ [| Yes | No | | Amo | punt |
| а | Was there a failure to transmit to the plan any participant contributions with | nin the time | | | | | | | |
| | period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction | v prior year fai | | 4a | | х | | | |
| b | Were any loans by the plan or fixed income obligations due the plan in defa | ault as of the | | | | | | | |
| | close of the plan year or classified during the year as uncollectible? Disreg secured by participant's account balance. (Attach Schedule G (Form 5500 checked.) | ard participar) Part I if "Yes | | 4b | | х | | | |

| | | | Yes | No | Amo | unt |
|------|--|---------|---------|-----------|---------------------|----------------|
| С | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is | | | | | |
| | checked.) | 4d | | X | | |
| е | Was this plan covered by a fidelity bond? | 4e | Х | | | 133352 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | Х | | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | Х | | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | Х | | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | | |
| I | Has the plan failed to provide any benefit when due under the plan? | 41 | | X | | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | | |
| 5a | Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? | s 🗙 | No | | | |
| 5b | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.) | ntify t | he plan | (s) to wh | ich assets or liabi | lities were |
| | 5b(1) Name of plan(s) | | | | 5b(2) EIN(s) | 5b(3) PN(s) |
| DUND | EE CITRUS GROWERS ASSOCIATION SAVINGS PLAN | | | 59- | 0226060 | 002 |
| | | | | | | |
| | | | | | | |
| 5c | the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section | on 40 | 21.)? | | s 🗆 No 🗆 N | Not determined |

| 5C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? | s No | Not determined |
|---|------|---------------------|
| If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year | | (See instructions.) |

