

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>03/01/1991</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>03/01/1991</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>YOUNG'S MARKET COMPANY, LLC</u> <u>14402 FRANKLIN AVENUE</u> <u>TUSTIN, CA 92780</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0780329</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>714-734-1576</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>424800</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0780329</u>	2c Plan Sponsor's telephone number <u>714-734-1576</u>	2d Business code (see instructions) <u>424800</u>	
2b Employer Identification Number (EIN) <u>33-0780329</u>					
2c Plan Sponsor's telephone number <u>714-734-1576</u>					
2d Business code (see instructions) <u>424800</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2015	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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 2364
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1673
a(2) Total number of active participants at the end of the plan year	6a(2) 1716
b Retired or separated participants receiving benefits	6b 10
c Other retired or separated participants entitled to future benefits.....	6c 356
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2082
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 2082
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 2002
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 60
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG'S 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.
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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	421325	1929	01/01/2014	12/31/2014

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 2579015**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 ▶ FLEXIBLE INVESTMENT ANNUITY**b** Balance at the end of the previous year **7b** 2619365**c** Additions: (1) Contributions deposited during the year **7c(1)** 0
(2) Dividends and credits **7c(2)** 12456
(3) Interest credited during the year **7c(3)** 38624
(4) Transferred from separate account **7c(4)** 0
(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 51080**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2670445**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 54451(2) Administration charge made by carrier **7e(2)** 1454(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 35525

▶ OTHER

(5) Total deductions **7e(5)** 91430**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2579015

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YOUNG'S MARKET COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>33-0780329</u>

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
AMERICAN FUNDS 333 S. HOPE STREET, 50TH FLOOR
LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
COLUMBIA MANAGEMENT 224 FRANKLIN STREET
BOSTON, MA 02110

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FRANKLIN TEMPLETON INVESTMENTS ONE FRANKLIN PARKWAY
SAN MATEO, CA 94403-1906

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
IVY 6300 LAMAR AVENUE
OVERLAND PARK, KS 66202-4247

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

J.P. MORGAN

245 PARK AVENUE, 3RD FLOOR
NEW YORK, NY 10167

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

JOHN HANCOCK

601 CONGRESS STREET
BOSTON, MA 02210-2805

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

METLIFE

425 MARKET STREET, SUITE 970
SAN FRANCISCO, CA 94105

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

METRO WEST

865 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90017

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

MFS INVESTMENT MANAGEMENT

111 HUNTINGTON AVENUE
BOSTON, MA 02199-7618

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

NEUBERGER BERMAN

600 MONTGOMERY STREET, 19TH FLOOR
SAN FRANCISCO, CA 94111

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

OPPENHEIMER FUNDS

225 LIBERTY ST. 14TH FLOOR
NEW YORK, NY 10281

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

PIONEER INVESTMENTS

60 STATE STREET, 17TH FLOOR
BOSTON, MA 02109

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

PUTNAM FIDUCIARY TRUST COMPANY

ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

PUTNAM INVESTMENTS

ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

RS INVESTMENTS

388 MARKET STREET
SAN FRANCISCO, CA 94111

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

T. ROWE PRICE ASSOCIATES

100 E. PRATT ST
BALTIMORE, MD 21212

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

VANGUARD FUNDS

100 VANGUARD BLVD MAIL STOP #242
MALVERN, PA 19355

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

YOUNG'S MARKET CO., LLC

14402 FRANKLIN AVENUE
TUSTIN, CA 92780

(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	LEGAL REIMBURSEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	50193	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY

1300 THAMES ST WHARF, 4TH FLOOR
BALTIMORE, MD 21231

(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	ADVISOR	0	Yes ☒ No ☐	Yes ☒ No ☐	41436	Yes ☐ No ☒

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

PUTNAM INVESTOR SERVICES, INC.

ONE POST OFFICE SQUARE
BOSTON, MA 02109

(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?
64 15	RECORD KEEPER	23683	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

UBS FINANCIAL SERVICES

2029 CENTURY PARK EAST
SUITE 3000
LOS ANGELES, CA 90067

(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	ADVISOR	0	Yes ☒ No ☐	Yes ☒ No ☐	16250	Yes ☐ No ☒

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

QDRO CONSULTANTS CO LLC

3071 PEARL ROAD
MEDINA, OH 44256

(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?
64 15	CONSULTING	1200	Yes ☒ No ☐	Yes ☒ No ☐	450	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 37 50 64	CONTRACT ADMINISTRATOR	1454	Yes ☒ No ☐	Yes ☒ No ☐	0	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
MORGAN STANLEY SMITH BARNEY	27	41436
(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.
PUTNAM INVESTOR SERVICES, INC. ONE POST OFFICE SQUARE BOSTON, MA 02109		ADVISORY
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
QDRO CONSULTANTS CO, LLC	99	450
(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.
PUTNAM INVESTOR SERVICES, INC. ONE POST OFFICE SQUARE BOSTON, MA 02109		DOMESTIC RELATIONS ORDER REVIEW
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS FINANCIAL SERVICES	27	16250
(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.
PUTNAM INVESTOR SERVICES, INC. ONE POST OFFICE SQUARE BOSTON, MA 02109		ADVISORY

