Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1942

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

YOUNGS MARKET COMPANY, LLC

JOE VACOVSKY
14402 FRANKLIN AVENUE
TUSTIN, CA 92780-7013

2b Employer Identification Number (EIN)
33-0780329

2c Sponsor's telephone number
714-368-4615

2d Business code (see instructions)
424800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2014	BRIAN CLELLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

BRIAN CLELLAND

14402 FRANKLIN AVE
TUSTIN, CA 92780

3b Administrator's EIN
33-0780329

3c Administrator's telephone number
714-368-4615

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1273
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	375
b	Retired or separated participants receiving benefits	**6b**	296
c	Other retired or separated participants entitled to future benefits	**6c**	562
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1233
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	34
f	Total. Add lines **6d** and **6e**.	**6f**	1267
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
1A 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
YOUNGS MARKET COMPANY, LLC

D Employer Identification Number (EIN)
33-0780329

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	517658	0	01/01/2013	12/31/2013

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

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

ENDING PARTICIPANT COUNT AND BALANCE IN POOLED SEPARATE ACCOUNT.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
YOUNGS MARKET COMPANY, LLC

D Employer Identification Number (EIN)
33-0780329

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2013			
2	Assets:			
	a Market value	**2a**		60633368
	b Actuarial value	**2b**		59046510
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	281	27394797
	b For terminated vested participants	**3b**	611	21861257
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		830669
	(2) Vested benefits	**3c(2)**		18281557
	(3) Total active	**3c(3)**	381	19112226
	d Total	**3d**	1273	68368280
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	**4a**		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.32 %
6	Target normal cost	**6**		170145

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	09/15/2014 Date
PHILIP A. LEDER Type or print name of actuary	14-03344 Most recent enrollment number
PRINCIPAL FINANCIAL GROUP Firm name	206-624-3790 Telephone number (including area code)
PO BOX 9394 DES MOINES, IA 50306-9394 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 13.33 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		492046
	b Interest on (a) using prior year's effective interest rate of 7.04 % except as otherwise provided (see instructions)		34640
	c Total available at beginning of current plan year to add to prefunding balance		526686
	d Portion of (c) to be added to prefunding balance		526686
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	526686

Part III Funding Percentages

14	Funding target attainment percentage	14	85.59 %
15	Adjusted funding target attainment percentage	15	85.59 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2013	20296	0			
07/15/2013	544238	0			
10/15/2013	546982	0			
01/15/2014	546982	0			
09/15/2014	1245230	0			
			Totals ► 18(b)	2903728	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2702909

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	170145
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	9848456	3059444
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3229589

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	526686	526686

36 Additional cash requirement (line 34 minus line 35)	**36**	2702903
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2702909

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	6
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	6
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
YOUNGS MARKET COMPANY, LLC	33-0780329	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

UBS FINANCIAL SERVICES

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	142536	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	93820	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	52500	Yes [ ] No [X]	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)

KPMG, LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	35100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LITTLER MENDELSON, P.C.

94-2602731

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	31708	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOWERS WATSON

27-0676603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	22188	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

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

A Name of plan
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
YOUNGS MARKET COMPANY, LLC

D Employer Identification Number (EIN)
33-0780329

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL EMERG MARKETS SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-013	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SA-I5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-027	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MTGE SA-I3

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-005	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-14

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-016	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL I SEPARATE ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-048	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-I4

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-028	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-I4

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-023	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-095	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN HIGH YIELD I SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-101	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INFLATION PROTECT SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-099	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND I SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-115	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL OVERSEAS SA-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-116	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
YOUNGS MARKET COMPANY, LLC

D Employer Identification Number (EIN)
33-0780329

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		-35346
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	299170	1792212
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	109285
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		2103123
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	60334978	
(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)		61636910
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	60634148	65606184
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	31500	35000
k Total liabilities (add all amounts in lines 1g through1j)	1k	31500	35000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	60602648	65571184

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2903728	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2903728
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	147	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		147
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	491121	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		491121
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	56390318	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	56390318	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1195438
c Other income	2c		3754082
d Total income. Add all **income** amounts in column (b) and enter total	2d		8344516
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2996416	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2996416
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	143208	
(2) Contract administrator fees	2i(2)	93820	
(3) Investment advisory and management fees	2i(3)	142536	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		379564
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3375980
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4968536
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: KPMG **(2)** EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

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

A Name of plan
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
YOUNGS MARKET COMPANY, LLC

D Employer Identification Number (EIN)
33-0780329

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 70.0% Investment-Grade Debt: 30.0% High-Yield Debt: 0.0% Real Estate: _____% Other: _____%

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

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

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2013 This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
YOUNG'S MARKET COMPANY, LLC

D Employer Identification Number (EIN)
33-0780329

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2013			
2	Assets:			
	a Market value	2a		60633368
	b Actuarial value	2b		59046510
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	281	27394797
	b For terminated vested participants	3b	611	21861257
	c For active participants:			
	(1) Non-vested benefits	3c(1)		830669
	(2) Vested benefits	3c(2)		18281557
	(3) Total active	3c(3)	381	19112226
	d Total	3d	1273	68368280
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.32 %
6	Target normal cost	6		170145

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 9-15-2014

Philip A. Leder
Type or print name of actuary

1403344
Most recent enrollment number

Principal Financial Group
Firm name

206-624-3790
Telephone number (including area code)