| | EDULE R | Retirement Plan Ir | nformation | | OMB No. 1210-0110 | | | |
|--|---|--|--|---|--|--|---|--|
| (Fo | rm 5500) | | | | | 2017 | | |
| Department of the Treasury Internal Revenue ServiceThis schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section | | | | | | 2011 | | |
| Employee Bene | rtment of Labor its Security Administration | 6058(a) of the Internal Revenue ► File as an attachment | | | This Form is Open to Public Inspection. | | | |
| | fit Guaranty Corporation an year 2017 or fiscal p | an year beginning 01/01/2017 | and ending | 12/31/ | 2017 | | | |
| A Name of pla | | | B | | | 001 | | |
| | r's name as shown on li ARVESTING AND HAU | | D | Employer lo 59-3666460 | | on Number (El | N) | |
| Part I | Distributions | | | | | | | |
| All references | to distributions relate | only to payments of benefits during the plan | n year. | | | | | |
| | | property other than in cash or the forms of prop | • • | 1 | | | 0 | |
| | EIN(s) of payor(s) who p to paid the greatest dolla | paid benefits on behalf of the plan to participants ar amounts of benefits): | s or beneficiaries during th | le year (if mo | ore than to | wo, enter EINs | of the two | |
| EIN(s): | 35-0472300 | | | | | | | |
| Profit-sha | aring plans, ESOPs, ar | nd stock bonus plans, skip line 3. | | | | | | |
| | | eceased) whose benefits were distributed in a s | | | | | | |
| Part II | | tion (If the plan is not subject to the minimum t | | | the Inter | nal Revenue C | ode or | |
| | ERISA section 302, sk | | runding requirements of se | | the men | | | |
| 4 Is the plan | 2 | | | | Yes | | | |
| | 2 | ip this Part.) election under Code section 412(d)(2) or ERISA se | | | 1 | <u> </u> | | |
| If the plan 5 If a waive plan year, | administrator making an n is a defined benefit p of the minimum funding see instructions and en | ip this Part.) election under Code section 412(d)(2) or ERISA se Ian, go to line 8. g standard for a prior year is being amortized in ter the date of the ruling letter granting the waiv | ection 302(d)(2)? this rer. Date : Month | | Yes | No | | |
| If the plan 5 If a waive plan year, If you cor | administrator making an n is a defined benefit p of the minimum funding see instructions and en npleted line 5, comple | ip this Part.) election under Code section 412(d)(2) or ERISA se lan, go to line 8. g standard for a prior year is being amortized in ter the date of the ruling letter granting the waiv te lines 3, 9, and 10 of Schedule MB and do r | ection 302(d)(2)? this rer. Date: Month not complete the remain | | Yes | No | □ N/A | |
| If the plan 5 If a waive plan year, If you con 6 a Enter | administrator making an n is a defined benefit p of the minimum funding see instructions and en npleted line 5, comple the minimum required c | ip this Part.) election under Code section 412(d)(2) or ERISA se lan, go to line 8. g standard for a prior year is being amortized in ter the date of the ruling letter granting the waiv te lines 3, 9, and 10 of Schedule MB and do r pontribution for this plan year (include any prior y | ection 302(d)(2)? this rer. Date: Month not complete the remain rear accumulated funding | der of this s | Yes | No | □ N/A | |
| If the plan 5 If a waive plan year, If you con 6 a Enter deficie | administrator making an n is a defined benefit p of the minimum funding see instructions and en npleted line 5, comple the minimum required co ency not waived) | ip this Part.) election under Code section 412(d)(2) or ERISA se lan, go to line 8. g standard for a prior year is being amortized in ter the date of the ruling letter granting the waiv te lines 3, 9, and 10 of Schedule MB and do r | ection 302(d)(2)? this rer. Date: Month not complete the remain rear accumulated funding | Da der of this s 6a | Yes | No | □ N/A | |
| If the plan 5 If a waive plan year, If you con 6 a Enter deficie b Enter C Subtra | administrator making an n is a defined benefit p of the minimum funding see instructions and en npleted line 5, comple the minimum required co ency not waived) the amount contributed act the amount in line 6b | ip this Part.) election under Code section 412(d)(2) or ERISA se lan, go to line 8. g standard for a prior year is being amortized in ter the date of the ruling letter granting the waiv te lines 3, 9, and 10 of Schedule MB and do r ontribution for this plan year (include any prior y | ection 302(d)(2)? this rer. Date: Month not complete the remain rear accumulated funding | Da der of this s 6a 6b | Yes | No | □ N/A | |
| If the plan If a waive plan year, If you cordinate of the plan year of the plan y | administrator making an n is a defined benefit p of the minimum funding see instructions and en npleted line 5, comple the minimum required co ency not waived) the amount contributed act the amount in line 6b | ip this Part.) election under Code section 412(d)(2) or ERISA se Jan, go to line 8. g standard for a prior year is being amortized in ter the date of the ruling letter granting the waiv te lines 3, 9, and 10 of Schedule MB and do r ontribution for this plan year (include any prior y by the employer to the plan for this plan year from the amount in line 6a. Enter the result of a negative amount) | ection 302(d)(2)? this rer. Date: Month not complete the remain rear accumulated funding | Da der of this s 6a 6b | Yes | No | □ N/A | |
| If the plan 5 If a waive plan year, If you con 6 a Enter deficie b Enter C Subtra (enter If you con | administrator making an in is a defined benefit p of the minimum funding see instructions and en npleted line 5, comple the minimum required co ency not waived) | ip this Part.) election under Code section 412(d)(2) or ERISA se Jan, go to line 8. g standard for a prior year is being amortized in ter the date of the ruling letter granting the waiv te lines 3, 9, and 10 of Schedule MB and do r ontribution for this plan year (include any prior y by the employer to the plan for this plan year from the amount in line 6a. Enter the result of a negative amount) | ection 302(d)(2)? this rer. Date: Month not complete the remain rear accumulated funding | Da der of this s 6a 6b | Yes | No | □ N/A | |
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| If the plan If a waiver plan year, If you condition a Enter deficite b Enter C Subtration T Will the minimation 8 If a change authority plan year Part III | administrator making an in is a defined benefit p of the minimum funding see instructions and en npleted line 5, comple the minimum required co ency not waived) the amount contributed a minus sign to the left npleted line 6c, skip li nimum funding amount r e in actuarial cost metho providing automatic appri- tor agree with the chan- Amendments | ip this Part.) election under Code section 412(d)(2) or ERISA se lan, go to line 8. g standard for a prior year is being amortized in ter the date of the ruling letter granting the waiv te lines 3, 9, and 10 of Schedule MB and do r ontribution for this plan year (include any prior y by the employer to the plan for this plan year from the amount in line 6a. Enter the result of a negative amount) nes 8 and 9. reported on line 6c be met by the funding deadli od was made for this plan year pursuant to a re- roval for the change or a class ruling letter, does ge? | ection 302(d)(2)? this rer. Date: Month not complete the remain rear accumulated funding ne? venue procedure or other s the plan sponsor or plan | Da der of this s 6a 6b 6c | Yes | No | N/A | |
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| If the plan 5 If a waive plan year, if you could for the plan 6 a Enter 6 a Enter b Enter deficit b Enter c C Subtra (enter f If you could authority plant in the minimized authority plant in the minimized 8 If a change authority plant in the minimized 9 If this is a year that i box. If no, Part IV IV | administrator making an in is a defined benefit p of the minimum funding see instructions and en npleted line 5, comple the minimum required co ency not waived) the amount contributed act the amount on line 6b a minus sign to the left npleted line 6c, skip lin nimum funding amount r e in actuarial cost methor providing automatic appri- tor agree with the chan- Amendments defined benefit pension ncreased or decreased check the "No" box ESOPs (see instruct | ip this Part.) election under Code section 412(d)(2) or ERISA se lan, go to line 8. g standard for a prior year is being amortized in ter the date of the ruling letter granting the waiv te lines 3, 9, and 10 of Schedule MB and do r ontribution for this plan year (include any prior y by the employer to the plan for this plan year from the amount in line 6a. Enter the result of a negative amount) nes 8 and 9. reported on line 6c be met by the funding deadli od was made for this plan year pursuant to a re- roval for the change or a class ruling letter, does ge? | ection 302(d)(2)? this ter. Date: Month not complete the remain rear accumulated funding ne? venue procedure or other s the plan sponsor or plan is plan is plan iate Increase on 409(a) or 4975(e)(7) of | Da der of this s 6a 6b 6c | Yes ay chedule. chedule. Yes Yes Yes Revenue | No Year Year No No Both Code, skip this | N/A N/A N/A N/A N/A No Part. | |
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Page **2 -** 1