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
YOUNG'S MARKET CO., LLC	29	50193
(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.	
PUTNAM INVESTOR SERVICES, INC. ONE POST OFFICE SQUARE BOSTON, MA 02109	REIMBURSEMENT FOR LEGAL SERVICES	
(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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name: KPMG	b EIN: 33-5565207
c Position: AUDITOR	
d Address: SUITE 700 20 PACIFICA IRVINE, CA 92618-3391	e Telephone: 949-885-5400

Explanation: NOT HAPPY WITH SERVICE

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>YOUNG'S MARKET COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>33-0780329</u>	

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: PUTNAM S&P 500 INDEX FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN <u>04-2884233-201</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19233944</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM BOND INDEX FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN <u>04-3449009-203</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37293</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2050 SEP ACCT-I3

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

c EIN-PN <u>42-0127290-079</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN</u>		B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YOUNG'S MARKET COMPANY, LLC</u>		D Employer Identification Number (EIN) <u>33-0780329</u>

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	2276	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	103274	102724
(2) Participant contributions.....	1b(2)	225476	196383
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	2517938	2740685
(9) Value of interest in common/collective trusts	1c(9)	17062825	19271237
(10) Value of interest in pooled separate accounts	1c(10)	14	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	97431839	104750747
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2619365	2579015
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	119963007	129640791

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	119963007	129640791
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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)	4254087	
(B) Participants	2a(1)(B)	8204939	
(C) Others (including rollovers)	2a(1)(C)	953464	
(2) Noncash contributions	2a(2)	0	13412490
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	119178	
(F) Other	2b(1)(F)	12455	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		131633
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3736973	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3736973
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		2250270
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(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)		2146124
c Other income.....	2c		-8372
d Total income. Add all income amounts in column (b) and enter total.....	2d		21669118

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11731768	
(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)		11731768
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		226691
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	32875	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		32875
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11991334

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		9677784
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: HBLA

(2) EIN: 33-0155525

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a	X		566430
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.)		X	
4c			
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.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		3000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?.....		X	
4g			
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?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG'S 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): 84-1455663 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	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2014 v. 140124					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Financial Statements and Supplemental Schedules
December 31, 2014 and 2013
(With Independent Auditor's Report Thereon)

**YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN**

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Independent Auditor's Report

To the Benefits Committee

of Young's Market Company, LLC and Affiliates 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Young's Market Company, LLC and Affiliates 401(k) Savings Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Trust Company and Putnam Fiduciary Trust Company, the Trustees of the Plan's investments, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the Trustees as of and for the year ended December 31, 2014, that the information provided to the plan administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2014 financial statements. Accordingly, we do not express an opinion on the 2014 financial statements.

Other Matters – Supplemental Schedules

The supplemental schedules (a) Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2014 and (b) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA 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.

Other Matters – 2013 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2013, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustees. Their report dated October 13, 2014, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustees were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2014 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

H&LA Certified Public Accountants, Inc.

September 25, 2015

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
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Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value	\$ 126,600,999	\$ 117,116,319
Notes receivable from participants	2,740,685	2,517,938
Contribution receivable:		
Employer	102,724	103,274
Employee	<u>196,383</u>	<u>225,476</u>
Total contribution receivable	299,107	328,750
Adjustment from fair value to contract value	<u>(225,620)</u>	<u>(153,650)</u>
Net assets available for benefits	<u><u>\$ 129,415,171</u></u>	<u><u>\$ 119,809,357</u></u>

See accompanying notes to financial statements and independent auditor's report.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions:		
Investment income:		
Net realized and unrealized appreciation of investments	\$ 4,316,052	\$ 17,126,532
Interest income and dividends	<u>3,749,428</u>	<u>2,307,562</u>
Net investment gain	8,065,480	19,434,094
Interest income on notes receivable from participants	119,178	169,217
Contributions:		
Employer	4,254,087	4,048,544
Employee	<u>9,158,403</u>	<u>8,768,624</u>
Total additions	<u>21,597,148</u>	<u>32,420,479</u>
Deductions:		
Distributions to participants	11,958,459	10,639,115
Administrative expenses	<u>32,875</u>	<u>144,674</u>
Total deductions	<u>11,991,334</u>	<u>10,783,789</u>
Increase in net assets available for benefits	9,605,814	21,636,690
Net assets available for benefits at beginning of year	<u>119,809,357</u>	<u>98,172,667</u>
Net assets available for benefits at end of year	<u><u>\$ 129,415,171</u></u>	<u><u>\$ 119,809,357</u></u>

See accompanying notes to financial statements and independent auditor's report.

**YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN**

Notes to Financial Statements

December 31, 2014 and 2013

(1) Description of the Plan

The following description of the Young's Market Company, LLC and Affiliates 401(k) Savings Plan ("the Plan") provides only general information. For a more complete description of the Plan's provisions, participants should refer to the Summary Plan Description maintained by the Plan's Benefits Committee.

(a) General

The Plan is a defined-contribution multiple employer plan and is designed to provide Eligible Employees of Young's Market Company, LLC, and its affiliates that have adopted the Plan (collectively referred to as the "Company," "Employer," or "Plan Sponsor") with benefits upon retirement, disability, death, or termination of employment. Eligible Employees are common law employees of the Employer who have reached age 21 and have completed 90 days of service with the Employer, unless (a) the individual is a union employee whose employment and retirement benefits are governed by a collective bargaining agreement that does not provide for participation in the Plan, or (b) the individual is classified by the Employer as an independent contractor, or any type of worker other than a common law employee. Eligible Employees also include Union Local 104-Member Employees, employees who are regularly scheduled to work at, or in the area serviced by, the Employer's facility in Maricopa County, Arizona, and covered by a collective bargaining agreement between Young's Market Company of Arizona, LLC and International Brotherhood of Teamsters, Local Union No.104, General Teamsters (excluding mailers), State of Arizona. A Union Local 104-Member Employee who has attained age 18 shall be eligible to participate in the Plan following six months of service with the Employer.

The affiliates who have adopted the Plan are Wilson Daniels, Ltd., Young's Market Company of Arizona, LLC, and Young's Holdings, Inc. All Plan benefits are paid from the Trust, which is the funding vehicle used by Principal Trust Company ("Principal") prior to October 1, 2013 and Putnam Fiduciary Trust Company ("Putnam") effective October 1, 2013 (collectively referred to as the "Trustees" or "Custodians") to hold all Plan assets. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

(b) Contributions

Participants may contribute pretax annual wages, as defined by the Plan, subject to Internal Revenue Code ("the Code") limitations (plus catch-up contributions for participants over the age of 50). Participants may also contribute amounts representing distributions from other defined-benefit or defined-contribution plans. Eligible participants who are not Union Local 104-Member Employees, may defer up to 100% of their compensation. Union Local 104-Member Employees may defer up to 15% of their compensation. Participants may change their salary deferral percentages at any time. Prior to January 1, 2014, the Plan provided for automatic contributions at a 5% contribution rate for all covered employees, absent an affirmative election to not participate, except for Union Local 104-Member Employees. With respect to participants other than Union Local 104-Member Employees, the Company matches 100% of the participant's contribution of the first 3% of base compensation and 50% of the next 2% of base compensation. With respect to Union Local 104-Member Employees, the Company matches 25% of a bargaining participant's elective deferral of 4% to 8% of

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
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December 31, 2014 and 2013

base compensation. The Company contributions are nondiscretionary employer contributions. Additional amounts may be contributed at the option of the Employer.

(c) Participant Accounts

Each participant's account is credited with the participant's and employer nondiscretionary contributions and an allocation of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan, less forfeitures. Forfeitures of terminated participants' nonvested accounts are first applied to plan administrative expenses and are then applied to reduce employer matching contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants other than Union Local 104-Member Employees are immediately vested in their contributions (pre-tax deferrals and rollovers) and nondiscretionary employer match contributions plus actual earnings thereon. Vesting in the discretionary employer contribution portion of their accounts plus actual earnings thereon is based on years of continuous service; a participant is 100% vested after five years of credited service.

Union Local 104-Member Employee participants are immediately vested in their contributions (pre-tax deferrals and rollovers). Vesting of the nondiscretionary employer contribution portion of their account is based on years of continuous service, with vesting beginning at 20% after the first year of credited service to full vesting after six or more years of credited service. Vesting in a participant's additional contribution account is based on years of continuous service, with vesting beginning at 20% after the second year of credited service to full vesting after six or more years of credited service.

There were no discretionary employer contributions during 2014 and 2013.

(e) Investment Options

Upon enrollment in the Plan, participants may allocate their contributions to investment options managed by the Trustees. The plan administrator selects a variety of daily valued investment funds with different risk and return characteristics. The specific investment funds available to the participant may be changed from time to time, and the participant is notified of any changes. The Plan is an ERISA Section 404(c) Plan because participants have the authority and responsibility to direct the investment of all amounts allocated to their accounts among the available investment funds. The fiduciaries of the Plan are not liable for any losses that are the result of the participant's investment elections. All investments are participant-directed.

(f) Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of the lesser of (i) \$50,000 or, if the participant had a loan during the past year, \$50,000 minus the highest outstanding balance of the prior loan during the last 12 months; or (ii) 50% of the participant's vested account balance. Any loan or loans to the participant must provide for a specific period of

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
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December 31, 2014 and 2013

repayment which generally cannot be longer than five years. However, a loan used to acquire a participant's principal residence may provide for a repayment period of up to 15 years if appropriate documentation of the purchase was provided. The loans are secured by the vested balance in the participant's account and bear interest at a reasonable rate of interest as determined by the Benefits Committee. Principal and interest are paid at least quarterly through payroll deductions.

