

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 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: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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.) ☐ 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>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
	1c Effective date of plan <u>03/01/1991</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>YOUNG'S MARKET COMPANY, LLC</u> <u>14402 FRANKLIN AVENUE</u> <u>TUSTIN, CA 92780</u>	2b Employer Identification Number (EIN) <u>33-0780329</u>	2c Plan Sponsor's telephone number <u>714-368-4615</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.	09/26/2018	JOHN INCAMPO
	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

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

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2081
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1650 6a(2) 1657 6b 12 6c 488 6d 2157 6e 0 6f 2157 6g 1978 6h 206
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
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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)** ☒ 1 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
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
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(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	0	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	1225064
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	-229693
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	-229693
d Total of balance and additions (add lines 7b and 7c(6))	7d	995371
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	995371
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	995371
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

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	Service Provider Information (see instructions)
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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 disclosures on eligible indirect compensation	
COLUMBIA MANAGEMENT	225 FRANKLIN STREET BOSTON, MA 02110

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DREYFUS FOUNDERS FUNDS	ONE BOSTON CENTER BOSTON, MA 02108

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FRANKLIN TEMPLETON INVESTMENTS	100 FOUNTAIN PARKWAY ST PETERSBURG, FL 33716

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

HARTFORD LIFE

5 RADNOR CORPORATE CENTER
100 MATSONFORD ROAD, SUITE 300
RADNOR, PA 19087**(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

MET LIFE

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

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

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

FRANKLIN TEMPLETON INVESTMENTS

100 FOUNTAIN PARKWAY
ST PETERSBURG, FL 33716

(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

VANGUARD FUNDS

100 VANGUARD BLVD
MAIL STOP #242
MALVERN, PA 19355

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)

MORGAN STANLEY SMITH BARNEY HOLDING

1 NEW YORK PLZ 12TH FL ANNUITY AND
INSURANCE OPERATIONS
NEW YORK, NY 10004

(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	INVESTMENT ADVISOR	74592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	RECORDKEEPER	63530	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HBLA CERTIFIED PUBLIC ACCOUNTANTS I

19600 FAIRCHILD STE 320
IRVINE, CA 92612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	16000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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?
16	CONSULTING	900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	HBLA	b EIN:	33-0155525
c Position:	AUDITOR		
d Address:	19600 FAIRCHILD SUITE 320 IRVINE, CA 92612	e Telephone:	949-833-2815

Explanation: CHANGE OF COMPANY PERFORMING THE AUDIT.

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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTRISC CIT II-METLIFE GRP ANNUITY

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES CO CIT

c EIN-PN <u>26-0142858-094</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>11571667</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM S & P 500 INDEX FUND CLASS

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>24296699</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>189732</u>
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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):

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	101124	117199
(2) Participant contributions	1b(2)	209917	241002
(3) Other.....	1b(3)	995371	1155619
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)	2848570	3391166
(9) Value of interest in common/collective trusts.....	1c(9)	32378301	36058098
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	103295928	130010076
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1225064	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(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	141054275	170973160

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	141054275	170973160
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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)	5041087	
(B) Participants	2a(1)(B)	10080074	
(C) Others (including rollovers)	2a(1)(C)	3525131	
(2) Noncash contributions	2a(2)	0	18646292
(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)	134737	
(F) Other	2b(1)(F)	4144	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		138881
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	5574776
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5574776	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5574776
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4621236
(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)		13746849
c Other income	2c		159437
d Total income. Add all income amounts in column (b) and enter total.....	2d		42887471

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12701962	
(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)		12701962
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		111427
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	16000	
(2) Contract administrator fees	2i(2)	63705	
(3) Investment advisory and management fees	2i(3)	75492	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		155197
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12968586

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29918885
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: WINDES, INC.

(2) EIN: 95-3001179

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
4e	X		5000000
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		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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		
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, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____



401(K) SAVINGS PLAN

**FINANCIAL STATEMENTS
DECEMBER 31, 2017**

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INDEPENDENT AUDITORS' 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, 2017, 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

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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, 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 Great-West Trust Company, LLC, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of and for the year ended December 31, 2017, 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. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

The supplemental schedule of assets held at end of year as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, is presented for the purpose of additional analysis, and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Other Matter - 2016 Financial Statement

The financial statement of the Plan as of December 31, 2016, was 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 the Employee Retirement Income Security Act of 1974 (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 Principal Trust Company and Great-West Trust Company, LLC, the trustees of the Plan. Their report, dated September 11, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable 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 statement and (b) the form and content of the information included in the financial statement other than that derived from the information certified by the trustee, 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 2017

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 the Employee Retirement Income Security Act of 1974.