| Pa | rt V | Additional Information for Multiemployer Defined Benefit Pension Plans | | | | | | | | |
|----|------|--|--|--|--|--|--|--|--|--|
| 13 | | er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in lars). 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 | | | | | | | | |
| | 9 | 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 | | | | | | | | |
| | 9 | 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 | | | | | | | | |
| | 9 | 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): | | | | | | | | |

Schedule R (Form 5500) 2017

| 14 | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for: | | Γ | | | | |
|----|---|---------|-----------|--|--|--|--|
| | a The current year | 14a | | | | | |
| | b The plan year immediately preceding the current plan year | 14b | | | | | |
| | C The second preceding plan year | 14c | | | | | |
| 15 | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to: | ike an | | | | | |
| | a The corresponding number for the plan year immediately preceding the current plan year | 15a | | | | | |
| | b The corresponding number for the second preceding plan year | 15b | | | | | |
| 16 | Information with respect to any employers who withdrew from the plan during the preceding plan year: | | | | | | |
| | a Enter the number of employers who withdrew during the preceding plan year | 16a | | | | | |
| | b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | 16b | | | | | |
| 17 | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, c supplemental information to be included as an attachment. | | | | | | |
| P | art VI Additional Information for Single-Employer and Multiemployer Defined Benef | it Pens | ion Plans | | | | |
| 18 | If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see ir information to be included as an attachment | | | | | | |
| 19 | If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:% b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 0-3 years 0-9 years 0-9 years 0-12 years 0-12-15 years 0-15-18 years 0-18-21 years 0-21 years or more | | | | | | |

| С | What duration measure was used to calculate line 19(b)? | | | | | | | |
|---|---|-------------------|-------------------|------------------|--|--|--|--|
| | Effective duration | Macaulay duration | Modified duration | Other (specify): | | | | |

STATEWIDE HARVESTING & HAULING SAVINGS PLAN FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION YEARS ENDED DECEMBER 31, 2017 AND 2016 TOGETHER WITH

INDEPENDENT AUDITORS' REPORT

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| 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 - 12 |
| Schedule of Assets Held for Investment Purposes | 13 |



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, 2017 and 2016, 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, 2017 and 2016, 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, 2017, 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 August 20, 2018