(g) *Payment of Benefits*

The Plan provides for various forms of payments including lump-sum distributions, direct rollovers, and various types of annuities upon termination of service.

(h) *Plan Termination*

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

(2) Significant Accounting Policies

(a) *Basis of Accounting*

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

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

(b) *Investment Valuation and Income Recognition*

The assets of the Plan were invested under a Flexible Investment Group Annuity Contract with Principal prior to October 1, 2013. Effective October 1, 2013, plan assets, with the exception of the guaranteed interest accounts, were transferred to Putnam and were primarily invested in registered investment funds. Investments in registered funds at December 31, 2014 and 2013 were stated at fair value based on the net asset value of units held by the Plan at year-end except for the stable value fund, which is fully-benefit responsive. Because the stable value fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the stable value fund. The stable value fund is presented on the face of the Statement of Net Assets Available for Benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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Guaranteed interest accounts are considered fully benefit-responsive and are valued at fair value as determined by Principal based on discounted cash flows using current interest rates. Fair value approximates contract value, which represents contributions plus earnings, less withdrawals and expenses.

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments carried at fair value as of December 31, 2014 and 2013:

Assets at fair value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large U.S equities (a)	\$ 6,791,294	\$ —	\$ —	\$ 6,791,294
Small/Mid U.S. equities (a)	27,532,663	—	—	27,532,663
International equities (a)	7,605,846	—	—	7,605,846
Real estate equities (a)	3,346,197	—	—	3,346,197
Fixed income (b)	6,571,017	—	—	6,571,017
Blended funds (c)	40,740,551	—	—	40,740,551
Stable value fund (e)	—	12,163,179	—	12,163,179
Collective trust fund (d)	—	19,271,237	—	19,271,237
Guaranteed interest accounts (f)	—	2,579,015	—	2,579,015
Total investments, at fair value	<u>\$ 92,587,568</u>	<u>\$ 34,013,430</u>	<u>\$ —</u>	<u>\$ 126,600,999</u>

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December 31, 2014 and 2013

Assets at fair value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large U.S. equities (a)	\$ 5,699,328	\$ —	\$ —	\$ 5,699,328
Small/Mid U.S. equities (a)	28,111,535	—	—	28,111,535
International equities (a)	8,464,265	—	—	8,464,265
Real estate equities (a)	1,951,972	—	—	1,951,972
Fixed income (b)	6,902,013	—	—	6,902,013
Blended funds (c)	34,815,894	—	—	34,815,894
Stable value fund (e)	—	11,489,121	—	11,489,121
Collective trust fund (d)	—	17,062,826	—	17,062,826
Guaranteed interest accounts (f)	—	2,619,365	—	2,619,365
Total investments, at fair value	<u>\$ 85,945,007</u>	<u>\$ 31,171,312</u>	<u>\$ —</u>	<u>\$ 117,116,319</u>

- (a) These investments include exchange traded mutual funds that invest in equity securities issued by U.S. and international companies as well as equity securities issued by real estate investment trusts and other real estate companies. The fair value of the investments in these categories has been estimated using the net asset value per share.
- (b) These investments are a diversified portfolio of intermediate and long-term investment grade debt securities including corporate bonds, U.S. treasury obligations and other U.S. government and agency securities, and asset-backed, mortgage-related and mortgage-backed securities. The average weighted maturity will ordinarily range between four and 12 years. The fair value of the investments in these categories has been estimated using the net asset value per share.
- (c) These investments are a diversified portfolio of stock and bond funds that represent various asset classes and sectors. The allocation of the portfolio between stock and bond funds will change over time in relation to its target retirement date. The funds are managed based on the specific target retirement years and assume a retirement age of 65.
- (d) These represent investments in the Putnam S&P 500 Index Fund. The fund invests primarily in the securities that constitute the Standard & Poor's 500 composite stock price index, either directly or indirectly through the purchase of shares of collective investment trusts having objectives similar to that of the fund. The fair value of the investment has been estimated using the net asset value per share calculated by the fund. The underlying assets of the fund are valued using quoted market price or last reported bid price if no sales are reported. To the extent that these prices are not available, the security is valued at fair value by the trustee in accordance with its policies and procedures. Such valuations consider such factors as significant market or specific security events such as interest rate or credit quality changes, discount rates, U.S. treasury, U.S. swap and credit yields and index levels which are all observable by market participants.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
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- (e) These represent investments in the Putnam Stable Value Fund. The fund invests in high-quality guaranteed investment contracts and similar contracts issued by insurance companies, banks and other financial institutions. The fund also can invest up to 75% of its assets in security-backed investment contracts, including separate account products of insurance companies. Investment contracts are valued at contract value. Contract value represents invested principal plus contractual interest earned thereon. The investment contracts are non-transferrable, but provide for benefit-responsive withdrawals by plan participants at contract value. The crediting rate is calculated and adjusted on a quarterly basis. The key factors that influence future crediting interest rates include the level of market interest rates, the amount and timing of participant contributions, transfers, and withdrawals into/out of the contract, the investment returns generated by the bonds backed by the contract and the duration of the underlying investments backed by the contract. The average yield earned by the fund was 1.93% and 1.94% for the years ended December 31, 2014 and 2013, respectively. The average yield credited to participants was 2.03% and 1.86% for the years ended December 31, 2014 and 2013, respectively. It is highly unlikely that any event would occur that would limit the fund's ability to transact at contract value with each issuer. The only event that would allow issuers to immediately terminate the contract with the fund at an amount different from the contract value would be if they were provided with willingly fraudulent information about the fund by the trustee.
- (f) This investment is a group annuity contract issued by Principal. Contributions and transfers allocated to this option will be credited interest at a guaranteed interest rate Principal declares for a set period of time. Guaranteed interest rates for new allocations are subject to change daily, and each amount allocated to the guaranteed interest account will earn interest based on this guaranteed interest rate in effect for the date that the amount is allocated to this guaranteed interest account. The average yield earned by the Plan was 0.48% and 0.49% for the years ended December 31, 2014 and 2013, respectively. The average yield credited to participants was 0.48% for both years ended December 31, 2014 and 2013. A surrender charge may apply to transfers or withdrawals from an unmaturing guaranteed interest account. The reference rate used to determine if a charge applies is equal to the applicable U.S. Treasury rate plus 0.50%. A charge applies when the reference rate is higher than the rate being credited to the unmaturing funds being transferred or withdrawn. A surrender charge may not apply to withdrawals due to retirement, termination of employment, disability, or death.