Winder, Inc.

Long Beach, California
September 21, 2018

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31,</u>	
	<u>2017</u>	<u>2016</u>
ASSETS		
Investments at fair value	\$ 166,068,174	\$ 135,674,229
Investments at contract value	-	1,225,064
	<u>166,068,174</u>	<u>136,899,293</u>
 Receivables:		
Employer contributions	117,199	101,124
Participant contributions	241,002	209,917
Notes receivable from participants	3,391,166	2,848,570
Receivable for investments sold	<u>1,155,619</u>	<u>995,371</u>
	<u>4,904,986</u>	<u>4,154,982</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 170,973,160</u></u>	 <u><u>\$ 141,054,275</u></u>

The accompanying notes are an integral part of these financial statements.

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

ADDITIONS:

Additions to net assets attributed to:

Investment income:

Net realized and unrealized appreciation
of investments

\$ 18,527,522

Dividend income

5,574,776

Interest income

4,144

24,106,442

Interest income on notes receivable from participants

134,737

Contributions:

Employer

5,041,087

Participants

10,080,074

Rollovers

3,525,131

18,646,292

Total Additions

42,887,471

DEDUCTIONS:

Deductions from net assets attributed to:

Distributions to participants

12,813,389

Administrative expenses

155,197

Total Deductions

12,968,586

NET INCREASE

29,918,885

NET ASSETS AVAILABLE FOR BENEFITS:

BEGINNING OF YEAR

141,054,275

END OF YEAR

\$ 170,973,160

The accompanying notes are an integral part of these financial statements.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017**

NOTE 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. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

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 Company who have reached age 21 and have completed 90 days of service, 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 Company as an independent contractor or any type of worker other than a common law employee. Eligible employees also include Union Local 104-Member Employees, who are employees regularly scheduled to work at or in the area serviced by the Employer's facility in Maricopa County, Arizona, and are 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 is eligible to participate in the Plan following six months of service.

The affiliates who have adopted the Plan are Infinium Spirits, Inc., Wilson Daniels, LLC, Wilson Daniels Wholesale, LLC, 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 Great-West Trust Company, LLC (Empower) (collectively referred to as the trustees) to hold all plan assets. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017**

NOTE 1 – Description of the Plan (Continued)

Contributions

Each year, participants may contribute pre-tax annual wages, as defined by the Plan, subject to Internal Revenue Code (IRC) limitations. In addition, participants may elect to make after-tax (Roth 401(k)) contributions and in-plan Roth transfers to the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. 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. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan provides for automatic contributions at a 5% contribution rate for all covered employees, absent an affirmative election to not participate. A covered employee includes any eligible employee hired or re-hired on or after January 1, 2016, with the exception of Union Local 104-Member Employees. The Plan also provides for an automatic increase of 1% to voluntary and automatic elections, up to a maximum of 10%, annually on the first pay period that begins on or after April 1. 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 base compensation. The Company contributions are nondiscretionary employer contributions. Additional amounts may be contributed at the option of the Company.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company contributions, as well as allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan, less forfeitures. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017**

NOTE 1 – Description of the Plan (Continued)

Vesting

Participants other than Union Local 104-Member Employees are immediately vested in their contributions 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. 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 2017 and 2016.

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 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 1% over the prime rate published in the Wall Street Journal. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017**

NOTE 1 – Description of the Plan (Continued)

In-Service Withdrawals

Participants who are at least 59-½ years of age are entitled to receive a distribution of all or any portion of their vested account balance.

Hardship withdrawals, which meet a hardship purpose of immediate and heavy financial need, are permitted as provided in the plan agreement. Such amounts may be drawn from a participant's deferral contributions and income (credited thereon) only, and may be subjected to certain income tax penalties.

Forfeited Accounts

At December 31, 2017 and 2016, forfeited non-vested accounts totaled approximately \$243,000 and \$199,000, respectively. These accounts will be used to pay administrative expenses or to reduce future Company contributions. In 2017, employer contributions were reduced by approximately \$7,000 and administrative fees of approximately \$27,000 were paid from forfeited nonvested accounts.