STATEWIDE HARVESTING & HAULING SAVINGS PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2017 AND 2016

| | 2017 | 2016 |
|------------------------------------|--------------|--------------|
| ASSETS | | |
| Investments | | |
| Pooled separate accounts | \$ 1,312,817 | \$ 1,116,834 |
| Guaranteed investment contract | 124,854 | 123,213 |
| TOTAL INVESTMENTS | 1,437,671 | 1,240,047 |
| Receivables | | |
| Employer contributions | 44,740 | 43,458 |
| Participant contributions | 665 | 878 |
| Notes receivable from participants | 91,756 | 93,472 |
| TOTAL RECEIVABLES | 137,161 | 137,808 |
| TOTAL ASSETS | 1,574,832 | 1,377,855 |
| LIABILITIES | | |
| Accrued expense | | 1,200 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 1,574,832 | \$ 1,376,655 |

STATEWIDE HARVESTING & HAULING SAVINGS PLAN STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED DECEMBER 31, 2017 AND 2016

| | 2017 | 2016 |
|---|--------------|--------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| INVESTMENT INCOME | | |
| Net appreciation - pooled separate accounts | \$ 217,498 | \$ 117,905 |
| Earnings - guaranteed investment contract | 1,303 | 1,834 |
| TOTAL INVESTMENT INCOME | 218,801 | 119,739 |
| INTEREST ON NOTES RECEIVABLE FROM PARTICIPANTS | 4,253 | 2,774 |
| CONTRIBUTIONS | | |
| Employer | 92,750 | 89,312 |
| Participant | 83,665 | 84,114 |
| TOTAL CONTRIBUTIONS | 176,415 | 173,426 |
| TRANSFER OF LOAN FROM OTHER PLAN | 10,016 | |
| TOTAL ADDITIONS TO NET ASSETS | 409,485 | 295,939 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | | |
| Benefits paid | 163,795 | 345,131 |
| Transfer of loan to other plan | 29,824 | - |
| Administrative and other fees | 17,689 | 17,611 |
| TOTAL DEDUCTIONS FROM NET ASSETS | 211,308 | 362,742 |
| NET INCREASE (DECREASE) IN ASSETS AVAILABLE FOR BENEFITS | 198,177 | (66,803) |
| NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR | 1,376,655 | 1,443,458 |
| NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR | \$ 1,574,832 | \$ 1,376,655 |

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 allocations 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% - 5.25% for loans outstanding at December 31, 2017 and 2016. 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 discretionary 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.

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 August 20, 2018, 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.

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 accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Note 3 - Summary of Significant Accounting Policies - continued

Expenses - Investment-related expenses are included in net appreciation - pooled separate accounts and earnings - guaranteed investment contract. Recordkeeping, trustee, and audit fees are allocated to Plan participants' accounts. Certain administrative expenses directly relating to a participant's account, such as loan processing fees, are specifically allocated and deducted from the specific participant's account.

Reclassifications - Certain reclassifications have been made to the 2016 financial statements to conform to the 2017 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

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.

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, 2017 and 2016.

Note 4 - Fair Value Measurements - continued

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, 2017 and 2016:

| | Le | evel 1 | Le | evel 2 | Le | evel 3 | Total |
|---|----|--------|----|--------|----|--------|--------------|
| December 31, 2017 Pooled separate accounts* | \$ | - | \$ | - | \$ | - | \$ 1,312,817 |
| December 31, 2016 Pooled separate accounts* | \$ | - | \$ | - | \$ | - | \$ 1,116,834 |

*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.

Note 5 - Data Certified by Trustee

For 2017 and 2016, 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:

| | | 2017 | | 2016 |
|-----------------------------|--------------------------|---------|-----------|---------|
| Investment accounts | | | | |
| Certified by trustee | \$ 1,437,671 \$ 1,240,04 | | 1,240,047 | |
| Investment income - net | | | | |
| Income certified by trustee | \$ | 223,323 | \$ | 124,862 |
| Investment expenses | | (4,522) | | (5,123) |
| TOTAL | \$ | 218,801 | \$ | 119,739 |

Note 6 - Investment Contract with Insurance Company

For 2017 and 2016, 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, 2017 and 2016, was \$124,854 and \$123,213, 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.

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:

| YEAR | PERCENT |
|------|---------|
| 2016 | 2.65 |
| 2017 | 2.53 |

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 \$4,207 and \$4,593 at December 31, 2017 and 2016, respectively. These accounts may be used to reduce future employer contributions. During 2017, \$4,575 of the 2016 discretionary matching contribution was paid from forfeited nonvested accounts. During 2016, \$8,800 of the 2015 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 \$6,589 and \$6,711 for the years ended December 31, 2017 and 2016, respectively.