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 from the unrealized gains or losses reflected in the valuations currently assigned.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(c) *Notes Receivable from Participants*

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant loans is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

(d) *Expenses*

All administrative expenses are paid by the Company, except for legal fees, consulting fees and management fees related to the contract with the Trustees, which are paid by the Plan.

(e) *Use of Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts in the financial statements and the accompanying notes. Actual results could differ from those estimates.

(f) *Payment of Benefits*

Benefits are recorded when paid.

(g) *Reclassification*

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported net assets or changes in net assets.

(3) *Investments*

Principal was the Plan's Trustee and Custodian through September 30, 2013. While acting as the Plan's Trustee, Principal held the Plan's investments and executed all investment transactions. Effective October 1, 2013, with respect to all Plan investments except for the guaranteed interest accounts which remained on deposit with Principal, Putnam became the Plan's Trustee and Custodian. Investment related information disclosed in the accompanying financial statements, notes, and supplemental schedules, including investments held at December 31, 2014 and 2013, interest, and net realized and unrealized appreciation in fair value of investments for the years ended December 31, 2014 and 2013, was obtained or derived from investment information supplied to the plan administrator and certified as complete and accurate by Putnam and Principal.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
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Notes to Financial Statements

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

	December 31, 2014
Putnam S & P 500 Index Fund	\$ 19,233,944
Metlife Stable Value GAC 25554 Class K	12,163,179
T. Rowe Price Retirement 2040 Adv	11,276,042
T. Rowe Price Retirement 2030 Adv	10,500,565
Columbia Mid Cap Index R5	7,784,737
J Hancock Disciplined Value Mid Cap I	7,710,822
T. Rowe Price Retirement 2050 Adv	7,638,691
T. Rowe Price Retirement 2020 Adv	6,824,184

	December 31, 2013
Putnam S & P 500 Index Fund Y	\$ 17,019,219
MetLife Stable Value GAC 25554 Class K	11,489,121
T. Rowe Price Retirement 2040 Adv	10,210,439
T. Rowe Price Retirement 2030 Adv	9,524,869
Columbia Mid Cap Index R5	8,470,463
Columbia Small Cap Index R5	6,795,312
T. Rowe Price Retirement 2050 Adv	6,650,652
J Hancock Disciplined Value Mid Cap I	6,059,203
T. Rowe Price Retirement 2020 Adv	5,996,684

During 2014 and 2013, the Plan's investments (including gains on investments purchased, sold, as well as held during the year) appreciated in value by \$4,316,052 and \$17,126,532, respectively.

Net appreciation of the Plan assets for the years ended December 31, 2014 and 2013 are summarized as follows:

	2014	2013
Net appreciation in value of investments:		
Pooled separate accounts	\$ —	\$ 12,720,854
Mutual funds	2,065,782	2,920,205
Collective trust funds	2,250,270	1,485,473
Total net appreciation in value of investments	<u>\$ 4,316,052</u>	<u>\$ 17,126,532</u>

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(4) Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Employer by a letter dated August 28, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's management believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not 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, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by IRS and DOL 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 2011.