PO Box 9394 Des Moines, IA 50306-9394
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of 13.33 %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		492046
b Interest on (a) using prior year's effective interest rate of 7.04 % except as otherwise provided (see instructions)		34640
c Total available at beginning of current plan year to add to prefunding balance		526686
d Portion of (c) to be added to prefunding balance		526686
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	526686

Part III Funding Percentages

14 Funding target attainment percentage	14	85.59 %
15 Adjusted funding target attainment percentage	15	85.59 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.84 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2013	20296	0			
07/15/2013	544238	0			
10/15/2013	546982	0			
01/15/2014	546982	0			
09/15/2014	1245230	0			
			Totals ► 18(b)	2903728	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2702909

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.94 %	6.15 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	170145
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9848456	3059444
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3229589

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	526686	526686

36 Additional cash requirement (line 34 minus line 35)	**36**	2702903
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2702909
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	6
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	6
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule SB, Line 2a - Explanation of Assets
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC
EIN 33-0780329 Plan No. 001

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of $299,170 contributions received after the plan year end with a discounted value of $298,390.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC
EIN 33-0780329 Plan No. 001

All active participants are expected to retire at the plan's assumed retirement age.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC
EIN 33-0780329 Plan No. 001

Assumptions Prescribed by Law	
Mortality	During Benefit Payment Period IRS Prescribed Mortality - Static Annuitant, male and female. Before Benefit Payment Period IRS Prescribed Mortality - Static Non-annuitant, male and female.
Assumptions Selected by Actuary	
Asset Return	7.00% for the current plan year.
Expected Expense	$170,145 included in Target Normal Cost.
Retirement Age	Active Participants: 63 Inactive Participants: Normal Retirement Age as defined in Plan Provisions
Disability	None.
Marriage	80% married for males and 50% married for females; husbands are 3 years older than wives.
Withdrawal	Towers Watson Withdrawal Table. Selected rates of withdrawal are shown below:

Age	Male	Female
25	15.0%	18.0%
40	8.0%	10.0%
55	0.0%	0.0%

Wage Base Increase	3.00% per year.
Inflation	3.00% increase per year
Form of Benefit	Participants are assumed to receive their benefits on the normal form at the assumed retirement age.
Methods Prescribed by Law	
Liability Measure	Funding target is the present value of the benefits accrued on the valuation date. Target Normal Cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC
EIN 33-0780329 Plan No. 001

Methods Selected by Plan Sponsor	
Asset Method	The asset valuation method is prescribed by law for plans that elect to use a value other than market value. For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years. The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the Maximum Allowable Rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value. When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.
Segment Rates	24 month average with no weighting to prior law basis. Use rates where August is the last month included in the average.
PBGC Premium Basis	Premiums are calculated using the funding segment rates used for the plan year without the MAP-21 interest rate corridor defined in IRC §430(h)(2)(C)(iv). This method was elected with the 01/01/2009 plan year and must continue for five years before a change can be made.
Methods Elected by Actuary	
Retirees	Assets and liabilities for current and future retirees are included.
HCE Benefit Payment Restrictions	A ratio of the market value of assets and funding target is used to determine if restrictions apply. Assets and Funding Target are as of the valuation date and are reduced by: • any retiree benefit index or floor • amounts for HCEs who were previously restricted • an amount for the retiring HCE The Funding Target is not based on the MAP-21 interest rate corridor defined in IRC §430(h)(2)(C)(iv).
Vested Benefits	A benefit is included in vested benefits when the participant will meet age and service eligibility requirements at the valuation date. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date. The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, and pre-retirement death benefits in excess of the Survivor Annuity Death Benefit except as noted in the Plan Provisions.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC
EIN 33-0780329 Plan No. 001

Assumptions and Methods Elected by Actuary Plan Accounting (ASC 960)	
With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular Funding Target and Target Normal Cost.	
Interest Rate Used to Value Liabilities	7.00%

Schedule SB, Line 32 - Schedule of Amortization Bases
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC
EIN 33-0780329 Plan No. 001

Shortfall			
Date Created	Present Value	Remaining Years	Annual Charge
01/01/2013	$5,556,420	7	$927,323
01/01/2012	(6,023,575)	6	(1,138,050)
01/01/2011	4,194,840	5	921,761
01/01/2010	823,094	4	220,887
01/01/2009	3,600,501	3	1,258,480
01/01/2008	1,697,176	2	869,043
Total	$9,848,456		$3,059,444

Last year's total shortfall annual charge was $2,132,121.

The total annual charge used in calculating your Annual Cost cannot be less than zero.

Waiver			
Date Created	Present Value	Remaining Years	Annual Charge
N/A	N/A	N/A	N/A

There are no waiver bases for the current year.

Schedule SB, Line 26 - Schedule of Active Participant Data
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC
EIN 33-0780329 Plan No. 001

Form 5500 - Schedule of Active Participation Data									Valuation Date 01/01/2013	
	YEARS OF CREDITED SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	4	0	0	0	0	0	0
35 to 39	0	0	0	19	7	0	0	0	0	0
40 to 44	0	0	0	33	17	5	0	0	0	0
45 to 49	0	0	0	25	21	28	7	0	0	0
50 to 54	0	0	0	17	21	30	13	2	0	0
55 to 59	0	0	0	6	12	14	14	7	4	0
60 to 64	0	0	0	7	10	16	9	7	6	0
65 to 69	0	0	0	1	6	5	1	1	0	2
70 & up	0	0	0	1	1	2	0	0	0	0

Schedule SB, Part V - Summary of Plan Provisions
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC
EIN 33-0780329 Plan No. 001

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the restated plan signed 03/14/2013.