During 2017 and 2016, there was a loan to a related party/party-in-interest of the Plan. The party in question was a trustee of the Plan. The note receivable balances at December 31, 2017 and 2016, were \$-0- and \$35,993, respectively. The interest rate was 4.50%, and \$1,031 and \$793 in interest was earned for the years ended December 31, 2017 and 2016, respectively.

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 designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

Note 11 - Form 5500 Reconciliation

| | 2017 | 2017 | 2016 | 2016 |
|-----------------------------------|--------------|--------------|--------------|--------------|
| | Net | Changes in | Net | Changes in |
| | Assets | Net Assets | Assets | Net Assets |
| | Available | Available | Available | Available |
| | for Benefits | for Benefits | for Benefits | for Benefits |
| Per Form 5500, Schedule H | \$ 1,529,428 | \$ 195,909 | \$ 1,333,519 | \$ (59,583) |
| Reconciling items | | | | |
| Employer contributions receivable | 44,739 | 44,739 | 43,458 | 43,458 |
| Employee contributions receivable | 665 | 665 | 878 | 878 |
| Accrued expense | - | - | (1,200) | (1,200) |
| Prior year accruals | | (43,136) | | (50,356) |
| Per financial statements | \$ 1,574,832 | \$ 198,177 | \$ 1,376,655 | \$ (66,803) |

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

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.

| EIN | 1 59 366 | 6466 IRS Plan # | 001 | | |
|-----|----------------------------|-----------------|-------------------------------------|-----------------|---------------|
| As | of Plan Year End 12/31/2 | 2017 | | | |
| Со | ntract #: 39391 | | | | |
| (A) | (B) | | (C) | (D) | (E) |
| | Identity of Issue | | Description of Investment | Historical Cost | Current Value |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Fed Gov Ultrashort Dur SA14 | 4,242.75 | 4,248.60 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Franklin High Income SA20 | 0.00 | 0.00 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | VG LifeStrategy Mod Grw SA21 | 20,690.20 | 23,061.03 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Invesco Growth & Income SA28 | 41,221.78 | 53,989.43 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | VG LifeStrategy Growth SA32 | 86,872.92 | 103,641.41 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Guaranteed Account | 30,055.58 | 30,055.58 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | AmerFunds EuroPac Growth SA54 | 22,408.93 | 29,020.49 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | MFS VIT Growth SA65 | 61,331.22 | 86,602.26 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | BlackRock GlbalAllocation SALE | 9,630.75 | 10,855.49 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Mgd Prin Protect Portfolio | 90,842.64 | 94,798.56 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | AmerFunds Bond America SA1E | 0.00 | 0.00 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | LVIP SSgA S&P 500 Index SA27 | 1,269.04 | 1,400.09 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | LVIP Clarion Gbl Real Est SA55 | 575.21 | 620.17 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Oppenheimer Dvlping Mrkts SA94 | 44,313.12 | 54,512.22 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Eaton Vance Inc Fund BOS SAF9 | 26,667.81 | 27,167.58 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | LVIP TRowePrice 2010 Fund SAL1 | 0.00 | 0.00 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | LVIP TRowePrice 2020 Fund SAL2 | 10,975.35 | 11,948.33 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | LVIP SSgA Bond Index SAL6 | 24,054.30 | 25,453.60 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | SSgA S&P MidCp Idx Non-Ln SALA | 59,363.63 | 81,554.57 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | SSgA Russ SC VI Ix Non-Ln SALB | 25,589.63 | 36,723.18 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | SSgA Russ SC Gr Ix Non-Ln SALC | 2,755.55 | 2,928.12 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | LVIP TRowePrice 2050 Fund SALL | 747.49 | 758.91 |
| k | LINCOLN NAT'L LIFE - DIREC | TOR | Stadion Managed Balanced SATB | 59,241.97 | 72,590.42 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Stadion Mgd Conservative SATC | 0.00 | 0.00 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Stadion Managed Growth SATG | 349,229.87 | 485,179.14 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Stadion Managed Moderate SATM | 124,465.46 | 160,670.75 |
| * | LINCOLN NAT'L LIFE - DIREC | TOR | Stadion Mgd Max Growth SATT | 30,996.82 | 39,891.62 |
| | Participant Loans | | Various Maturities & Interest Rates | | 91,756.08 |
| | Total | | | 1,127,542.02 | 1,529, |
| | | | | | |