(5) Risks and Uncertainties

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

(6) Party-In-Interest Transactions

The Plan allows for transactions with certain parties who may perform services for or have fiduciary responsibilities to the Plan. Principal and Putnam are the Trustees and Custodians of the Plan and, therefore, investment transactions entered into by the Trustees qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules. The Plan paid contract administration fees to the Trustees of \$32,875 and \$144,674 for the years ended December 31, 2014 and 2013, respectively.

(7) Department of Labor Audit

The Plan settled with the Department of Labor on March 8, 2013 for the audit years of 2008 through 2011. As a result of the audit, the Plan Sponsor remitted \$24,619 of lost earnings to the Plan in 2012 related to untimely contribution remittances and loan repayments.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(8) Reconciliation with Form 5500

Net assets available for plan benefits per financial statements	\$ 129,415,171
Adjustment from contract value to fair value for fully benefit-responsive investment contract in 2014	225,620
Net assets available for benefits per Form 5500	<u>\$ 129,640,791</u>
Net increase in assets per financial statements	\$ 9,605,814
Adjustment from contract value to fair value for fully benefit-responsive investment contract in prior year	(153,650)
Adjustment from contract value to fair value for fully benefit-responsive investment contract in current year	225,620
Net increase in assets before transfers per Form 5500	<u>\$ 9,677,784</u>

(9) Subsequent Events

Pursuant to an amendment dated December 16, 2014, effective January 1, 2015, the plan permitted the addition of Wilson Daniels LLC as an affiliated employer.

Pursuant to an amendment dated and effective July 13, 2015, the plan permitted the addition of Wilson Daniels Wholesale LLC as an affiliated employer.

Pursuant to an amendment dated September 9, 2015, effective January 1, 2016, the plan reinstated automatic contributions at a 5% contribution rate for all covered employees, absent an affirmative election to not participate, including eligible employees' hired or re-hired on or after January 1, 2016. The amendment also provides for an automatic increase to be applied to voluntary and automatic elections by 1%, up to a maximum of 10%, annually on April 1. In addition, the amendment also provides for participants to make after-tax (Roth 401(k)) contributions and In-Plan Roth Transfers to the Plan.

In connection with the preparation of the Plan's financial statements, the Company evaluated subsequent events after the financial statement date of December 31, 2014 through September 25, 2015, the date at which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

**YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN**

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Employer ID Number 33-0780329, Plan Number 002

Year ended December 31, 2014

Participant contributions transferred late to plan	Total that constitute nonexempt-prohibited transactions			
Check here if late participant loan repayments are included:	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
X		\$ 566,430		

See accompanying independent auditor's report.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

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

Employer ID Number 33-0780329, Plan Number 002

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Putnam	Columbia Mid Cap Index R5	**	\$ 7,784,737
*	Putnam	Columbia Small Cap Index R5	**	5,896,523
*	Putnam	Franklin Small Cap Growth Adv	**	1,582,667
*	Putnam	Pioneer Fundamental Growth Y	**	3,663,465
*	Putnam	J Hancock Disciplined Value Mid Cap I	**	7,710,822
*	Putnam	Mfs International New Discovery R4	**	2,913,798
*	Putnam	Metlife Stable Value GAC 25554 Class K	**	12,163,179
*	Putnam	Metropolitan West Total Return Bond M	**	2,644,175
*	Putnam	Neuberger Berman Real Estate I	**	3,346,197
*	Putnam	Neuberger Berman High Income Bond Instl	**	313,543
*	Putnam	Oppenheimer Developing Markets Y	**	251,653
*	Putnam	T. Rowe Price Retirement 2010 Adv	**	1,199,823
*	Putnam	T. Rowe Price Retirement 2020 Adv	**	6,824,184
*	Putnam	T. Rowe Price Retirement 2030 Adv	**	10,500,565
*	Putnam	T. Rowe Price Retirement 2040 Adv	**	11,276,042
*	Putnam	T. Rowe Price Retirement 2050 Adv	**	7,638,691
*	Putnam	T. Rowe Price Retirement 2005 Adv	**	2,707
*	Putnam	T. Rowe Price Retirement 2015 Adv	**	90,027
*	Putnam	T. Rowe Price Retirement Balanced Adv	**	904,959
*	Putnam	T. Rowe Price Retirement 2025 Adv	**	848,265
*	Putnam	T. Rowe Price Retirement 2035 Adv	**	742,547
*	Putnam	T. Rowe Price Retirement 2045 Adv	**	493,304
*	Putnam	T. Rowe Price Retirement 2055 Adv	**	219,437
*	Putnam	Putnam Equity Income Y	**	3,127,829
*	Putnam	Putnam Bond Index Fund	**	37,293
*	Putnam	Putnam S & P 500 Index Fund	**	19,233,944
*	Putnam	American Funds Europacific Gr R4	**	4,109,006
*	Putnam	Rs Global Natural Resources Y	**	149,110
*	Putnam	Templeton Global Bond Adv	**	182,279
*	Putnam	Undiscovered Mgrs Behavioral Value Sel	**	3,410,920
*	Putnam	Vanguard Inflation-Protected Secs Adm	**	200,055
*	Putnam	Ivy Mid Cap Growth Y	**	1,146,994
*	Putnam	J P Morgan Core Bond Select	**	3,413,244
*	Principal	Principal Guaranteed Interest Account	**	2,579,015
	Total investments		-	126,600,999
	Participant loans	Interest rate of 4.25% to 9%	-	2,740,685
	Total investments and participant loans		\$ -	\$ 129,341,684

* *Party-in-interest*

** *Historical cost information is not required for participant directed investments.*

See accompanying independent auditor's report.