Plan Eligibility	
Service	One year of service.
Class	Employees not eligible for a collective bargained pension. On and after 12/31/2002, participation is closed

Normal Retirement Benefit	
Age	The later of attained age 65 or 5 years of vesting service.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	Pre 01/01/1997: 2.33% of average compensation times service (maximum 15 years) plus 1.50% of average compensation times service in excess of 15 years (maximum 20 years). On and after 01/01/1997: 1.00% of average compensation times service (Active participants on 01/01/1997 who had attained age 55 with 15 years of accrual service, and whose age plus service totaled 75, continue to accrue benefit on the pre 01/01/1997 formula). All future benefit accrual is frozen on and after 12/31/2002.

Early Retirement Benefit	
Age	Attained age 55.
Service	Five years of vesting service.
Form	Same as normal retirement benefit
Amount	For participants with less than 15 years of vesting service, the accrued benefit on early retirement date reduced by 6% for each year early retirement date precedes normal retirement date. For participants with at least 15 years of vesting service, the accrued benefit on early retirement date reduced by 6% for each year early retirement date precedes age 62.

Late Retirement Benefit	
Age	No maximum age
Form	Same as normal retirement benefit.
Amount	Accrued benefit on normal retirement date subject to suspension of benefit notification.

Termination Benefit	
Vesting Percentage	100% after five years of vesting service. All covered participants as of 12/31/2002 are immediately vested.
Form	Same as normal retirement benefit with income deferred until normal retirement date
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Death Benefit	
Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day. If a participant was not a qualified married participant, the amount paid to a beneficiary is equal to the amount that would have been paid had the participant retired the day before death with a joint and 50% survivor annuity to a

	beneficiary, payable for 10 years.

Definitions	
Average compensation	The monthly average of total pay received for the 10 consecutive years before retirement date.
Optional Forms of Benefit Payments	The optional forms of benefit payments are: • Monthly annuity payable for life, or a certain and life annuity where the certain period is not greater than 10 years. • Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 75 or 100 • A single lump sum payable to a retired participants estate if the participant dies without a beneficiary and the certain period has not expired under the certain and life annuity option The optional form conversion basis is 7.0% interest and 71 GAM table (male) for payments other than lump sums. For lump sums (small amounts only), the conversion basis uses the applicable interest rate or the 30-year treasury rate whichieve provides the larger benefit and applicable mortality table as set forth in Code Section 417. The applicable interest rates use the month of November proceeding the first day of the stability period which is the plan year.

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

Financial Statements and Supplemental Schedules

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

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KPMG LLP
Suite 700
20 Pacifica
Irvine, CA 92618-3391

Independent Auditors' Report

The Administrative Committee
Retirement Income Plan for Nonbargaining Unit
Employees of Young's Market Company, LLC:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years ended December 31, 2013 and December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 4, which was certified by Principal Trust Company and Wells Fargo Bank, N.A. the Trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Wells Fargo Bank, N.A. held the Plan's investment assets and executed investment transactions from October 1, 2013 to December 31, 2013 and that Principal Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2012 and for the period from January 1, 2012 to September 30, 2013. The plan administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the Trustees is complete and accurate.

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

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 schedules of (1) Schedule H, line 4i – Schedule of Assets (Held at end of year) and (2) Schedule H, line 4j – Schedule of Reportable Transactions as of or for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustees, 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 DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Irvine, California
October 9, 2014

RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets:		
Investments at fair value	$ 63,813,972	60,334,978
Receivables:		
Contributions due from employer	1,792,212	299,170
Total assets	65,606,184	60,634,148
Liabilities:		
Accounts payable and accrued expenses	(35,000)	(31,500)
Net assets available for benefits	$ 65,571,184	60,602,648

See accompanying notes to financial statements.

RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

Statements of Changes in Net Assets Available for Benefits

Year ended December 31, 2013

	2013	2012
Additions:		
Investment gain:		
Net realized and unrealized appreciation in fair value of investments	$ 5,440,788	7,113,058
Contributions:		
Employer contributions	2,903,728	2,789,299
Total additions	8,344,516	9,902,357
Deductions:		
Benefit payments	2,996,416	3,835,597
Administrative expenses	379,564	171,645
Total deductions	3,375,980	4,007,242
Increase in net assets available for benefits	4,968,536	5,895,115
Net assets available for benefits at beginning of year	60,602,648	54,707,533
Net assets available for benefits at end of year	$ 65,571,184	60,602,648

See accompanying notes to financial statements.

(1) Description of the Plan

The Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC (the Plan) is a noncontributory defined-benefit pension plan covering nonbargaining unit employees of Young's Market Company, LLC and its subsidiaries and affiliates (collectively, the Company or Employer) who have completed at least one year of service. A participant vests in benefits after five years of service. Vested participants may receive reduced benefits at age 55 or full benefits at age 65. A vested participant who discontinues employment with the plan sponsor has a deferred vested benefit available at age 65 (or at age 55 in a reduced amount). On December 31, 2002, the Plan was amended to freeze future benefit accruals and close the Plan to new participants.