NOTE 2 – Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017**

NOTE 2 – Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value, (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income 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, 2017 or 2016.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of certain plan features, such as notes receivable from participants, are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value investments.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017**

NOTE 2 – Significant Accounting Policies (Continued)

Subsequent Events

On August 31, 2018, Young's Market Company, LLC (Young's Market) and Teamsters Local No. 104 (Union) entered into a 401(k) Transfer Agreement. This would require Young's Market, as fiduciary of the Plan, to transfer the Plan's accounts, including notes receivable from participants, of all Plan participants that are in the Union collective bargaining unit from the Plan to the Supplemental Income 401(k) Plan (Supplemental Plan), on or about November 19, 2018. Young's Market Union participants will receive credit for their years of service with Young's Market under the Supplemental Plan and will be 100% vested in the assets transferred from the Plan to the Supplemental Plan. The Supplemental Plan will assume full and complete responsibility for the outstanding loans of each former Young's Market Union participant account.

The Plan has evaluated subsequent events through September 21, 2018, the date these financial statements were available to be issued.

NOTE 3 – Certified Investments

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Trust Company and Great-West Trust Company, LLC, the trustees of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments and notes receivable from participants:

- Investments at fair value and contract value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of assets held at end of year

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

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

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include

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

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

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

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017**

NOTE 4 – Fair Value Measurements (Continued)

Collective trust funds: Valued at NAV of units of a bank collective trust. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Stable value collective trust fund: A stable value fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it was determined to be probable that the fund would sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily and the fund has no unfunded commitments. Subject to certain restrictions, withdrawal from the stable value fund are generally permitted daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value measurements at December 31, 2017 and 2016.

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 130,010,076	\$ -	\$ -	\$ 130,010,076
Collective trust funds	-	24,486,431	-	24,486,431
Total assets in the fair value hierarchy	130,010,076	24,486,431	-	154,496,507
Investment measured at net asset value ^(a)	-	-	-	11,571,667
Investments at fair value	<u>\$ 130,010,076</u>	<u>\$ 24,486,431</u>	<u>\$ -</u>	<u>\$ 166,068,174</u>

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

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE 4 – Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 103,295,928	\$ -	\$ -	\$ 103,295,928
Collective trust funds	-	20,604,505	-	20,604,505
Total assets in the fair value hierarchy	103,295,928	20,604,505	-	123,900,433
Investment measured at net asset value ^(a)	-	-	-	11,773,796
Total investments, at fair value	\$ 103,295,928	\$ 20,604,505	\$ -	\$ 135,674,229

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent), as a practical expedient, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

NOTE 5 – Fully Benefit-Responsive Investment Contract

At December 31, 2016 and through December 2017, the Plan held a traditional investment contract. This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of the traditional investment contract at December 31, 2016 was \$1,225,064. On December 31, 2017, the Company redeemed the contract and transferred the resulting cash proceeds from Principal Trust Company to Great-West Trust Company, LLC. At December 31, 2017, this amount is reported as receivable for investments sold on the accompanying statement of net assets available for benefits.

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

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE 5 – Fully Benefit-Responsive Investment Contract

The traditional investment contract held by the Plan is a guaranteed investment contract issued by Principal. Contributions and transfers allocated to this option are 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 earns interest based on this guaranteed interest rate in effect for the date that the amount is allocated to this guaranteed interest account. 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. The amount of the surrender charge is calculated as follows: 1) the applicable fixed U.S. Treasury Rate plus 0.50% minus the rate being credited, multiplied by 2) The number of years and fractional parts of a year in the Guarantee Period, multiplied by 3) The amount being surrendered. A surrender charge may not apply to withdrawals due to retirement, termination, disability, or death. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017**

NOTE 6 – Related-Party Transactions and Party-In-Interest Transactions

Certain plan investments are insurance contracts of Principal Trust Company or shares of funds managed by Great-West Trust Company, LLC. Principal Trust Company and Great-West Trust Company, LLC are trustees for the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to the third-party administrator of \$64,000 for the year ending December 31, 2017, which was not covered by revenue sharing. The plan sponsor pays directly any other fees related to the Plan's operations.

NOTE 7 – 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.

NOTE 8 – Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company 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. Although the Plan has been amended since receiving the determination letter, the plan administrator and plan management believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017**

NOTE 9 – 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.