Multiple Employer Plan Participating Employer Information

Name of Plan: YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN

EIN: 33-0780329

PN: 002

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
(a) Young's Market Company, LLC	(b) EIN 33-0780329	(c) 88.54%
(a) Young's Market Company of Arizona, LLC	(b) EIN 45-2501820	(c) 11.28%
(a) Wilson Daniels, Ltd.	(b) EIN 94-2584561	(c) 0.00%
(a) Young's Holdings, Inc.	(b) EIN 95-4275261	(c) 0.19%

Name of Plan:

Employer Identification No.: ► 33-0780329

Plan year (beginning/ending):▶ 01/01/2014 - 12/31/2014 Plan number:▶ 002

[illegible]

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan
01-JAN-14 to 31-DEC-14

23-JAN-15 04:34:55

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPARIX			884,534.19	887,168.85
IPARGX			2,780.84	2,707.33
IPARAX			1,130,534.91	1,128,342.34
IPARHX			48,919.64	47,856.21
IPARBX			5,967,996.24	6,116,413.84
IPARJX			781,458.11	776,770.82
IPARCX			9,094,121.37	9,429,368.83
IPARKX			714,395.67	712,436.01
IPARDX			9,384,303.07	9,803,704.71
IPARLX			411,603.73	415,551.10
IPARFX			6,672,989.48	6,990,723.15
IPAROX			187,851.70	187,054.41
IREREX			3,778,245.20	3,792,977.75
IMIDX			2,754,719.59	2,680,392.05
IODVYX			269,378.12	249,105.93
ITGBAX			191,877.66	181,330.30
INBRIX			3,087,731.25	3,279,575.95
IRSNYX			149,683.13	115,096.63
ICXXRX			5,594,797.55	5,630,642.47
IFSSAX			1,450,991.43	1,459,457.47
IUBVSX			3,166,870.16	3,141,816.39
ICPXRX			7,047,223.18	7,390,707.07
IWMGYX			1,008,812.85	1,002,629.71
IJVMIX			6,507,419.26	7,411,280.42
IPEIYX			3,062,231.88	3,082,431.00
IPTYSP5			14,861,091.92	17,956,357.37
IFUNYX			3,050,223.70	3,035,879.73
IPTYBDI			35,937.64	37,292.89
IWOBDX			3,271,885.07	3,266,358.71
IMWTRX			2,349,227.72	2,347,119.20
INHILX			304,025.33	287,929.58
IVAIPX			202,856.29	198,617.71
IMTSVFK			11,156,662.98	11,372,688.30
			108,583,380.86	114,417,784.23
PARTICIPANT LOANS	VARIOUS	4.000-11.500	2,405,547.13	2,421,131.74
FORFEITURES			16,900.30	17,199.77

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -02
01-JAN-14 to 31-DEC-14

23-JAN-15 03:29:29

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPARIX			17,734.65	17,789.66
IPARAX			67,854.54	67,039.19
IPARHX			43,889.11	42,170.65
IPARBX			540,038.13	552,240.89
IPARJX			71,253.45	71,494.33
IPARCX			938,939.49	974,147.27
IPARKX			29,012.37	28,889.88
IPARDX			1,362,786.55	1,422,859.02
IPARLX			76,857.23	77,753.29
IPARFX			591,867.73	617,026.30
IPAROX			31,844.52	32,343.75
IREREX			297,854.59	299,681.52
IMIDJX			234,972.63	228,681.98
IODVYX			2,671.15	2,547.07
ITGBAX			979.48	948.78
INBRIX			60,772.80	66,219.51
IRSNYX			48,081.36	34,013.51
ICXXRX			261,943.70	264,236.27
IFSSAX			78,394.49	78,886.14
IUBVSX			259,013.00	256,990.03
ICPXRX			374,394.59	393,994.10
IWMGYX			112,486.39	112,199.55
IJVMIX			254,226.16	293,584.18
IPEIYX			38,979.31	40,048.58
IPTYSP5			1,004,422.72	1,231,766.05
IFUNYX			597,760.32	594,925.52
IWOBDX			144,229.58	143,985.41
IMWTRX			271,919.78	271,675.30
INHILX			26,944.67	25,613.56
IVAIPX			1,463.29	1,437.38
IMTSVFK			675,761.31	690,071.54
			8,519,349.09	8,935,260.21
PARTICIPANT LOANS	VARIOUS	4.250-5.250	284,800.94	285,219.34
FORFEITURES			13,587.18	13,842.90