For participants who first became participants in the Plan on or after January 1, 1997, benefits are calculated as 1% of an employee's average compensation based on years of service not to exceed 65% of average earnings. Different formulas were used to calculate benefits relating to periods prior to January 1, 1997. Early retirement benefits are available to vested participants who have attained age 55. Additional information concerning vesting and benefit provisions is included in the Summary Plan Description, which can be obtained from the Plan's Retirement Committee.

The Plan is funded by periodic Employer contributions, which are actuarially determined to provide necessary assets to meet benefits payable to plan participants. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements.

Effective October 1, 2013, the Plan's trustee duties and assets transferred from Principal Life Insurance (Principal) to Wells Fargo Bank, N. A (Wells Fargo). Assets held by Principal were either transferred to Wells Fargo or sold. Proceeds from the sales were subsequently transferred to Wells Fargo. Additionally, the Plan switched from Principal to Mercer U.S. Inc. for actuarial services. Young's Market Company employee benefits personnel continue to administer the Plan.

Although it has not expressed any intention to do so, the Company can terminate the Plan at any time, subject to the provisions set forth in ERISA. Participants' retirement allowances under the Plan are insured to the extent required by law through the Pension Benefit Guaranty Corporation (PBGC). If the Plan were to be terminated, priorities of payment of benefits would be made in accordance with the requirements of ERISA.

Should the Plan terminate at some future time, its net assets may not be available on a pro rata basis to provide plan members' benefits. Whether a particular plan member's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided at all.

Further details are contained in the plan handbook, which is provided to all plan members.

(2) Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Investment Valuation and Income Recognition

Investments in various mutual funds at December 31, 2013 were valued by Wells Fargo. Mutual funds are valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are deemed to be actively traded. Investments in pooled separate accounts at December 31, 2012 were valued by Principal. The fair values of pooled separate accounts was determined using a market approach, which is based on the net asset value of units held by the Plan at year-end. The net asset value is used as a practical expedient to estimate fair value.

Investments are nonparticipant-directed. Investment performance is dependent on the investment experience, which is variable and not guaranteed. Purchases and sales of investments are reflected on the trade-date basis. Interest income is recorded on the accrual basis.

Assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.

Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments carried at fair value as of December 31, 2013 and 2012.

	Assets at fair value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 2,067,778	—	—	2,067,778
Mutual funds: (a)				
Large U.S. equity	13,290,512	—	—	13,290,512
Small/Mid U.S. equity	13,055,327	—	—	13,055,327
International equity	9,599,099	—	—	9,599,099
Fixed income	19,888,114	—	—	19,888,114
Real estate	1,201,347	—	—	1,201,347
Commodity	2,110,576	—	—	2,110,576
Exchange-traded note fund (a)	2,601,219	—	—	2,601,219
Total investments, at fair value	$ 63,813,972	—	—	63,813,972

(Continued)

	Assets at fair value as of December 31, 2012			
	Level 1	**Level 2**	**Level 3**	**Total**
Pooled separate accounts:				
Large U.S. equity [(b)]	$ —	19,081,333	—	19,081,333
Small/Mid U.S. equity [(b)]	—	4,722,003	—	4,722,003
International equity [(b)]	—	7,278,045	—	7,278,045
Fixed income [(b)]	—	25,834,935	—	25,834,935
Real estate [(c)]	—	—	3,418,662	3,418,662
Total investments, at fair value	$ —	56,916,316	3,418,662	60,334,978

(a) These investments represent investments in exchange-traded funds. The fair value of the investments was determined based on unadjusted quoted prices for identical assets in an active market at December 31, 2013.

(b) These investments include pooled separate accounts that invest in mutual funds, domestic equities, international equities, and/or fixed income securities. The fair value of the investments in these categories has been estimated using the net asset value per share, in which the underlying investments have observable Level 1 inputs. There are currently no redemption restrictions for these investment categories.

(c) This investment includes commercial real estate and mortgage loans, which are backed by the associated properties. The fair value of the investment in this category has been estimated using the net asset value per share. The fair value of the underlying real estate investments is estimated using discounted cash flow valuation models that utilize public real estate market data inputs such as transaction prices, market rents, vacancy levels, leasing absorption, market cap rates, and discount rates. In addition, each property is appraised annually by an independent appraiser.

The following table presents additional information about valuation methodologies used for investments that are measured at fair value and categorized within Level 3 as of December 31, 2012. In addition to the techniques and inputs noted in the table below, other valuation techniques and methodologies may be used when determining fair value measurements. The table below is not intended to be all-inclusive, but rather provide information on the significant Level 3 inputs as they relate to fair value measurements.

Type	**Fair value**	**Valuation technique**	**Significant unobservable inputs**	**Range of inputs**
Real estate	$ 3,418,662	Discounted cash flows	Discount rate	6.5%–20.0%
			Terminal capitalization rate	4.8%–9.0%
			Average market rent growth rate	2.3%–5.5%
			Loan to value ratio	17.1%–86.3%
			Market interest rate	2.5%–5.0%

(Continued)

Due to the inherent uncertainty of determining the fair value of investments that do not have a readily available market value, the fair value of investments may fluctuate from period to period. Additionally, the fair value of investments may differ significantly from the values that would have been used had a ready market existed for such investments and may differ materially from the values that may ultimately be realized.