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

**SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017
EMPLOYER I.D. 33-0780329
PLAN 002**

Identity of Issuer	Description of Investment	Current Value
American Funds Europacific Gr R5	Mutual Fund	\$ 5,350,396
Columbia Mid Cap Index Instl 2	Mutual Fund	9,534,191
Columbia Small Cap Index Instl 2	Mutual Fund	7,188,079
Dreyfus Natural Resources I	Mutual Fund	295,769
Franklin Small Cap Growth Adv	Mutual Fund	1,956,789
Ivy Mid Cap Growth I	Mutual Fund	1,342,844
J P Morgan Core Bond I	Mutual Fund	2,946,357
J Hancock Disciplined Value Mid Cap I	Mutual Fund	9,761,557
Metropolitan West Total Return Bond I	Mutual Fund	2,566,199
MFS International New Discovery R4	Mutual Fund	3,299,594
Neuberger Berman High Income Bond Instl	Mutual Fund	573,347
Neuberger Berman Real Estate I	Mutual Fund	3,065,774
Oppenheimer Developing Markets Y	Mutual Fund	1,296,436
Pioneer Fundamental Growth K	Mutual Fund	5,439,575
* Putnam Equity Income R6	Mutual Fund	3,560,696
T. Rowe Price 2010 Adv	Mutual Fund	943,477
T. Rowe Price 2015 Adv	Mutual Fund	555,062
T. Rowe Price 2020 Adv	Mutual Fund	5,624,038
T. Rowe Price 2025 Adv	Mutual Fund	3,444,156
T. Rowe Price 2030 Adv	Mutual Fund	13,821,472
T. Rowe Price 2035 Adv	Mutual Fund	4,506,089
T. Rowe Price 2040 Adv	Mutual Fund	18,862,808
T. Rowe Price 2045 Adv	Mutual Fund	3,303,664
T. Rowe Price 2050 Adv	Mutual Fund	12,406,297
T. Rowe Price 2055 Adv	Mutual Fund	1,818,275
T. Rowe Price Balanced Adv	Mutual Fund	485,252

See Independent Auditors' Report

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

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017
EMPLOYER I.D. 33-0780329
PLAN 002
(Continued)

<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Current Value</u>
Templeton Global Bond Adv	Mutual Fund	339,811
Undiscovered Mgrs Behavioral Value I	Mutual Fund	4,144,974
Vanguard Inflation-Protected Secs Adm	Mutual Fund	1,577,098
		<u>130,010,076</u>
* Putnam S & P 500 Index Fund	Collective Trust Fund	24,296,699
* Putnam Bond Index Fund	Collective Trust Fund	<u>189,732</u>
		<u>24,486,431</u>
Metlife Stable Value GAC 25554 Class K	Stable Value Fund	<u>11,571,667</u>
* Notes receivable from participants	4.25% - 9%	<u>3,391,166</u>
		<u>\$ 169,459,340</u>

* Party-in-interest

See Independent Auditors' 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) 88.24%
(a) Young's Market Company of Arizona, LLC	(b) EIN 45-2501820	(c) 10.95%
(a) Wilson Daniels, Ltd.	(b) EIN 94-2584561	(c) 0.00%
(a) Young's Holdings, Inc.	(b) EIN 95-4275261	(c) 0.81%

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan
01-JAN-17 to 31-DEC-17

20-JAN-18 05:55:14

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPARIX			450,563.97	473,051.86
IPARAX			805,222.81	828,939.07
IPARHX			469,605.71	471,683.86
IPARBX			4,231,593.68	4,603,393.39
IPARJX			2,777,099.35	2,974,692.69
IPARCX			10,538,549.59	11,993,831.87
IPARKX			3,185,277.83	3,531,443.59
IPARDX			14,289,418.08	16,441,049.46
IPARLX			2,319,199.08	2,530,322.11
IPARFX			9,678,418.96	11,259,474.14
IPAROX			1,583,017.32	1,735,022.87
IRERFX			4,313,018.45	5,067,311.83
IMIDJX			2,608,207.05	3,184,280.99
IODVYX			1,062,308.10	1,280,137.02
ITGBAX			347,111.31	337,092.56
IDLDRX			210,766.63	266,385.89
INBRIX			3,125,469.27	3,019,533.09
ICXXRX			6,329,271.76	6,937,099.22
IFSSAX			1,472,483.87	1,743,489.59
IUBVSX			3,299,043.25	3,995,240.74
ICPXRX			8,241,796.27	9,090,319.27
IYIMIX			1,023,610.37	1,118,531.08
IJVMIX			7,410,821.94	9,104,950.39
IPEQX			2,898,900.13	3,430,040.98
IPTYSP5			14,809,193.46	22,521,358.02
IPFGKX			4,160,942.74	4,747,659.30
IPTYBDI			182,097.94	187,217.52
IWOBDX			2,939,691.90	2,897,404.92
IMWTIX			2,494,778.71	2,475,780.68
INHILX			569,340.66	554,560.38
IVAIPX			1,599,674.03	1,567,642.73
IMTSVFK			9,883,621.63	10,490,786.32
			129,310,115.85	150,859,727.43
PARTICIPANT LOANS	VARIOUS	4.250-11.500	2,792,925.21	2,802,499.03
FORFEITURES			206,286.51	211,460.29