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -02
01-JAN-14 to 31-DEC-14

23-JAN-15 03:29:29

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

IPARIX T. Rowe Price Retirement Balanced Adv
 IPARHX T. Rowe Price Retirement 2015 Adv
 IPARJX T. Rowe Price Retirement 2025 Adv
 IPARKX T. Rowe Price Retirement 2035 Adv
 IPARLX T. Rowe Price Retirement 2045 Adv
 IPAROX T. Rowe Price Retirement 2055 Adv
 IMIDJX MFS International New Discovery R4
 ITGBAX Templeton Global Bond Adv
 IRSNYX RS Global Natural Resources Y
 IFSSAX Franklin Small Cap Growth Adv
 ICPXRX Columbia Mid Cap Index R5
 IJVMIX JHancock Disciplined Value Mid Cap I
 IPTYSP5 Putnam S & P 500 Index Fund
 IWBDX J P Morgan Core Bond Select
 INHILX Neuberger Berman High Income Bond Instl
 IMTSVFK MetLife Stable Value GAC 25554 Class K

IPARAX T. Rowe Price Retirement 2010 Adv
 IPARBX T. Rowe Price Retirement 2020 Adv
 IPARCX T. Rowe Price Retirement 2030 Adv
 IPARDX T. Rowe Price Retirement 2040 Adv
 IPARFX T. Rowe Price Retirement 2050 Adv
 IREREX American Funds EuroPacific Gr R4
 IODVYX Oppenheimer Developing Markets Y
 INBRIX Neuberger Berman Real Estate I
 ICXXRX Columbia Small Cap Index R5
 IUBVSX Undiscovered Mgrs Behavioral Value Sel
 IWMGYX Ivy Mid Cap Growth Y
 IPEIYX Putnam Equity Income Y
 IFUNYX Pioneer Fundamental Growth Y
 IMWTRX Metropolitan West Total Return Bond M
 IVAIPX Vanguard Inflation-Protected Secs Adm

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -04
01-JAN-14 to 31-DEC-14

23-JAN-15 03:35:50

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPARAX			4,436.03	4,440.95
IPARBX			151,354.12	155,529.44
IPARCX			93,546.55	97,049.17
IPARKX			1,249.69	1,221.53
IPARDX			47,746.85	49,478.23
IPARFX			29,611.20	30,941.04
IREREX			16,167.78	16,346.69
IMIDJX			4,847.96	4,723.90
INBRIX			367.92	401.83
ICXXRX			1,640.64	1,644.42
IFSSAX			44,064.33	44,323.68
IUBVSX			12,209.97	12,113.34
IWMGYX			32,151.92	32,164.88
IJVMIX			5,183.12	5,957.00
IPEIYX			5,262.92	5,349.50
IPTYSP5			37,320.37	45,820.34
IFUNYX			32,815.57	32,659.67
IWOBDX			2,905.05	2,900.15
IMWTRX			25,403.29	25,380.09
IMTSVFK			66,984.84	68,440.43
			615,270.12	636,886.28
PARTICIPANT LOANS	VARIOUS	4.250-5.250	34,309.40	34,333.70
FORFEITURES			999.47	1,010.68

Attachment to Form 5500, Schedule H, Part 4, Item I
 EIN # 33-0780329

LEGEND

INVESTMENT OPTION:

IPARAX	T. Rowe Price Retirement 2010 Adv	IPARBX	T. Rowe Price Retirement 2020 Adv
IPARCX	T. Rowe Price Retirement 2030 Adv	IPARKX	T. Rowe Price Retirement 2035 Adv
IPARDX	T. Rowe Price Retirement 2040 Adv	IPARFX	T. Rowe Price Retirement 2050 Adv
IREREX	American Funds EuroPacific Gr R4	IMIDJX	MFS International New Discovery R4
INBRIX	Neuberger Berman Real Estate I	ICXXRX	Columbia Small Cap Index R5
IFSSAX	Franklin Small Cap Growth Adv	IUBVSX	Undiscovered Mgrs Behavioral Value Sel
IWMGYX	Ivy Mid Cap Growth Y	IJVMIX	JHancock Disciplined Value Mid Cap I
IPEIYX	Putnam Equity Income Y	IPTYSP5	Putnam S & P 500 Index Fund
IFUNYX	Pioneer Fundamental Growth Y	IWOBDX	J P Morgan Core Bond Select
IMWTRX	Metropolitan West Total Return Bond M	IMTSVFK	MetLife Stable Value GAC 25554 Class K

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 40

EIN 33 0780329

PLAN NUMBER 002

PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Insurance Company General Guaranteed Interest	\$ 0.00	\$ 2,579,014.87