In addition, changes in the market environment and other events that may occur over the life of the investments may cause the gains or losses ultimately realized on these investments to be different than the unrealized gains or losses reflected in the valuations currently assigned.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2013:

Separate account		Real estate
Balance as of December 31, 2012	$	3,418,662
Purchases		16,454
Sales		(3,455,877)
Unrealized gains on instruments held		20,761
Balance as of December 31, 2013	$	—

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2012:

Separate account		Real estate
Balance as of December 31, 2011	$	2,859,058
Purchases		415,940
Sales		(217,311)
Unrealized gains on instruments held		360,975
Balance as of December 31, 2012	$	3,418,662

(c) Allocated Insurance Contracts

The Plan purchased annuity contracts as a means to pay benefits to a certain group of current retirees. The value of these contracts at December 31, 2013 and 2012 was $2,036,860 and $2,468,669, respectively. Because the insurance carrier has assumed the responsibility of the obligations associated with these benefit payments, the contracts are allocated to the insurance carriers and not included in net assets available for benefits as of December 31, 2013 and 2012. In addition, the present value of accumulated plan benefits has excluded the liability of these retirees since January 1, 2002. Each year, the insurance carrier determines whether or not the contract will pay out a dividend based primarily on the accumulated surplus of the contract as compared to the reserves for benefit expense and contingencies. The Plan is not required to fund any accumulated

deficit. No dividend income was received relating to these allocated contracts for the years ended December 31, 2013 and 2012.

(d) Expenses

All administrative expenses are paid by the Company, except for audit fees and management fees related to the contract with the plan administrator, which are paid by the Plan.

(e) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (note 3) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees up until December 31, 2002. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the employees' compensation during their last five years of credited service through December 31, 2002.

The accumulated plan benefits for active employees are based on their average compensation during the five years preceding December 31, 2002. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered through December 31, 2002.

(f) Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(3) Accumulated Plan Benefits

An outside actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefits information calculated based on the unit-credit method as of December 31 is summarized below:

	2013	2012
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 26,717,943	25,708,432
Other participants	36,542,430	37,740,464
	$ 63,260,373	63,448,896

	2013	2012
Discount rate	7.00%	7.00%
Retirement age	Varies between age 55 to 70	Normal retirement age of 63
Mortality	IRS Combined Table for Small Plans	IRS Combined Table for Small Plans

As of December 31, 2013 and 2012, the mortality rates used to determine the Plan's liability were based on the 2014 and 2013 Internal Revenue Service (IRS) Prescribed Mortality – Optional Combined Table for Small Plans, male and female, respectively.

As discussed in note 1, the Plan was amended as of December 31, 2002, effectively ceasing future benefit accruals and closing the Plan to new participants. These actuarial assumptions are based on the presumption that the Plan will continue as a frozen plan. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The net change in the actuarial present value of accumulated plan benefits for the years ended December 31, 2013 and 2012 is as follows:

	2013	2012
Actuarial present value of accumulated plan benefits at beginning of year	$ 63,448,896	61,564,363
Increase (decrease) during plan year attributable to:		
Actuarial experience	(1,148,523)	1,546,381
Change in actuarial assumptions	(371,393)	—
Interest	4,327,809	4,173,749
Benefits paid	(2,996,416)	(3,835,597)
Actuarial present value of accumulated plan benefits at end of year	$ 63,260,373	63,448,896

(Continued)

(4) Investments

Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company was the Plan's trustee from January 1, 2012 through September 2013. While acting as the Plan's trustee Principal Trust Company held the Plan's investments and executed all investment transactions. Effective October 1, 2013, Wells Fargo Bank, N.A. became the Plan's trustee. Investment related information disclosed in the accompanying financial statements, notes, and supplemental schedules, including investments held at December 31, 2013 and 2012, interest, and net realized and unrealized appreciation in fair value of investments for the years ended December 31, 2013 and December 31, 2012, was obtained or derived from investment information supplied to the plan administrator and certified as complete and accurate by Principal Trust Company and Wells Fargo.

The fair value of the individual investments that represent 5% or more of the Plan's assets at December 31, 2013 is as follows:

	December 31, 2013
SPDR S&P 500 ETF Trust	$ 6,694,896
Vanguard Dividend Appreciation	6,595,614
Vanguard Mid-cap Viper	6,528,807
Vanguard Small-cap Viper	6,526,522
Vanguard Total Bond Market ETF	5,570,680
Ishares International Treasury	4,632,158
Wisdomtree Japan Hedged Equity Fund	3,303,939

The fair value of the individual investments that represent 5% or more of the Plan's assets as of December 31, 2012 is as follows:

	December 31, 2012
Large Cap S&P 500 Index Separate Account	$ 19,081,333
Core Plus Bond I Separate Account	10,005,511
Bond and Mortgage Separate Account	8,457,743
Inflation Protection Separate Account	4,041,909
High Yield I Separate Account	3,329,772
U.S. Property Separate Account	3,418,662
Overseas Separate Account	3,885,050

(5) Tax Status

The Plan received a determination letter from the IRS dated January 31, 2012, stating that the Plan is qualified in form, under Section 401(a) of the Internal Revenue Code (the Code), and therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

(6) Risks and Uncertainties

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

(7) Party-In-Interest Investments

The Plan invests in pooled separate accounts and exchange-traded funds that are managed by Principal and Wells Fargo Bank, N.A., the trustees of the Plan's assets during 2013 and 2012. These investments and related transactions are considered party-in-interest transactions for which a statutory exemption exists.