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan
01-JAN-17 to 31-DEC-17

20-JAN-18 05:55:14

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

INVESTMENT OPTION:

IPARIX	T. Rowe Price Balanced Adv	IPARAX	T. Rowe Price 2010 Adv
IPARHX	T. Rowe Price 2015 Adv	IPARBX	T. Rowe Price 2020 Adv
IPARJX	T. Rowe Price 2025 Adv	IPARCX	T. Rowe Price 2030 Adv
IPARKX	T. Rowe Price 2035 Adv	IPARDX	T. Rowe Price 2040 Adv
IPARLX	T. Rowe Price 2045 Adv	IPARFX	T. Rowe Price 2050 Adv
IPAROX	T. Rowe Price 2055 Adv	IRERFX	American Funds EuroPacific Gr R5
IMIDJX	MFS International New Discovery R4	IODVYX	Oppenheimer Developing Markets Y
ITGBAX	Templeton Global Bond Adv	IDLDRX	Dreyfus Natural Resources I
INBRIX	Neuberger Berman Real Estate I	ICXXRX	Columbia Small Cap Index Instl 2
IFSSAX	Franklin Small Cap Growth Adv	IUBVSX	Undiscovered Mgrs Behavioral Value I
ICPXRX	Columbia Mid Cap Index Instl 2	IYVMIX	Ivy Mid Cap Growth I
IJVMIX	JHancock Disciplined Value Mid Cap I	IPEQSX	Putnam Equity Income R6
IPTYSP5	Putnam S & P 500 Index Fund	IPFGKX	Pioneer Fundamental Growth K
IPTYBDI	Putnam Bond Index Fund	IWOBDX	J P Morgan Core Bond I
IMWTIX	Metropolitan West Total Return Bond I	INHILX	Neuberger Berman High Income Bond Instl
IVAIPX	Vanguard Inflation-Protected Secs Adm	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 OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -02
01-JAN-17 to 31-DEC-17

20-JAN-18 05:54:00

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPARIX			11,947.28	12,200.43
IPARAX			55,102.91	56,206.26
IPARHX			65,189.92	65,443.47
IPARBX			764,738.14	837,795.92
IPARJX			420,048.26	455,515.97
IPARCX			1,530,092.95	1,700,042.86
IPARKX			961,135.04	961,546.92
IPARDX			2,029,860.05	2,323,129.98
IPARLX			721,658.68	773,330.88
IPARFX			920,865.74	1,069,509.98
IPAROX			72,942.99	79,855.97
IRERFX			223,790.13	262,754.99
IMIDJX			85,295.76	103,097.44
IODVYX			14,621.28	16,286.40
ITGBAX			2,772.58	2,718.78
IDLDRX			20,886.27	25,752.49
INBRIX			47,331.02	46,040.64
ICXXRX			223,162.14	240,324.35
IFSSAX			131,480.41	154,836.03
IUBVSX			108,369.30	128,312.11
ICPXRX			404,455.83	443,872.21
IYIMIX			167,413.87	183,412.25
IJVMIX			557,950.15	646,653.77
IPEQX			105,529.67	124,891.54
IPTYSP5			1,057,743.64	1,697,465.44
IPFGKX			557,999.67	647,246.96
IPTYBDI			2,471.98	2,504.53
IWOBDX			48,907.98	48,245.27
IMWTIX			64,518.98	63,927.99
INHILX			19,302.89	18,786.07
IVAIPX			9,590.27	9,445.25
IMTSVFK			707,754.51	747,899.90
			12,114,930.29	13,949,053.05
PARTICIPANT LOANS	VARIOUS	4.250-5.250	501,698.44	502,528.90
FORFEITURES			5,044.64	5,198.17

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -02
01-JAN-17 to 31-DEC-17

20-JAN-18 05:54:00

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

INVESTMENT OPTION:

IPARIX	T. Rowe Price Balanced Adv	IPARAX	T. Rowe Price 2010 Adv
IPARHX	T. Rowe Price 2015 Adv	IPARBX	T. Rowe Price 2020 Adv
IPARJX	T. Rowe Price 2025 Adv	IPARCX	T. Rowe Price 2030 Adv
IPARKX	T. Rowe Price 2035 Adv	IPARDX	T. Rowe Price 2040 Adv
IPARLX	T. Rowe Price 2045 Adv	IPARFX	T. Rowe Price 2050 Adv
IPAROX	T. Rowe Price 2055 Adv	IRERFX	American Funds EuroPacific Gr R5
IMIDJX	MFS International New Discovery R4	IODVYX	Oppenheimer Developing Markets Y
ITGBAX	Templeton Global Bond Adv	IDLDRX	Dreyfus Natural Resources I
INBRIX	Neuberger Berman Real Estate I	ICXXRX	Columbia Small Cap Index Instl 2
IFSSAX	Franklin Small Cap Growth Adv	IUBVSX	Undiscovered Mgrs Behavioral Value I
ICPXRX	Columbia Mid Cap Index Instl 2	IYVMIX	Ivy Mid Cap Growth I
IJVMIX	JHancock Disciplined Value Mid Cap I	IPEQSX	Putnam Equity Income R6
IPTYSP5	Putnam S & P 500 Index Fund	IPFGKX	Pioneer Fundamental Growth K
IPTYBDI	Putnam Bond Index Fund	IWOBDX	J P Morgan Core Bond I
IMWTIX	Metropolitan West Total Return Bond I	INHILX	Neuberger Berman High Income Bond Instl
IVAIPX	Vanguard Inflation-Protected Secs Adm	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 OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -04
01-JAN-17 to 31-DEC-17

20-JAN-18 05:53:55

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPARAX			57,608.00	58,331.33
IPARHX			17,721.37	17,934.79
IPARBX			165,299.91	182,848.91
IPARJX			12,992.78	13,947.40
IPARCX			114,522.22	127,597.45
IPARKX			11,884.91	13,098.02
IPARDX			88,318.80	98,628.94
IPARLX			9.70	11.16
IPARFX			67,260.82	77,313.31
IPAROX			3,141.65	3,395.87
IRERFX			17,054.54	20,328.91
IMIDX			10,221.61	12,215.60
IODVYX			9.41	12.13
IDLDRX			3,336.81	3,630.93
INBRX			205.64	200.39
ICXXRX			9,890.18	10,655.63
IFSSAX			48,192.51	58,463.85
IUBVSX			17,963.83	21,421.03
IYIMX			37,705.79	40,901.02
IJVMIX			8,722.60	9,952.55
IPEQSX			4,863.76	5,763.37
IPTYSP5			49,868.12	77,876.11
IPFGKX			38,289.00	44,668.86
IPTYBDI			9.34	9.60
IWOBDX			717.31	706.58
IMWTIX			26,747.24	26,490.16
IVAIPX			9.56	9.52
IMTSVFK			83,658.72	89,530.42
			896,226.13	1,015,943.84
PARTICIPANT LOANS	VARIOUS	4.250-5.250	85,983.22	86,138.53
FORFEITURES			26,354.96	26,791.98

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -04
01-JAN-17 to 31-DEC-17

20-JAN-18 05:53:55

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

INVESTMENT OPTION:

IPARAX	T. Rowe Price 2010 Adv	IPARHX	T. Rowe Price 2015 Adv
IPARBX	T. Rowe Price 2020 Adv	IPARJX	T. Rowe Price 2025 Adv
IPARCX	T. Rowe Price 2030 Adv	IPARKX	T. Rowe Price 2035 Adv
IPARDX	T. Rowe Price 2040 Adv	IPARLX	T. Rowe Price 2045 Adv
IPARFX	T. Rowe Price 2050 Adv	IPAROX	T. Rowe Price 2055 Adv
IRERFX	American Funds EuroPacific Gr R5	IMIDJX	MFS International New Discovery R4
IODVYX	Oppenheimer Developing Markets Y	IDLDRX	Dreyfus Natural Resources I
INBRIX	Neuberger Berman Real Estate I	ICXXRX	Columbia Small Cap Index Instl 2
IFSSAX	Franklin Small Cap Growth Adv	IUBVSX	Undiscovered Mgrs Behavioral Value I
IYIMIX	Ivy Mid Cap Growth I	IJVMIX	JHancock Disciplined Value Mid Cap I
IPEQSX	Putnam Equity Income R6	IPTYSP5	Putnam S & P 500 Index Fund
IPFGKX	Pioneer Fundamental Growth K	IPTYBDI	Putnam Bond Index Fund
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