(8) Subsequent Events

In connection with the preparation of the Plan's financial statements, the Company evaluated subsequent events after the financial statement date of December 31, 2013 through October 9, 2014, the date at which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

EIN #33-0780329 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at end of Year)

December 31, 2013

Description of investment	Units	Cost	Current value
Wells Fargo Trust Company*:			
Wells Fargo short term investment fund	2,067,778	$ 2,067,778	2,067,778
iShares:			
I shares I Boxx high yield	26,881	2,511,779	2,509,268
I shares International Treasury	46,174	4,710,174	4,632,158
I Shares JP Morgan USD Emerging	14,047	1,569,050	1,525,181
I Shares Gold Trust	180,700	2,815,811	2,110,576
The Vanguard Group:			
Vanguard Dividend Appreciation	87,661	6,265,380	6,595,614
Vanguard FTSE Emerging Market ETF	73,484	3,132,998	3,023,132
Vanguard Mid-cap Viper	59,342	6,263,035	6,528,807
Vanguard Small-cap Viper	59,359	6,262,209	6,526,522
Vanguard Short Term Inflation-protected Securities Index Fund	63,301	3,136,805	3,122,638
Vanguard Total Bond Market ETF	69,590	5,650,897	5,570,680
Credit Suisse:			
Credit Suisse MLP Equal Weight Index ETN	82,815	2,271,149	2,601,219
State Street Global Advisors:			
SPDR Barclays Short Term High Yield Bond ETF	81,612	2,511,089	2,528,189
SPDR DJ Wilshire International Real Estate ETF	28,563	1,251,949	1,201,347
SPDR Euro Stoxx 50 ETF	77,192	3,133,930	3,272,028
SPDR S&P 500 ETF Trust	36,058	6,270,344	6,694,896
Wisdomtree Investments:			
Wisdomtree Japan Hedged Equity Fund	64,987	3,134,991	3,303,939
			$ 63,813,972

* Indicates party-in-interest to the Plan.

See accompanying independent auditors' report.

RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

EIN #33-0780329 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2013

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Cost of asset	(f) Current value of asset on transaction date	(g) Net gain (loss)
Category (i) – single transaction in excess of 5% of plan assets:						
* Wells Fargo Trust Company	Wells Fargo Short Term Investment Fund	$ 57,436,971	—	57,436,971	57,436,971	—
* Wells Fargo Trust Company	Wells Fargo Short Term Investment Fund	—	55,805,630	55,805,630	55,805,630	—
Ishares	I shares International Treasury	4,710,174	—	4,710,174	4,710,174	—
State Street Global Advisors	SPDR S&P 500 ETF Trust	6,270,344	—	6,270,344	6,270,344	—
State Street Global Advisors	SPDR Euro Stoxx 50 ETF	3,133,930	—	3,133,930	3,133,930	—
The Vanguard Group	Vanguard Dividend Appreciation	6,265,380	—	6,265,380	6,265,380	—
The Vanguard Group	Vanguard Total Bond Market ETF	5,650,897	—	5,650,897	5,650,897	—
The Vanguard Group	Vanguard Short Term Inflation-protected Securities Index Fund	3,136,805	—	3,136,805	3,136,805	—
The Vanguard Group	Vanguard FTSE Emerging Market ETF	3,132,998	—	3,132,998	3,132,998	—
The Vanguard Group	Vanguard Mid-cap Viper	6,263,035	—	6,263,035	6,263,035	—
The Vanguard Group	Vanguard Small-cap Viper	6,262,209	—	6,262,209	6,262,209	—
Wisdomtree Investments	Wisdomtree Japan Hedged Equity Fund	3,135,991	—	3,135,991	3,135,991	—
Category (iii) – series of transactions in excess of 5% of plan assets:						
* Principal Life Insurance Company	Principal Money Market Separate Account					
	Purchases 3	$ 24,183,981	—	24,183,981	24,183,981	—
	Sales 6	—	24,182,699	24,183,981	24,182,699	(1,282)
* Principal Life Insurance Company	Principal Inflation Protection Separate Account					
	Sales 2	—	3,904,395	3,463,116	3,904,395	441,279
* Principal Life Insurance Company	Principal High Yield I Separate Account					
	Purchases 4	45,818	—	45,818	45,818	—
	Sales 4	—	3,510,633	2,199,300	3,510,633	1,311,333
* Principal Life Insurance Company	Principal Core Plus Bond I Separate Account					
	Purchases 6	2,671,377	—	2,671,377	2,671,377	—
	Sales 2	—	12,488,269	10,983,387	12,488,269	1,504,882
* Principal Life Insurance Company	Principal Bond and Mortgage Separate Account					
	Purchases 8	1,823,002	—	1,823,002	1,823,002	—
	Sales 57	—	10,238,740	9,098,646	10,238,740	1,140,094
* Principal Life Insurance Company	U.S. Property Separate Account					
	Purchases 1	16,454	—	16,454	16,454	—
	Sales 1	—	3,455,876	3,118,088	3,455,876	337,788
* Principal Life Insurance Company	Principal LargeCap S&P 500 Index Separate Account					
	Purchases 4	270,583	—	270,583	270,583	—
	Sales 4	—	21,823,161	18,224,727	21,823,161	3,598,434
* Principal Life Insurance Company	Principal Overseas Separate Account					
	Purchases 6	58,382	—	58,382	58,382	—
	Sales 4	—	4,366,409	3,664,201	4,366,409	702,208
* Principal Life Insurance Company	Principal International I Separate Account					
	Purchases 6	41,092	—	41,092	41,092	—
	Sales 3	—	2,998,823	2,490,859	2,998,823	507,964
Delaware Management Company	Delaware Corporate Bond Institutional Fund					
	Purchases 11	6,515,621	—	6,515,621	6,515,621	—
	Sales 2	—	6,231,547	6,515,621	6,231,547	(284,074)
Templeton Asset Management	Templeton Global Bond Advantage Fund					
	Purchases 10	6,462,014	—	6,462,014	6,462,014	—
	Sales 1	—	6,331,338	6,462,015	6,331,338	(130,677)
Newberger Berman Real Estate	Neuberger Berman Real Estate Fund					
	Purchases 5	2,605,046	—	2,605,046	2,605,046	—
	Sales 1	—	2,551,121	2,605,046	2,551,121	(53,925)
Oppenheimer Funds Inc.	Oppenheimer Developing Markets					
	Purchases 2	1,914,109	—	1,914,109	1,914,109	—
	Sales 1	—	2,025,024	1,914,109	2,025,024	110,915
* Wells Fargo Trust Company	Wells Fargo Short Term Investment Fund					
	Purchases 14	58,493,443	—	58,493,443	58,493,443	—
	Sales 15	—	56,390,319	56,390,319	56,390,319	—

There were no category (ii) or (iv) transactions.

* Indicates a party in interest to the Plan.

See accompanying independent auditors' report.

RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

EIN #33-0780329 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at end of Year)

December 31, 2013

Description of investment	Units	Cost	Current value
Wells Fargo Trust Company*:			
Wells Fargo short term investment fund	2,067,778	$ 2,067,778	2,067,778
iShares:			
I shares I Boxx high yield	26,881	2,511,779	2,509,268
I shares International Treasury	46,174	4,710,174	4,632,158
I Shares JP Morgan USD Emerging	14,047	1,569,050	1,525,181
I Shares Gold Trust	180,700	2,815,811	2,110,576
The Vanguard Group:			
Vanguard Dividend Appreciation	87,661	6,265,380	6,595,614
Vanguard FTSE Emerging Market ETF	73,484	3,132,998	3,023,132
Vanguard Mid-cap Viper	59,342	6,263,035	6,528,807
Vanguard Small-cap Viper	59,359	6,262,209	6,526,522
Vanguard Short Term Inflation-protected Securities Index Fund	63,301	3,136,805	3,122,638
Vanguard Total Bond Market ETF	69,590	5,650,897	5,570,680
Credit Suisse:			
Credit Suisse MLP Equal Weight Index ETN	82,815	2,271,149	2,601,219
State Street Global Advisors:			
SPDR Barclays Short Term High Yield Bond ETF	81,612	2,511,089	2,528,189
SPDR DJ Wilshire International Real Estate ETF	28,563	1,251,949	1,201,347
SPDR Euro Stoxx 50 ETF	77,192	3,133,930	3,272,028
SPDR S&P 500 ETF Trust	36,058	6,270,344	6,694,896
Wisdomtree Investments:			
Wisdomtree Japan Hedged Equity Fund	64,987	3,134,991	3,303,939
			$ 63,813,972

* Indicates party-in-interest to the Plan.

See accompanying independent auditors' report.

RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

EIN #33-0780329 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2013

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Cost of asset	(f) Current value of asset on transaction date	(g) Net gain (loss)
Category (i) – single transaction in excess of 5% of plan assets:						
* Wells Fargo Trust Company	Wells Fargo Short Term Investment Fund	$ 57,436,971	—	57,436,971	57,436,971	—
* Wells Fargo Trust Company	Wells Fargo Short Term Investment Fund	—	55,805,630	55,805,630	55,805,630	—
Ishares	I shares International Treasury	4,710,174	—	4,710,174	4,710,174	—
State Street Global Advisors	SPDR S&P 500 ETF Trust	6,270,344	—	6,270,344	6,270,344	—
State Street Global Advisors	SPDR Euro Stoxx 50 ETF	3,133,930	—	3,133,930	3,133,930	—
The Vanguard Group	Vanguard Dividend Appreciation	6,265,380	—	6,265,380	6,265,380	—
The Vanguard Group	Vanguard Total Bond Market ETF	5,650,897	—	5,650,897	5,650,897	—
The Vanguard Group	Vanguard Short Term Inflation-protected Securities Index Fund	3,136,805	—	3,136,805	3,136,805	—
The Vanguard Group	Vanguard FTSE Emerging Market ETF	3,132,998	—	3,132,998	3,132,998	—
The Vanguard Group	Vanguard Mid-cap Viper	6,263,035	—	6,263,035	6,263,035	—
The Vanguard Group	Vanguard Small-cap Viper	6,262,209	—	6,262,209	6,262,209	—
Wisdomtree Investments	Wisdomtree Japan Hedged Equity Fund	3,135,991	—	3,135,991	3,135,991	—
Category (iii) – series of transactions in excess of 5% of plan assets:						
* Principal Life Insurance Company	Principal Money Market Separate Account					
	Purchases 3	$ 24,183,981	—	24,183,981	24,183,981	—
	Sales 6	—	24,182,699	24,183,981	24,182,699	(1,282)
* Principal Life Insurance Company	Principal Inflation Protection Separate Account					
	Sales 2	—	3,904,395	3,463,116	3,904,395	441,279
* Principal Life Insurance Company	Principal High Yield I Separate Account					
	Purchases 4	45,818	—	45,818	45,818	—
	Sales 4	—	3,510,633	2,199,300	3,510,633	1,311,333
* Principal Life Insurance Company	Principal Core Plus Bond I Separate Account					
	Purchases 6	2,671,377	—	2,671,377	2,671,377	—
	Sales 2	—	12,488,269	10,983,387	12,488,269	1,504,882
* Principal Life Insurance Company	Principal Bond and Mortgage Separate Account					
	Purchases 8	1,823,002	—	1,823,002	1,823,002	—
	Sales 57	—	10,238,740	9,098,646	10,238,740	1,140,094
* Principal Life Insurance Company	U.S. Property Separate Account					
	Purchases 1	16,454	—	16,454	16,454	—
	Sales 1	—	3,455,876	3,118,088	3,455,876	337,788
* Principal Life Insurance Company	Principal LargeCap S&P 500 Index Separate Account					
	Purchases 4	270,583	—	270,583	270,583	—
	Sales 4	—	21,823,161	18,224,727	21,823,161	3,598,434
* Principal Life Insurance Company	Principal Overseas Separate Account					
	Purchases 6	58,382	—	58,382	58,382	—
	Sales 4	—	4,366,409	3,664,201	4,366,409	702,208
* Principal Life Insurance Company	Principal International I Separate Account					
	Purchases 6	41,092	—	41,092	41,092	—
	Sales 3	—	2,998,823	2,490,859	2,998,823	507,964
Delaware Management Company	Delaware Corporate Bond Institutional Fund					
	Purchases 11	6,515,621	—	6,515,621	6,515,621	—
	Sales 2	—	6,231,547	6,515,621	6,231,547	(284,074)
Templeton Asset Management	Templeton Global Bond Advantage Fund					
	Purchases 10	6,462,014	—	6,462,014	6,462,014	—
	Sales 1	—	6,331,338	6,462,015	6,331,338	(130,677)
Newberger Berman Real Estate	Neuberger Berman Real Estate Fund					
	Purchases 5	2,605,046	—	2,605,046	2,605,046	—
	Sales 1	—	2,551,121	2,605,046	2,551,121	(53,925)
Oppenheimer Funds Inc.	Oppenheimer Developing Markets					
	Purchases 2	1,914,109	—	1,914,109	1,914,109	—
	Sales 1	—	2,025,024	1,914,109	2,025,024	110,915
* Wells Fargo Trust Company	Wells Fargo Short Term Investment Fund					
	Purchases 14	58,493,443	—	58,493,443	58,493,443	—
	Sales 15	—	56,390,319	56,390,319	56,390,319	—

There were no category (ii) or (iv) transactions.

* Indicates a party in interest to the Plan.

See accompanying independent auditors' report.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2013 This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
YOUNG'S MARKET COMPANY, LLC

D Employer Identification Number (EIN)
33-0780329

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2013			
2	Assets:			
	a Market value	2a		60633368
	b Actuarial value	2b		59046510
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	281	27394797
	b For terminated vested participants	3b	611	21861257
	c For active participants:			
	(1) Non-vested benefits	3c(1)		830669
	(2) Vested benefits	3c(2)		18281557
	(3) Total active	3c(3)	381	19112226
	d Total	3d	1273	68368280
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.32 %
6	Target normal cost	6		170145

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 9-15-2014

Philip A. Leder
Type or print name of actuary

1403344
Most recent enrollment number

Principal Financial Group
Firm name

206-624-3790
Telephone number (including area code)

PO Box 9394 Des Moines, IA 50306-9394
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of 13.33 %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		492046
b Interest on (a) using prior year's effective interest rate of 7.04 % except as otherwise provided (see instructions)		34640
c Total available at beginning of current plan year to add to prefunding balance		526686
d Portion of (c) to be added to prefunding balance		526686
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	526686

Part III Funding Percentages

14 Funding target attainment percentage	14	85.59 %
15 Adjusted funding target attainment percentage	15	85.59 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.84 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2013	20296	0			
07/15/2013	544238	0			
10/15/2013	546982	0			
01/15/2014	546982	0			
09/15/2014	1245230	0			
			Totals ► 18(b)	2903728	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2702909

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.94 %	6.15 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	170145
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9848456	3059444
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3229589

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	526686	526686

36 Additional cash requirement (line 34 minus line 35)	**36**	2702903
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2702909
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	6
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	6
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	